

# UNICEF

*Annual Report*

1989



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**1 August 1988 to 31 July 1989**

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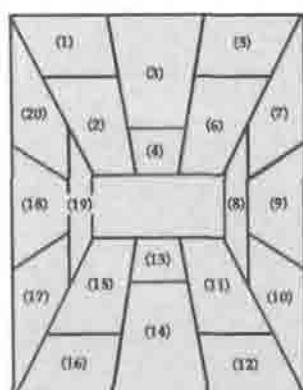
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# **Introduction**

**by the Executive Director,  
James P. Grant**

The award of the 1988 Nobel Peace Prize to the United Nations Peace-keeping Forces highlighted a remarkable year for the UN and strengthened hopes for even more remarkable achievements on behalf of children.

This was the year Iran and Iraq put their eight-year-old Persian Gulf war on hold; the year Morocco and Polisario Front rebels brought their 13-year-old war into the peace process; the year the Union of Soviet Socialist Republics began its withdrawal from Afghanistan; the year Namibia moved one step closer to independence. This was also a year in which Greeks and Turks reopened their talks on Cyprus; a year of tentative soundings for a reconciliation of North and South Korea; a year in which it seemed probable that Vietnamese troops will withdraw from Kampuchea.

For those of us who have witnessed the death and suffering of so many thousands of children caught in the cross-fire of national, regional, ethnic and religious tensions, it seemed at times as if the shroud had been lifted from across the eyes of reason.

It has been impossible to separate our children from our wars. They are always among the first to suffer—as orphans, as the homeless, as the hungry, and as voiceless trade-offs in government budgeting for weapons over food, vaccines, education or other productive human services.

It was also impossible, therefore, not to harbour some special hope in 1988 that as the first rays of peace fell across nation after nation, some of the multi-billion-dollar savings in war materials and some of the energies consumed in confrontation would at last be invested in a better future for today's children—that development would follow peace.

In the final communiqué of the Moscow Summit in May, General-Secretary Gorbachev and President Reagan offered their support for the WHO-UNICEF goal "of reducing the scale of preventable childhood deaths", and they urged other nations to do the same. Heads of State in most nations of Africa, Asia and Latin America have, in fact, expressed a renewed dedication to child health and development in recent years, commit-

*James P. Grant, Executive Director of UNICEF, visits immunization drive in Peru.*



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ting their Governments, individually and through such organizations as OAU, South Asian Association for Regional Co-operation (SAARC), the Arab League and others, to place children far higher on their political and economic agendas.

The year offered a unique moment in time to step off the treadmill of violence which has squandered our resources for development. And it was also a year in which many nations, as this *Annual Report* documents, continued to demonstrate that progress can be sustained for children – and even accelerated – despite economic constraints and even despite hostilities. And it was a year in which the Governments of the world's nations moved closer towards codifying, for the first time in history, a set of legal obligations towards children in the form of an International Convention on the Rights of the Child.

The knowledge and technologies are available to virtually eliminate infant mortality and retarded growth caused by measles, whooping cough and tetanus. Polio could be eradicated. Iodine and vitamin A deficiencies can be overcome. Parents can be taught to deal with respiratory and diarrhoeal diseases at home, and, with a little support from trained health workers, they could save the lives of six million children a year from respiratory and diarrhoeal diseases alone.

The annual case-load of deaths and suffering from this handful of common illnesses is greater than the total losses from the droughts, floods and famines of the past 25 years, and we don't need a miracle cure to stop it. What we need is political will, modest resources and a reallocation of priorities.

First, we must reach out and educate parents. We must understand that from the moment of conception through the first six months of life, the environment of the child is the mother. Take care of the mother – educate and nourish the mother – and she will take care of the rest.

From the age of six months onwards, the environment of the child is the community. Help the community to develop essential services, provide access to safe drinking water, sanitation, immunization and basic health care, and the child will have the necessary protection to develop into a healthy, productive citizen.

We have reached a stage in our development where, by restating and doing

the obvious, developing nations with the necessary political will can, with relatively modest help from the international community, save their children and safeguard their future.

Experience in low-income developing countries indicates that primary health care, including maternal and child health services, can be made available at a cost of US\$5 per person per year. Similar experience in education suggests that the cost of primary school for all 6-to-11-year-olds averages US\$25 per child per year. Successful adult literacy programmes can be provided for about US\$30 per person. Safe water supply and basic sanitation can be had for about US\$6 per person per year.

It is time for leaders to pause and take stock, not simply of their budgets, but of human needs and the current allocation of resources to meet them. It is not enough to say, "Our resources are meagre, our needs too great". In every area of human need it is now possible to make significant progress through relatively modest shifts in resources which are very often weighted against the poorest and neediest groups in favour of those who are better-off.

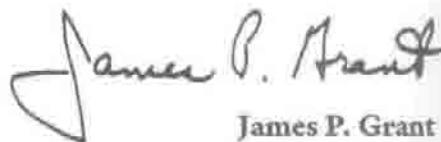
In health, the hospitals, doctors and medical technologies, which reach 15 per cent of the population, often claim 60 per cent to 80 per cent of the budget. In education, more than half of total government spending is often allocated to the 10 per cent or 20 per cent of students from higher-income groups who go to secondary schools and universities. In water and sanitation, 80 per cent of the US\$12 billion now being spent each year is devoted to services for better-off urban groups.

What is glaringly obvious from our field experiences is that many of the main problems affecting today's children and their families – problems of health and nutrition, safe water and sanitation, housing and education – are susceptible to relatively low-cost solutions. The strategies to deliver them are tried and tested, available and affordable. What we need now is less the further advancement of knowledge or technique, but more the mass application of existing knowledge and strategies on every front. And that requires the will to act.

Today's children are tomorrow's world, and there can be no greater investment than in the mental and physical growth of those who will farm,

feed, learn, build and govern. Too many millions of today's children are growing up in circumstances which deny their potential for productive enterprises, and, by ignoring this human tragedy, nations are sowing the seeds of even greater failure tomorrow.

The challenge for us – for UNICEF and for others whose first priority is children – is to find ways to help more for the world's decision makers to understand this urgency, to understand that the child's name is Today, and that a child cannot wait until tomorrow. And it is our challenge to find ways to help those decision makers to act to put that understanding into practice: to do what must be done to build tomorrow's world. The creativity and imagination which we apply to that task in 1989 will be our commemoration of this 10th anniversary of the International Year of the Child.



James P. Grant  
Executive Director

# Programmes

## 1988 - A review

Peace was on everyone's lips in 1988 and with the United Nations as the undisputed peacemaker the credibility of the Organization and its agencies rose dramatically.

Success on the political front, however, contrasted starkly with the state of Third World economies and the impact of debt servicing and structural adjustment policies in the developing world.

UNCTAD reported with some relief that the world economy was expanding at an average rate of three per cent, but reality for the poorest two thirds of mankind was economic stagnation in Africa, Latin America, the Middle East and the poorest nations of south Asia. The newly industrialized countries of South-East Asia fared spectacularly well, but their well-deserved prosperity helped to accentuate the widening gap between life in the richest parts of the world and survival for the poor.

According to UN/DIESA (Department of International Economic and Social Affairs) projections for the year 2000, the new century will dawn with an average annual per capita income of US\$13,666 in the wealthiest nations and an average annual return of US\$217 for people in the least developed African countries — US\$12 a year less than in 1985. According to DIESA's mid-year estimates, more than one billion people in the year 2000 will earn less than US\$300 a year.

Not surprisingly, Nobel laureates, including UNICEF, meeting in Paris during the year, concluded that the first of the outstanding problems facing the world in the near future was the polarization of rich and poor nations.

IMF noted that the total debt of the developing nations in 1988 had reached a staggering US\$1.3 trillion and that negotiations on the 'debt crisis' had reached an impasse. The World Bank calculated that developing coun-



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*UNICEF is moving beyond traditional programmes towards addressing the fundamental basis of poverty.*

tries would need US\$16-517 billion a year in external financing just to meet their interest repayments and restart their engines of growth.

No added to this gloomy picture by projecting that populations with insufficient income to meet their basic needs would nearly double in Africa from 210 million in 1980 to 405 million in 1995. In Latin America, those below the poverty line would increase in number from 47 million to 58 million over the same period. Poverty levels were expected to decline in Asia (excluding China) but the figure for those still living 'below basic needs' will be in the order of 450 million by 1995.

In the face of an enormous challenge to provide the poor with basic services, reduce levels of malnutrition, and make the poorest more productive, most needy countries entered the year with lower returns on their commodities than in the previous year, and economic growth rates continued to fall behind population growth.

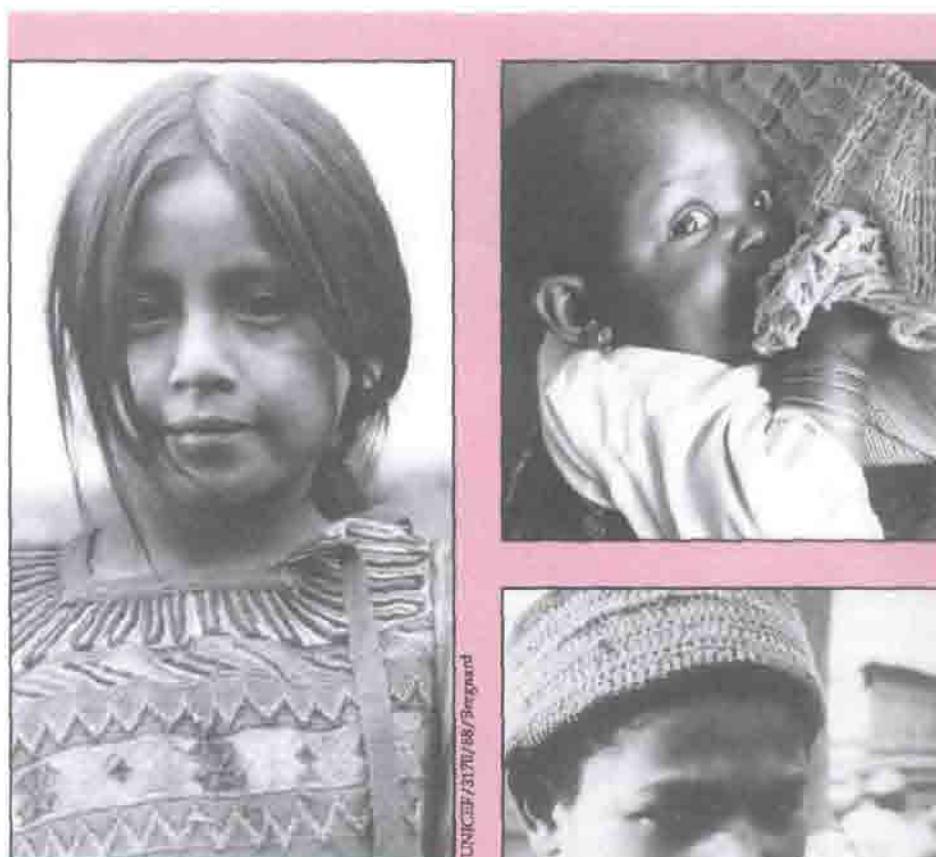
On a more positive note, the momentum for CSD continued to accelerate with the expansion of low-cost UCI and ORT programmes, and UNICEF went beyond traditional programme concerns to address the fundamental issue of poverty. The Organization continued its promotion of 'adjustment with a human face', and IMF backed up UNICEF's position with the statement that "adjustment does not have to lower basic human standards".

UNICEF proposed the idea of a 'Global Summit for Children' to rally leaders from all points of the geographic, political and economic compass, to a more constructive economic dialogue 'for mutual survival'.

Key issues proposed for discussion at the Summit relate to the need to restore development momentum in the Third World; rethink the debt issue and provide new capital flows for indebted nations; agree on a new ethic aimed at environmentally sustainable programmes; and exploit 'linkages' between disarmament and development.

Child-related issues appeared on the political agenda of several major events during the year:

- » President Ronald Reagan and General-Secretary Mikhail Gorbachev called for an accelerated effort to reduce childhood deaths at the conclusion of their May Summit.
- » The Bellagio III conference convened by the Task Force for Child Survival



*The widening gap between rich and poor in the richer parts of the world and more survival for the poorest is a major concern for UNICEF.*

in Talloires, France, in March was attended by Health Ministers from major developing countries and heads of international organizations and aid agencies.

- » The 25th Anniversary Summit of OAU in Addis Ababa in May passed resolutions on African Child Survival and Development, UCI, the Bamako Initiative and AIDS prevention.
- » Peru passed legislation aimed at a minimum 15-point reduction in infant mortality by the year 2000.
- » The Brazilian National Constituent Assembly endorsed rights for children and adolescents in its new Constitution.
- » Kenya pledged ratification of the United Nations Convention on the Rights of the Child.
- » Costa Rica established the office of Ombudsman for children (see profile, page 46).
- » President Hosni Mubarak of Egypt declared a decade devoted to the sur-

vival, protection and development of Egyptian children (1989-1999).

- » A grand alliance of all religious leaders for children was forged in Colombo, Sri Lanka, in October during a meeting attended by about 300 Buddhist monks and some 125 clergy of the Christian, Hindu and Islamic faiths.
- » A symposium of artists and intellectuals in Harare, Zimbabwe, in March proved to be a major event for southern Africa and focused commitment to the needs of children and women in the front-line States.
- » Members of Parliament and media leaders from eight African nations expressed their priorities for children at workshops in Gaborone, Botswana, in July.

In spite of such initiatives however, some 13.6 million children under the age of five died during the year, and with access to available low-cost technologies promoted under CSD, about seven million of them might have been saved. □

## Cover girl

The life of a cover girl is not necessarily easy or glamorous. Just ask Selamawit.

An international photographer took her picture during a visit to Addis Ababa several years ago and passed on the prints to UNICEF. The Fund was so captivated by the cheerful smile of the four-year-old Ethiopian girl that Selamawit's portrait was duplicated many hundreds of times as a poster. The poster became a symbol of child survival and was circulated in Africa, Asia, Latin America, Europe and North America. It can still be seen today on some of the taxis in Selamawit's home city.

Unbeknown to Selamawit, she had become something of a celebrity in the development community, where people who saw her smile could

never have guessed that life was sometimes difficult for her.

Selamawit had never been rich in monetary terms. Her father served in the Ethiopian Army and was killed in combat when she was very young, and her mother took care of Selamawit and her three older brothers by selling fruit and vegetables in the neighbourhood. Her mother would travel to a distant market-place early each morning and bring home produce which she could resell in the neighbourhood for a small profit.

The family lived in a small iron-roofed garage behind a modest suburban home, and they quickly forgot about the photographer's visit. At age five Selamawit was enrolled in a primary school where she easily

passed her exams near the top of her class.

By ninth grade however, the family was having difficulty making ends meet. Selamawit's three brothers, aged 11 to 16, earned tips by guarding people's automobiles in nearby parking lots, and her mother continued to sell fruit and vegetables, but even the modest school fees were jeopardizing the family's ability to meet their rent. By early 1988 there was not enough money to contemplate another year of school and Selamawit knew she would have to leave.

In March however, a United Nations photographer on assignment for UNICEF decided to visit the little girl on the poster and see how her life had progressed. His name was John Isaac, an Indian who was born in Madras, and whose pictorial coverage from the developing world has won some of the most prestigious international photography awards.

John went looking for Selamawit one Sunday and found the family at home. After learning that Selamawit's education could be interrupted, he visited her teachers at school and assured them that her fees would be paid. He and some friends quickly raised the necessary money for the remainder of the year.

When James Grant visited Addis Ababa two months later for the annual Summit of the Organization of African Unity, Selamawit, now 13 years old, was asked to join him on the rostrum, and to help him deliver a message on child survival to African Heads of State.

Speaking in her native Amharic, Selamawit told the gathering: "A few years ago, when someone asked what I wanted to be when I grew up, I said, 'I want to be alive.' Now I am alive and well".

Better than that: Selamawit's ambition today is to be a doctor. Several years ago she was involved in a car accident and her leg was badly broken. She told John Isaac that the injury was so bad that doctors at the hospital feared the leg would have to be amputated. However, a woman doctor who examined her that day fought successfully to save the leg, and Selamawit held a dream from that time onwards that she might one day have the same ability to help others.



## Child survival and development

The expansion of low-cost UCI and ORT programmes in 1988 accelerated CSD momentum but also served to highlight the inadequacy of data bases and management information systems in many countries.

Without a data base it is difficult to measure progress or regression, programme effectiveness or impact. And to have a clear picture of operational efficiency in the future, it will be necessary to upgrade information management and develop quick and low-cost methods for assessing progress.

Major gains in UCI have helped to strengthen PHC systems, and this is especially evident in the revival of PHC in Africa through the Bamako Initiative. But here again, there will be a need for documentation, analysis and the sharing of experiences. The achievement of UCI by 1990 is important not only in itself, but for the confidence it will give nations and communities to tackle and achieve other goals for their children.

Sustainability remains a challenge for all development programmes, but in the area of UCI it has been encouraging to note that as higher coverage rates are achieved the ability of individual nations to maintain progress has attracted increasing attention.

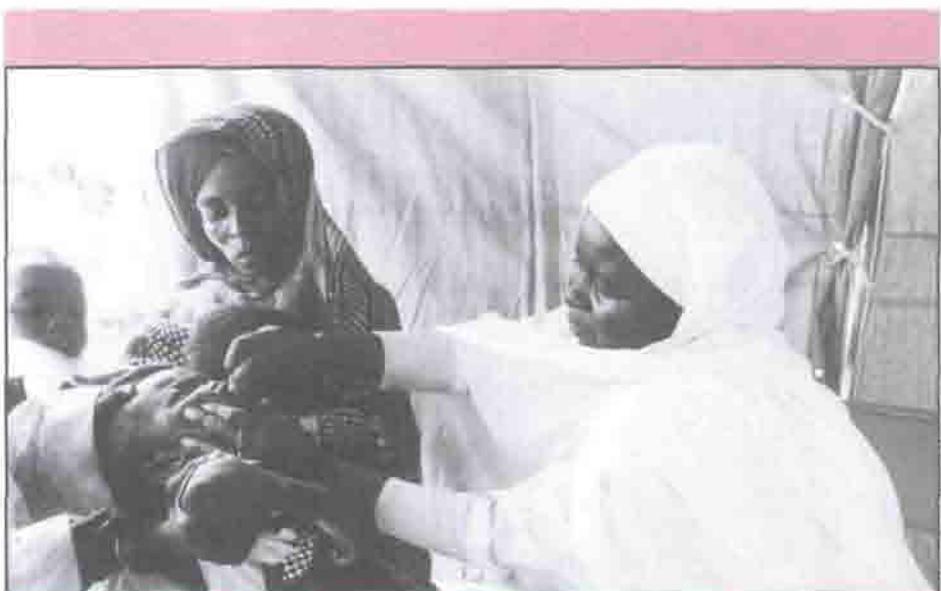
Growing interest has been particularly evident in China, India, Indonesia and Thailand, where manufacturing capacity has been directed to the domestic production of vaccines. In China this has also been accompanied by a unique contract system by which parents pay a fee for the complete immunization of their children, but village and township administrations agree to meet the cost of treatment and other needs if the child becomes infected after a full course of vaccines. The success of this approach has led to its extension to prenatal and delivery care. The UNICEF experience with UCI, including sustainability, will be the subject of a special report to the Executive Board in 1991.

In December 1988, sustainability was also addressed in the context of ORT and social mobilization. The issue was discussed in Washington, D.C. at the third International Conference on Oral Rehydration Therapy (ICORT III), co-sponsored by USAID, WHO, UNDP, UNICEF and the World Bank.

A global trend towards operational

linkages between education and communication for CSD was evident in many countries during the year. Their

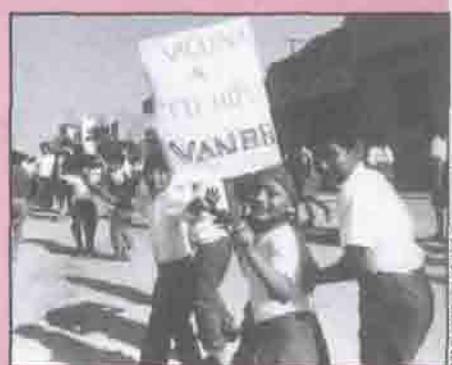
focus was on sustainability through strategies to change behaviour and popularize CSD approaches, and in the case of the Americas and Caribbean region, the financial input earmarked for these activities in 1989 has reached 20 per cent of programme resources.



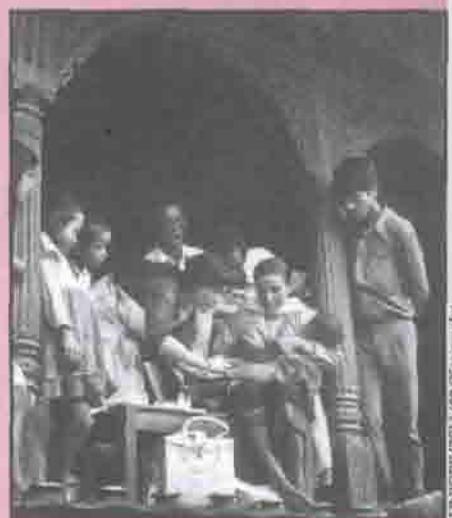
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*The achievement of UCI/1990 will give nations the confidence to tackle other CSD goals.*

## Towards universal immunization

All regions reported progress with child immunization in 1988, encouraging belief that the global target of 80 per cent coverage by the end of next year could be achieved.

More than 60 per cent of children in the developing world now receive three doses of DPT and polio vaccine before their first birthday—an increase of almost 10 per cent on the previous year. Measles coverage increased from 39 per cent in 1986 to 53 per cent in 1987. At these levels of coverage an estimated 1.9 million child deaths from measles, whooping cough and neonatal tetanus are now being prevented each year. Improved delivery of polio vaccines is sparing another 240,000 children each year from the crippling effects of this disease.

Optimism that the 1990 target can be achieved has been spurred by rapid gains in the coverage levels of the 25 most populous developing nations. Among them: China, India, Indonesia, Nigeria, the Philippines and Bangladesh. Uniquely, despite its large population, China reached 85 per cent coverage nationally for all antigens.

Most impressive in the past year have been the Asian region and the nations of eastern and southern Africa following major investments in PHC and social mobilization. Gains have also been registered in the Middle East and North Africa, where governments have set firm goals for reducing infant and child mortality by 1990.

National immunization days helped to push up coverage rates in the Americas, led by Mexico, Peru and Paraguay.

The countries of west and central Africa however, continue their struggle for improvements in the face of severe economic pressures and minimal levels of infrastructure.

Third World coverage with tetanus toxoid is lagging behind the performance with other antigens and has been the subject of discussion in all regions. Many countries are working on plans to raise their coverage of pregnant women, and all other women of child-bearing age. African Health Ministers have declared their intention to eliminate neonatal tetanus in the region by 1995.

There were also qualitative improvements in immunization programmes last year. Tens of thousands of steam

sterilizers for syringes and needles have been distributed and are coming into use. Countries that use disposable syringes and needles have been more rigorous in controlling their use and disposal, and UNICEF has reviewed all nation's disposal plans prior to shipment. UNICEF will not provide disposable syringes to any country which cannot certify the effectiveness of its disposal management.

Co-operation between WHO and UNICEF has improved at global, regional and country levels during the year. Support for the development of national and subnational computer monitoring systems has been systematized and is delivered jointly. Evaluation is also managed jointly, as far as possible.

The international donor community has continued its support for accelerated immunization programmes. Rotary International has expanded its funding of projects and is financing a larger share of polio vaccines, most of which are procured through UNICEF.

Bilateral donors, particularly Canada, Italy, Sweden and the United States, have provided most of the international support for universal child immunization either directly, or through UNICEF for special projects. Support will continue to be needed for the next several years to ensure that momentum is sustained and goals met.

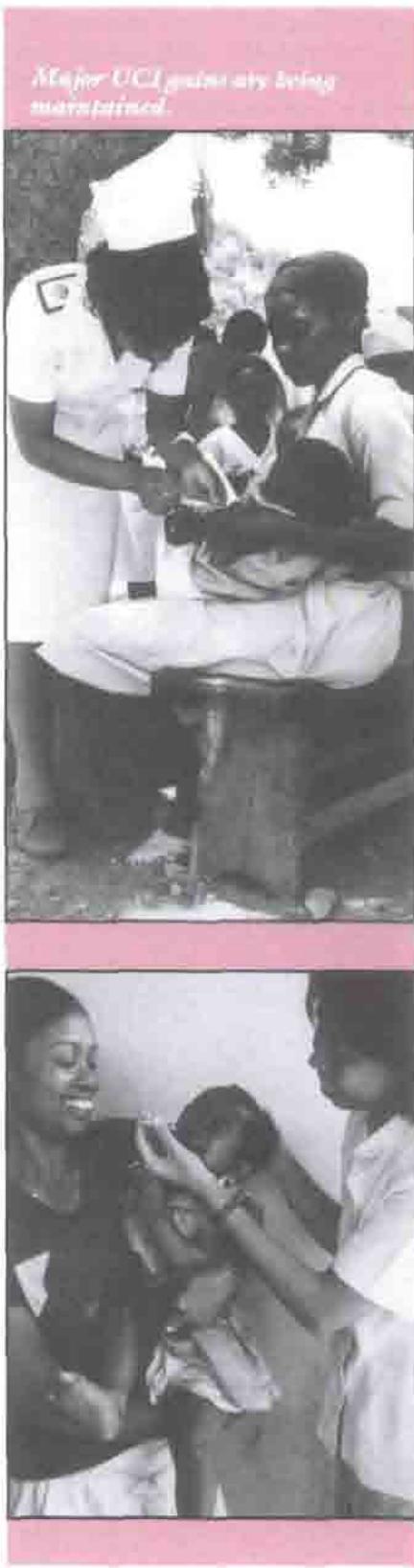
Three workshops were held during the year for UNICEF immunization programme staff, and two more are planned for 1989. WHO staff who are involved in the immunization programme will also take part in these workshops, which are designed for the sharing of experiences and the upgrading of skills.

UNICEF, WHO, the World Bank, UNDP and the Rockefeller Foundation have continued to support the Task Force for Child Survival and its organization of international meetings. A meeting was held in Talloires, France, in March, and resulted in the Talloires Declaration on child survival and development goals for the next decade.

The Task Force also supported the development of new and improved vaccines and injection equipment. *World Immunization News (WIN)*, published by the Task Force, continues to be an effective tool for the dissemination of immunization information.

With higher levels of coverage have come the improvement of national disease surveillance systems and the integration of immunization activities into

PHC. Overall, the accelerated phase of the immunization programme approached maturity in 1988, as more and more countries started to link high coverage rates to disease reduction and elimination targets.



## Oral rehydration therapy/ Control of diarrhoeal diseases

Ninety-six countries now have operational cdd programmes covering an estimated 98 per cent of Third World population. However, impressive gains made since 1980, when orr was virtually unknown in the developing world, mask a number of harsh realities.

Diarrhoea-related illnesses remain one of the major causes of infant mortality and claim the lives of more than four million children under the age of five every year. And although some 75 per cent of children in Asia live within reasonable distance of a trained, regularly supplied provider of ors, less than one third of Africa's children have access to this low-cost life-saver.

UNICEF offices in every country are involved in some way with national programmes to promote ORT. All but two of the 15 new programmes of the past two years have been in Africa.

This marked emphasis on CDD in Africa has brought results.

- » In Angola, Liberia, Tanzania and Zambia, major efforts are under way to train health workers in the administration of orr and advise mothers on the correct treatment of diarrhoea at home.
- » In Malawi, Mozambique and Uganda, emphasis is on the training of non-health-sector personnel to maximize the outreach of the cdd programme. Key target groups include primary school teachers, women's groups, religious leaders and traditional healers.
- » In Burkina Faso, Cape Verde, Ghana and Kenya, UNICEF is supporting communications efforts, including the development of information materials both for face-to-face contact with mothers themselves and for the mass media.
- » In Lesotho, cdd has been fully integrated into a nation-wide rural sanitation project. Botswana, Guinea, Madagascar, Mauritius and Rwanda have similar initiatives under way.
- » In Sudan, a survey during the devastating floods of August 1988 showed diarrhoea to be the main cause of 38 per cent of infant deaths. Special efforts were made to control diarrhoea by setting up 20 additional orr units in severely affected areas and by increasing supplies of ors.

In other regions, UNICEF has continued its involvement in a wide range of cdd activities.

- » In Brazil, UNICEF is supporting a nation-wide effort led by the Child Pastorale Programme of the National Conference of Catholic Bishops. In more than 8,000 parishes across the country community volunteers have been trained to administer orr and give advice to mothers for continued treatment in the home. The programme aims at national coverage by the end of next year. In Bangladesh, a similar national effort is being pursued in co-operation with the Bangladesh Rural Advancement Committee (BRAC).
- » In Jordan, UNICEF helped with intensified communications activities during the summers of 1987 and 1988 when diarrhoea risk was at its peak. At the end of the first campaign, more than 40 per cent of diarrhoea cases were found to have been treated with orr.
- » In India, UNICEF worked with the India Market Research Bureau to conduct a country-wide study of treatment and practices related to diarrhoea. The study was the most comprehensive of its kind ever undertaken in the country for a single disease. The national cdd programme is being revised on the basis of the findings. Also in India, UNICEF is working with the Indian Medical Association (IMA) to inform doctors about orr techniques. So far 200 resource people have held more than 700 local meetings and reached 25,000 IMA members.
- » In China, UNICEF is supporting research to develop a cereal-based solution which, if successful, could increase the effectiveness of orr by reducing stool volume while replacing fluids lost during dehydration.
- » In Democratic Yemen, Haiti, the Philippines and Sri Lanka, the promotion of breast-feeding has been integrated into national cdd strategies. Recent studies suggest that exclusively breast-fed infants are 25 times less likely to experience diarrhoea than those who are not exclusively breast-fed.

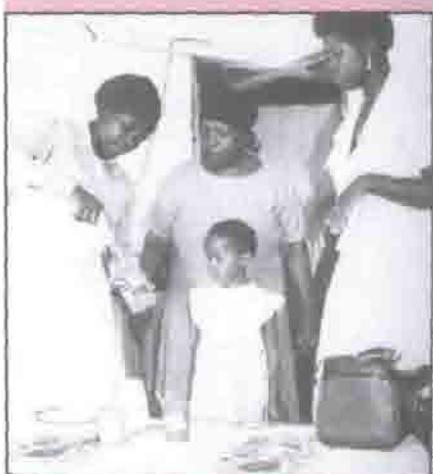
UNICEF has provided direct assistance to more than half the 55 developing countries currently engaged in local production of ors. Ten of these countries are now self-sufficient, and a few are able to export small quantities of



UNICEF/3136/SP/UNPAN



UNICEF/2347/MG/Sigmar



UNICEF/71137/WH

Diarrhoea-related illness claims the lives of over four million under-five children every year.

their surplus to neighbouring countries. Of the 300 million packers of ORS distributed last year, two thirds were produced in developing countries. Only 40 million packers were locally produced in 1980.

In 1980 less than one per cent of Third World diarrhoea cases were treated with ORT, but by 1987 almost one in four benefited from this treatment, and figures for 1986 suggest that as many as 750,000 child deaths were avoided thereby.

ORT use is highest in Latin America where 35 per cent of all cases are treated with ORT, and lowest in Africa, where only 12 per cent are so treated. However, hope remains strong that at current rates of progress an ambitious global use target of 50 per cent can be achieved by the end of 1990. Increased access to ORS and effective use rates, reinforced by correct case management, have the capacity to prevent over two thirds of the current diarrhoea-related deaths among children under five.

Ensuring more effective treatment of diarrhoea and dehydration requires action in a number of areas. Health staff at all levels must be trained in the correct administration of ORT and the best advice to give parents on the treatment of diarrhoea in the home. (For example, if parents simply increased fluids and feeding of young children with diarrhoea, many cases would never need ORS or treatment in the health centre.) Improved health education of mothers is a crucial aspect of CDD programmes. UNICEF is currently supporting a wide variety of communications activities to ensure that clear, consistent messages reach the greatest possible number of households. Antibiotics and/or intravenous fluids must also be made available for the small percentage of children who need them. To date, controlling the rampant, inappropriate use of these drugs has been a major challenge facing CDD programmes.

In addition to its efforts for more effective use of ORT, UNICEF is working to lower the incidence of diarrhoea by promoting breast-feeding, improved personal hygiene, access to safe water and safer water use and storage. These measures complement actions more directly focused on the treatment of diarrhoea and, if effective, will lead to long-term improvements in child health and nutrition.

## Breast-feeding

Recent experience with infant and young child feeding practices has drawn attention to crucial differences between 'exclusive', 'full' and 'partial' breast-feeding, and their implications for the biological functions of mother and child. Until now, statistics gathered by WHO and UNICEF have distinguished only between 'full' (which includes small amounts of additional liquids considered to be nutritionally insignificant), and 'partial' breast-feeding. Field offices have collected data on both at intervals of three, six and 12 months.

In recognition of a need for more refined data and uniform definitions, UNICEF participated in a series of technical discussions during the year with WHO, USAID, the Population Council and researchers from other organizations. The aim was to define terms and indicators that would form the basis for new programmes more accurately targeted on needs.

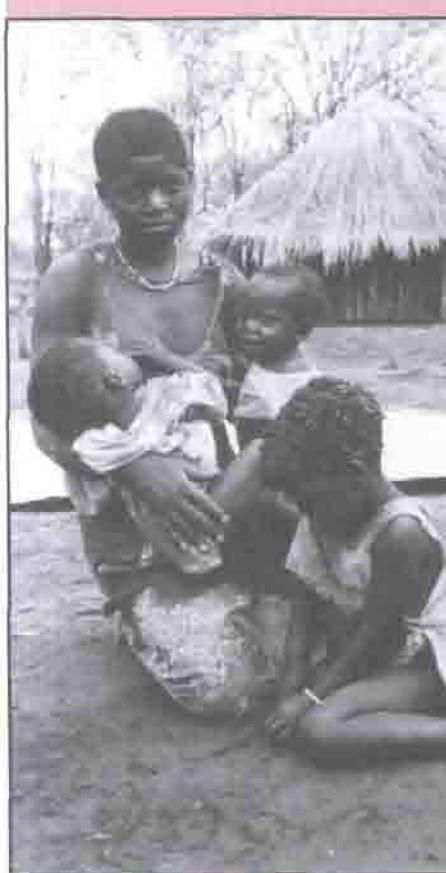
As a result, field offices will be asked

to expand their regular data collection to include 'exclusive' (nothing but) breast-feeding. The change is expected not only to improve monitoring, but also to provide a better evaluation of breast-feeding practices and trends, and lead to a better understanding and appreciation of the critical role breast-feeding plays in safeguarding the health of infants. More appropriately designed programmes are expected to follow.

Meanwhile, diarrhoea remains the number-one killer of infants and young children in most developing countries, and studies continue to show that breast-feeding protects against its incidence, duration and severity.

In Iraq, a study found that in the first six months of life, the risk of being hospitalized for diarrhoea is 25 to 45 times higher for children who have not been breast-fed, than for those who have been exclusively breast-fed.

A Brazilian study showed that, even after allowing for socio-economic differences in the status of mothers, the risk of non-breast-fed infants having diarrhoeal illnesses was up to two and a



Breast-feeding plays a crucial role in safeguarding the health of infants.

UNICEF/75158/88/Briegard

half times greater than for those who have been exclusively breast-fed. The Government has responded by intensifying its promotion of breast-feeding and by developing a strong national code against the marketing of breast-milk substitutes and weaning foods. The code was approved by the Brazilian National Council of Health under the title 'Brazilian Rules for the Marketing of Breast-milk Substitutes' and will be published as a Council Resolution in the Government official bulletin.

Another study, in Guatemala, has given urgency to the concern of UNICEF to expand its monitoring to include the prevalence of 'exclusive' breast-feeding. The study confirmed that the introduction of additional foods, even clear liquids, before four months of age, substantially increases the risk of diarrhoeal illness. A number of countries, including Botswana, Democratic Yemen, Egypt, Iraq, Kenya and Yemen have responded by attempting to ensure exclusive breast-feeding for the first four to six months.

Additional support for exclusive breast-feeding came from a meeting of experts at Bellagio, Italy, during the year. There was a consensus that breast-feeding could also provide mothers with 98 per cent protection against pregnancy in the first six months after birth, provided the mothers breast-fed exclusively and remained amenorrhoeic.

Training for Third World health professionals during the year yielded major dividends for breast-feeding.

Teams of health professionals from two Filipino hospitals took part in a four-week-long lactation management course in the United States and returned home to practise what they had learned. In an average year, the two hospitals deliver almost 31,000 infants, and before the course 100 per cent of those births gave rise to supplementary and bottle feeding during the lactation period. After the course, the doctors initiated changes in hospital practice that brought about an increase in exclusive breast-feeding at the time of discharge from 22 per cent to 99 per cent. Supplementary feeding was eliminated, as was prelacteal bottle feeding, and both teams of doctors have since trained colleagues and developed lactation management manuals for local use.

Similar training for health professionals in Ethiopia, India, Indonesia, Paki-

## BAMAKO INITIATIVE

The Bamako Initiative was the result of a meeting of African Ministers of Health in September 1987 as a means of revitalizing primary health services on the continent.

The meeting, which was held in Bamako, Mali, under the auspices of WHO/Afro, produced a plan for self-sustaining PHC which could be managed and financed by individual communities through charges for basic essential drugs, for consultation or other means as appropriate to their situations.

Experience has shown that people in many countries are willing to pay for quality services, including medicines, and that many already pay very high levels. But the future hinges largely on the capacity of individual governments to decentralize the management of PHC and to develop community financing mechanisms that would provide equitable services commensurate with PHC and MCH needs. Although there are several countries with drug revolving funds and community financing mechanisms in place, very few are as yet able to recover the base cost of the drugs introduced, particularly on a national scale.

WHO and UNICEF have been in close consultation on the planning and implementation of the Initiative since 1987, and in April and May 1988 respectively, the UNICEF Executive Board and the World Health Assembly formally agreed to proceed.

In the case of UNICEF, the Board agreed to a US\$2 million input from general resources and an appeal for US\$30 million in supplementary funding for specific country support. A Bamako Initiative Management Unit (BIMU) as the focal point for UNICEF inputs, with its headquarters in New York, was also established during the year. Preliminary talks between UNICEF and several donors have provoked expressions of interest from Italy to support programmes in Benin, Burkina Faso, Ghana, Guinea, Sierra Leone and Togo; and from the Netherlands to support Guinea. Other donors, including the Federal Republic of Germany, Japan and Norway, have stated their interest in the Initiative.

It was obvious in 1988 that many countries in sub-Saharan Africa were moving quickly towards the objectives of the Initiative. For example, Benin, Kenya and Togo have included elements of it in their new country programme submissions to the UNICEF Executive Board in April 1989. Proposals are also being submitted by Nigeria and Sierra Leone for supplementary funding of relevant activities within the framework of their ongoing country programmes.

WHO and UNICEF extended their dialogue in 1988 to other potential collaborators, including the World Bank, UNDP, UNEP, the African Development Bank, bilateral donors and NGOs. Additional political impetus came from Africa in the form of a supportive resolution by Heads of State and Governments at the 25th Anniversary OAU Summit. The resolution was the first from OAU to target children and their development specifically, and it was adopted unanimously.

A number of countries have already moved to implement activities under the Initiative, while others, including some with small populations, are reviewing its relevance to their special needs. Still others see the Initiative more in the context of a solution to essential drug supply problems and not yet as a part of the broad PHC objective.

Practical country experience so far is considerable:

**Ghana** is well advanced in the implementation of activities related to the Initiative. A proposal for supplementary funding was approved by the UNICEF Executive Board in April 1988, and both Italy and the Netherlands have stated their interest in supporting it. Work has started on 101 health centres, and the aim is to reach all 346 sub-prefectures of the country by 1990. A National Technical Co-ordinating Committee has been set up to manage daily operations, and a National Essential Drugs Policy to reorganize the pharmaceutical sector is being formulated with support from WHO and the African Development Bank. In many communities the cost of essential drugs is already being recovered, together with mark-ups of 100 per cent and more, for reinvestment in community health services.

**Sierra Leone** introduced an essential drugs programme in 1986, with the Government initiating a reimbursable procurement of drugs from UNICEF for six districts and the western area. The World Bank and Gesellschaft für Technische Zusammenarbeit supported other districts, and a national drug policy

evolved with a community financing system as its base. The mark-up on drugs was initially set at 20 per cent, to be shared equally by the Central Medical Store and primary health units and hospitals. The mark-up was 30 per cent. There were 37 health units and one hospital participating in 1987, and recovery overall was 81 per cent and 73 per cent respectively. Recently, a national policy has been established to recover 230 per cent of costs in order to support other operating costs of PHC. This forms a major element of a broader proposal made by the Government for national coverage with essential drugs by 1991, and fully sustainable operations by 1997.

**Niger** has developed considerable experience with community financing, and PHC projects financed by the Federal Republic of Germany, the Netherlands and Switzerland have for some years been recovering a percentage of local operations and drug costs through user fees. A proposal for restructuring the PHC system in the context of the Bamako Initiative is included in the country programme recommendation to the UNICEF Executive Board in 1989, with a view to obtaining supplementary funding.

**Niger** will also present the Executive Board with a proposal for supplementary funding to strengthen PHC/MCH along the lines of the Initiative. The country is taking a cautious approach to community financing and has set a 200 per cent economy rate in its proposal.

**Mali** is well acquainted with the Initiative. The State Pharmaceutical Company has a central position in the supply and distribution of drugs, and a major question is how the company and its outlets may be used most effectively to avoid the need for a parallel system. With help from UNICEF, WHO and ITC, Mali has initiated a stage of intensive planning for the Initiative, based on a careful assessment of existing experience in community financing. A ministerial Working Group has conducted a critical analysis of the essential drugs policy and the role of the company.

**Zaire** has developed an initial proposal for the Initiative based on the fact that, in many parts of the country, local projects have demonstrated the willingness and capacity of the population to pay for health care even though incomes are low. A study in 10 of the country's 376 health zones has indicated a capacity to finance more than 70 per cent of recurrent costs.

**Nigeria** has a strong commitment to PHC development, and in the last two years the Federal Ministry of Health has encouraged 52 local government authorities to develop their PHC systems. The Government plans to begin implementing activities under the Initiative in 1989 in one local government area of each of the four health regions. The federal budget will guarantee the supply of essential drugs and a national proposal is being drafted for broader restructuring of the national PHC system along the lines of the Bamako Initiative.

Other countries in west and central Africa which have undertaken some preparatory activities include Burkina Faso, Central African Republic, the Congo, the Gambia, Guinea-Bissau, Liberia, Mauritania and Senegal.

A number of east and southern African countries have also taken steps towards implementation, with examination of a wide range of alternatives. These countries include Kenya, Rwanda and Tanzania, while Burundi, Lesotho, Malawi and Madagascar have also expressed their interest and are taking preliminary steps. Ethiopia and Mozambique are essentially in emergency situations that have precluded significant national dialogue on the subject. However, Ethiopia is developing a proposal to expand provision of essential drugs and arrangements for community financing in *awrajas* (districts) throughout the country.

Overall, it is clear from the experiences of 1988 that UNICEF and WHO will need to increase their advocacy within African nations and the technical capacity within those countries to strengthen PHC/MCH and that other external agencies will need a clearer sense of the Initiative and its goals and principles. Establishing common donor approaches for individual countries might, in fact, be one of the greater challenges to meet.



UNICEF/1989/SC/2000/2-109



UNICEF/1989/SC/2000/2-109

stan, Thailand and Zimbabwe also brought positive changes in hospital practices.

Other highlights of the year included the publication of a joint WHO/UNICEF policy statement on hospital practices related to breast-feeding and a report on the WHO Code of Marketing of Breast-milk Substitutes.

Although enforcement of the Code remains weak in many countries, the report indicated that of the 168 countries surveyed, 90 had made concrete advances towards legal adoption of all or parts of the Code. In Guatemala, Kenya, Mexico, Peru, the Philippines and Sri Lanka, the entire Code is enforced by law, while in another 24 countries, only parts of the Code are enforced. In 11 countries the entire Code is implemented voluntarily, and in 14 countries the Government controls the distribution of baby foods. In another 35 countries the Code has been considered and awaits legislation.

To improve household food security more attention should be given to small farmers



## Nutrition, food security and deficiencies

Nutritional status is an outcome, most immediately of food intake and infection. But these are influenced by knowledge and behaviour, the quality of the environment, and the availability of services and wealth. UNICEF support to immunization and the control of diarrhoeal diseases is therefore of direct benefit to nutrition.

The basic concept of household food security is that each household should have sufficient and appropriate foods to meet the needs of its members at all times of the year. But, just as it is possible to have national food security without household food security, it is also possible to have household food security without each of the family members benefiting equally. Especially vulnerable are children who, from age four to six months, are totally at the mercy of others for the foods given in addition to breast milk until able to fend for themselves.

UNICEF continued to stress the nutritional vulnerability of children, households and communities in 1988 by pointing out linkages, which are not always obvious. While nutritional status is affected by food intake and exposure to infection, these, in turn, are influenced by knowledge and behaviour, the quality of the environment, and the availability of services and income. UNICEF support to immunization and to CDD is of direct benefit to nutrition, and UNICEF continued to press for the regular collection and analysis of data to highlight these linkages.

Examples abounded last year.

Work in Thailand showed that second and third grade malnutrition had been markedly reduced in 97 per cent of villages where there was a general increase in prosperity, and where the Government was experimenting with food stamps for families with residual malnutrition.

On the downside of the statistical records, it was found that in Malawi and Zimbabwe, child malnutrition co-exists with national food sufficiency. On closer examination, UNICEF found that within Malawi's rural sufficiency, 23 per cent of households owned less than half an acre, on which a family of five could produce only one third of their basic need for maize.

UNICEF has made use of such findings to advocate that more attention be given to small farmers and vulnerable households, and in Malawi's case the Government, together with the World Bank and USAID, have made a significant reappraisal of agricultural policy.

In its national report for Malawi, UNICEF observed that traditional public health interventions are not sufficient to cope with malnutrition. Any strategy to combat chronic malnutrition must be seen in the context of household food security and policies of direct benefit to the rural poor—an approach considered essential for Africa. In five countries—Angola, Ghana, Nigeria, Tanzania and Zaire—UNICEF has been promoting the production and processing of improved varieties of cassava.

Another approach to household food security is to increase the food-purchasing power of families, and mothers in particular, through income-generating activities. Such programmes have been operational in nations as diverse as Bangladesh, Central African Republic, Côte d'Ivoire, Ethiopia, Guinea, Niger, the Philippines, Solomon Islands, Thailand and Viet Nam.

UNICEF tackled the particular dilemma of the weaning infant at an international workshop in Nairobi where participants examined the effects of germination and fermentation on the bulk and consistency of weaning gruels. The conclusion was that these traditional technologies can greatly enhance the energy content of the diet for fast-growing children, and the challenge now is to communicate the conference results widely and persuasively.

A more common approach to the problem of weaning foods has been to encourage local manufacture as an income-generating activity for women. For example, in Ghana where small grinding mills were provided in areas where maize, ground-nuts and beans are grown, it has been possible almost to eradicate the most severe forms of malnutrition within 12 months.

Growth monitoring and nutrition education are commonly included in integrated services for children, though often the younger ones tend to be left out. However, in Kenya, 60 per cent of children are weighed regularly during their first year of life, and an evaluation of the Kenya programme is planned.

In some countries—Bangladesh, Ghana, India, Indonesia, Jordan, Lesotho, Morocco, Oman, Turkey, Viet Nam and Zaire—health workers re-

cognise the potential integrative function of growth monitoring by experimenting with growth cards which carry health messages and immunization schedules.

Twelve countries have reported activities related to the control of iron-deficiency anaemia in the past year, and 18 countries addressed the problem of vitamin A deficiency. The largest vitamin A programmes were in Indonesia, and in Bangladesh where 21 million children under six were given supplements twice a year during the peak diarrhoea seasons, and kitchen gardens were actively promoted.

In Pakistan, where a three-year-long drought had left seven per cent of the one-to-four-year-old children in the Thar desert with night-blindness, UNICEF distributed vitamin A capsules to 300,000 children with help from the Government and an international NGO.

In Guatemala, the Government mounted a national campaign to reach 1.6 million children with vitamin A supplements and took advantage of the logistical effort to immunize the children against polio as well.

UNICEF continued to support ICCIDD and has helped the Governments of 24 countries to tackle the problem of IDD.

The largest and longest-standing programmes have been in Asia. As a result of early UNICEF advocacy, Bhutan now iodizes all its salt and maintains a monitoring programme. Nepal has covered 92 per cent of its target population with iodized oil injections, and India is moving rapidly towards universal salt iodation.

Viet Nam is managing a reduction in the size and frequency of goitre among its population as a result of iodized oil injection campaigns aimed at one million people over a period of five years. Pakistan is developing a national programme for salt iodation and iodized oil injections, and Bangladesh is boosting its efforts, although public awareness of the programme is limited.

In South America close collaboration has been maintained with PAHO, and the salt iodation programme in Bolivia has been complemented with iodized oil capsules in relatively inaccessible areas, and plans are under way in Peru and other Andean countries.

In Africa national awareness and support has been longer in coming, but ICCIDD, together with WHO and UNICEF have been active in recent years. UNICEF sponsored a workshop for government and non-government agencies in Ethiopia

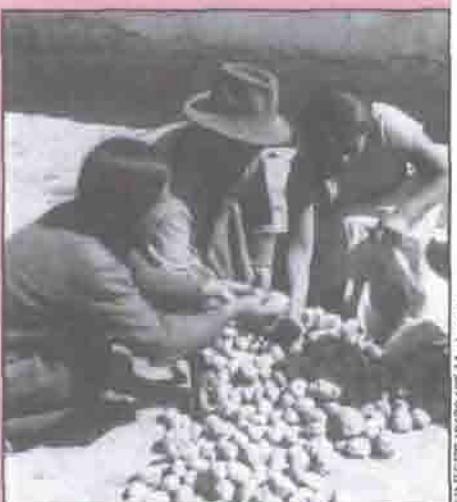


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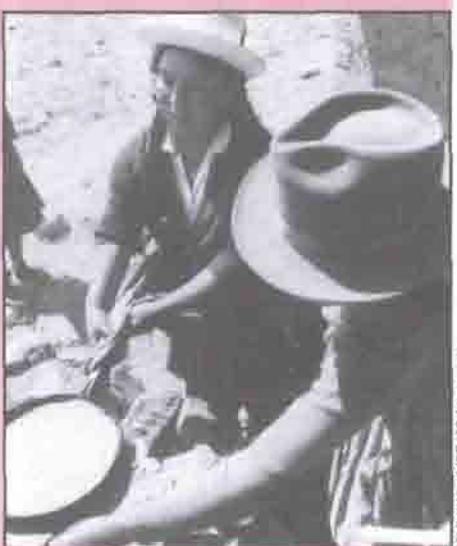


UNICEF/7665/80/Anmann

*Strategies to improve household food security must include policies of direct benefit to the rural poor. In an effort to improve women's incomes and their families' nutritional standards in the Bolivian Andean community, UNICEF provides training in breeding chickens, improving potato production, and preparing herbal remedies.*



UNICEF/7672/80/Anmann



UNICEF/7665/80/Anmann

opia in September, and the first salt iodation plant was installed in Assab. As a result of UNICEF advocacy, Kenya and Malawi passed laws during the year governing the iodation of salt, and workshops were supported in Ghana, Kenya, Tanzania, Zaire and Zimbabwe in collaboration with the WHO regional office in Brazzaville. In Sudan, UNICEF also collaborated with WHO, two international agencies and USAID in a government project for Darfur, where iodized oil capsules were provided for more than 125,000 children.

## Food and nutrition surveillance

Three main indicators of nutritional status in early childhood have been recommended for food and nutrition surveillance by the Inter-agency Food and

### Nutrition Surveillance Programme (JNFS).

They are: low birth weight; weight-for-age, supplemented by weight-for-height and preferably disaggregated by age-group; and height-for-age among primary school entrants.

JNFS is a joint initiative of FAO, WHO and UNICEF to help a large number of countries to incorporate nutritional monitoring for children and mothers into country programmes and projects over the next five years. The approach is also designed to support monitoring of the social impact of structural adjustment policies and a prolonged economic recession on vulnerable population groups.

The basic data is intended for use in the formulation of policy responses and will be supplemented by other data appropriate to the needs, objectives and local circumstances of each country.

During 1988, workshops were held in all regions to help focus these objectives, and projects were in place, or in preparation, in a number of countries.

## WHO/UNICEF Joint Nutrition Support Programme (JNSP)

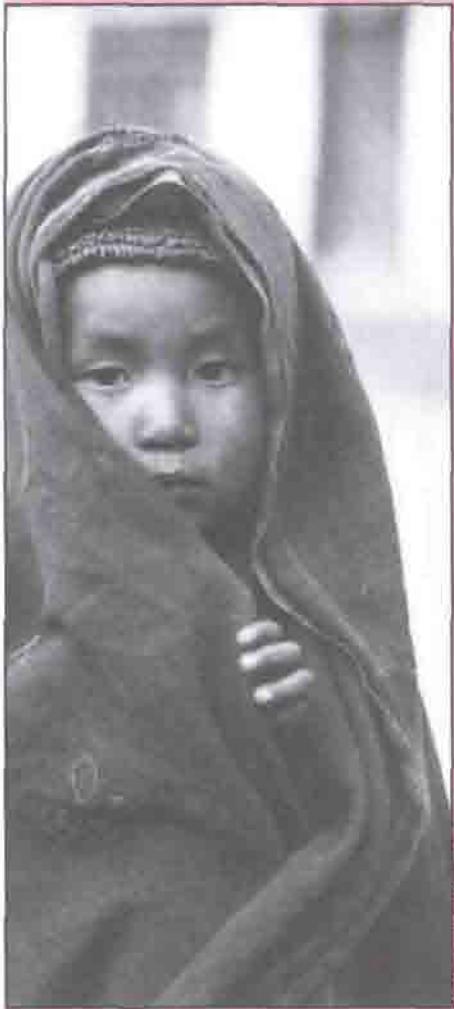
JNSP is now in its fifth year of operation following a US\$85.3 million grant from the Italian Government in 1982.

While it has generally been accepted that nutrition programmes need to be multi-sectoral, experiences drawn from 18 country projects have demonstrated that a clear and explicit nutritional focus and monitoring system must also exist in order to make a nutrition programme effective. The JNSP therefore aims to strengthen the nutrition focus of countries that have a JNSP while spreading the lessons learned to new countries.

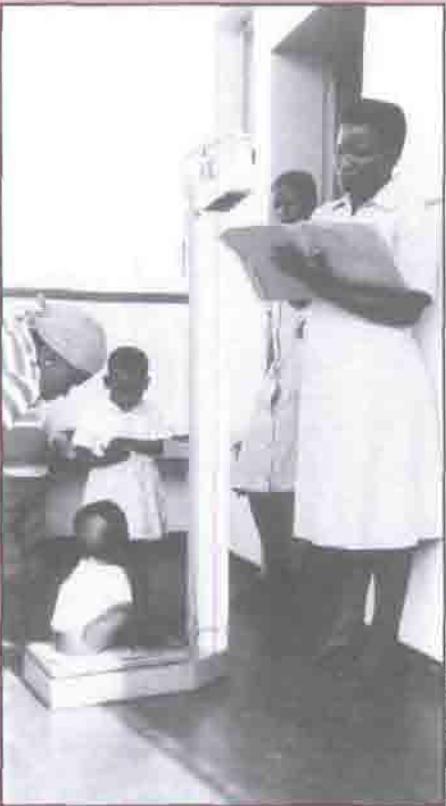
The most advanced of these JNSP country projects is in the Iringa Region of Tanzania where the nutritional status of some 220,000 children in 620 villages, including the Iringa township, is being applied as a measurement of overall community development. Following JNSP interaction with communities, service organizations and local political leaders over the past two years, malnutrition in Iringa is now accepted as a symptom of larger problems in the development process. Based on regular growth monitoring, communities have been helped to make their own assessments of the situation, analyse the fundamental causes, and come up with their own plans of action to deal with it.

The current programme strategy has the considerable advantage of addressing all the parties involved, from the villages to the government bureaucracies and political leaders, thereby achieving a common understanding of problems, and a consensus for responses. As a result, nutrition activities have reached beyond traditional concerns to address the development process itself.

Regular growth monitoring has been a major factor in maintaining community involvement and keeping the programme on course. Levels of severe malnutrition in Iringa have been cut by two thirds in the past four years, and the Government has moved to implement the programme in other regions.



UNICEF/73322/SW/Wright



UNICEF/73181/88/Watson

*The nutritional status of children is an indicator of a community's overall development status.*

of the country including Zanzibar.

The JNSP emphasis on building a base for nutrition in national bureaucracies has also had an impact in other nations.

In Nepal, the programme has helped the development of nutrition cells in the Ministries of Health, Agriculture, Education and Local Development.

In Ethiopia, it is helping to strengthen the National Food and Nutrition Council and the Ethiopian Nutrition Institute, and child nutrition has become a proxy indicator of development which can guide community responses and resource allocations.

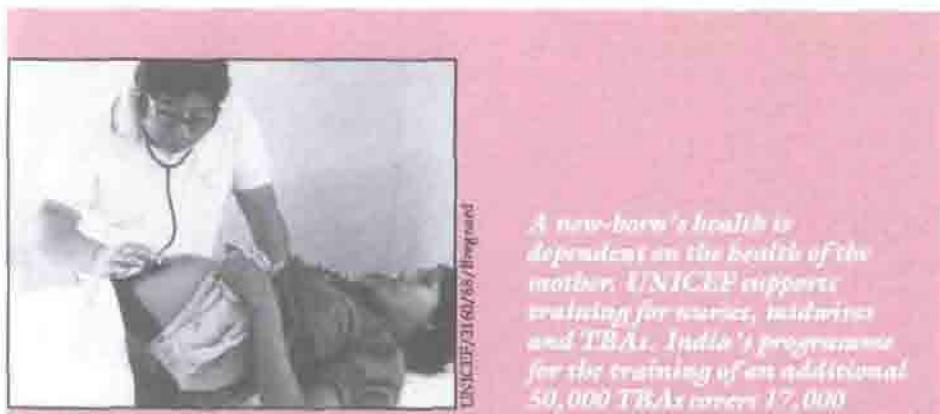
In Nicaragua, JNSP has supported the Nicaraguan Food Programme and inspired a serious inter-sectoral co-ordination among the health, education and agricultural sectors, for the first time.

Mali and Niger have placed JNSP at the centre of their rural development movements, and in both countries, JNSP has called for the direct involvement of the communities affected, from the moment of problem assessment.

Burma and Haiti have chosen a limited number of activities for nationwide implementation. In Burma, the focus is on strengthening the PHC system to support better nutrition. In Haiti, the programme has developed and tested a nation-wide social marketing scheme for ORT so that mothers can fight diarrhoeal diseases at home. In both countries, unrest has slowed JNSP activities.

Mozambique proved in 1988 that even in an emergency situation, developmental activities can be feasible and cost-effective. The national mid-term review found that despite insecurity, drought and an economic recession, the nutritional status of children in its project area has been satisfactory.

In the Andean region, the programme has continued its focus on the control of iodine, and with a stronger regional effort and a greater allocation of national resources, the gap between knowledge and action has been narrowed. During 1988, JNSP continued its support to Ecuador, Peru and Bolivia and helped the latter two countries prepare the final phases of their national iodine control programmes. It also supported the assessment of the goitre and salt situations in Paraguay, and did the same for each of the Central American nations—a first step towards revamping national programmes for the control of iodine in all eight countries.



A new-born's health is dependent on the health of the mother. UNICEF supports training for nurses, midwives and TBAs. India's programme for the training of an additional 50,000 TBAs covers 17,000 villages.



UNICEF/2594/87/Schyne

## Primary health care

The tenth anniversary in 1988 of the Alma Ata conference brought a series of major meetings and opportunities to review progress in PHC.

WHO organized an anniversary meeting at Riga in Latvia, USSR, and the participants made special note of improvements in Third World immunization coverage, and the halving of infant mortality rates since 1950. They urged more intense social and political action for health in the future, priority support for the least developed countries, and stronger intersectoral action geared towards the rational use of the science and appropriate technology options available for PHC. The same themes had been addressed in Talloires, France, earlier in the year, when the global meeting of senior decision makers in the developing countries and heads of agencies convened by the Child Survival Task Force examined world health goals for the 1990s and beyond. They surfaced again at a meeting in Paris for the major development assistance

agencies, sponsored by the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD).

All three meetings reaffirmed the PHC approach and agreed that remarkable gains in PHC had been made by raising international awareness of the issues, and by delivering basic health care to thousands of communities—through immunization and ORT services in particular.

It was recognized, however, that millions of families were still beyond reach of basic and regular PHC and remained victims of an economic recession which had made severe inroads on financial support for their countries' health care and social development sectors.

The recession raised serious concern about the sustainability of health programmes in many of the poorest nations and sparked some serious re-thinking about the reorganization of PHC systems. It was noted that the Bamako Initiative which has taken root in Africa (see page 12) has attracted the attention of governments outside the

continent. They now see community financing and other alternatives for financing health care as a promising route to sustainable services.

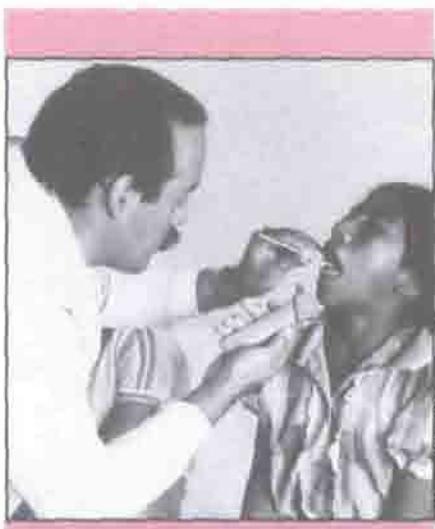
Another major issue is the integration of services and the opportunity to apply lessons learned in EPI/UCI to other child survival programmes. Among the countries taking a lead in this direction to help balance their PHC services are: Bangladesh, Burkina Faso, Cameroon, Côte d'Ivoire, Democratic Yemen, Equatorial Guinea, Iraq, Kenya, Mauritania and Somalia. The remarkable expansion of integrated village health posts in Indonesia (*Puskesmas*) has been an inspiration and a notable achievement.

Concern to improve the management of health services was evident in a trend towards decentralization. Democratic Yemen and a number of other countries are stressing the need to strengthen health management at district level, and Iraq has launched a pilot project in the Babylon governorate which draws on health students and paramedics. Nigeria has also continued the rapid development of its PHC system to cover its 100 million people in all 304 local government districts. Ethiopia has a phased programme to develop its PHC system in 38 *awrajas* (districts), and Kenya has expanded its community-based PHC systems to all 41 districts. Africa as a whole has been moving towards decentralized district-level management.

This strengthening of district management goes hand in hand with the rehabilitation, equipping, training and retraining of personnel, and UNICEF has continued to assist almost all developing countries in this area.

Many countries have in the past year reviewed or evaluated PHC training programmes and the functions of health personnel. Indonesia reviewed its TBA and midwifery training courses and decided to boost the effort. Iraq reviewed its TBA plan and has decided to train 200,000 community health motivators by 1990. Zimbabwe trained an additional 10,000 traditional midwives during the year, bringing its total to 31,000. In Burma, UNICEF supported training for midwives and nurses, helping to raise the total number of auxiliary midwives to 14,592, and midwives to 8,372, for 65,327 villages.

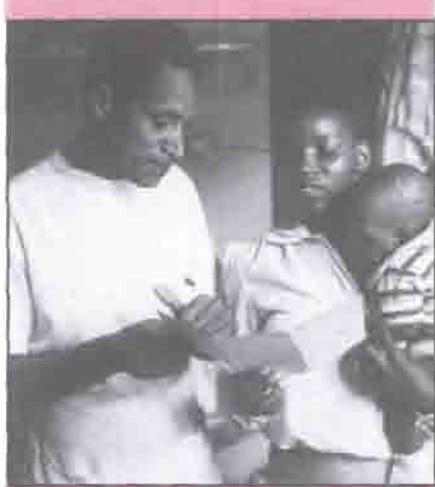
Another trend is the sharing of information and training exchanges among developing countries. Senior Sudanese MCH nurses helped to train women MCH



UNICEF/73162/Schreyer



UNICEF/75387/Schreyer



UNICEF/72833/Schreyer

*Millions of families are still beyond reach of basic and regular PHC, and a number of countries are stressing the need to strengthen health management at district level, drawing on health students and paramedics.*

## Schools fight AIDS

In primary and secondary schools across Uganda a unique health science course is helping to lift the veil on community fears and open up discussion on the deadly AIDS virus.

Government Ministries, with help from UNICEF and WHO, have designed a syllabus which tackles the basic issues head-on in age-appropriate formats for young people in the 11-to-15-year and 15-to-25-year age-groups. Courses focus on AIDS in Uganda as a social issue, the ways in which it is transmitted and the ways in which it can be prevented.

For a nation where some 4,000 cases of AIDS have been officially reported since the disease became known, and another 100,000 people are feared to be already infected, the hope is that the schools programme can succeed in protecting an entire generation of young people as they enter their most sexually active and vulnerable years.

AIDS in Uganda, and other countries of Africa, is spread mostly through heterosexual contact, which becomes a particularly high-risk activity in the absence of condoms. The courses are designed to change human behaviour by persuading people to recognize and avoid such risks.

The schools are a logical front line for national campaigning. Apart from their obvious influence on the young, Uganda's 7,000 primary schools represent the most extensive institutional network for outreach in the country. They are more widely distributed than health centres, and it is anticipated that as teachers and students are better educated about AIDS they will carry health messages home to their parents, siblings and the community at large.

Since 1986, through joint efforts by UNICEF and the Ministry of Education, in consultation with the AIDS Control Programme, the Ministry of Health and WHO, it has been possible to develop and test a new science and health education syllabus, and to train more than 2,400 teachers to introduce it. The aim is to have at least one trained science teacher in every school, but in the meantime mobile teams have been filling in where a resident trained teacher is unavailable.

The science and health education course, which was officially launched

by the Prime Minister in May of 1988 covers AIDS control as one of a series of vital health elements including immunization, diarrhoeal diseases, and water and sanitation.

An emergency health education programme to reinforce the AIDS message was introduced to about 600 secondary schools in 1988 and students can count on at least one question on AIDS in their final public exam papers.

Some 20,000 copies of the new syllabus have been distributed to schools together with AIDS kits, posters and information sheets on general health issues.

Students are encouraged to discuss their fears and to ask their teachers questions about AIDS and sex. The visiting teams include a medical doctor who introduces the subject with a 30-minute address, and 'suggestion boxes' are usually passed around the classroom with an invitation to students to write down their unsigned questions for discussion. In this way, all concerns can be addressed without inhibition or fear of embarrassment.

There is growing awareness in

Uganda and elsewhere in Africa that AIDS has become a 'family affair' and that the schools are an important means of addressing the problem.

In some African countries where 10-25 per cent of the urban women of reproductive age are already infected, it appears likely that 5-12 per cent of their children will be born with AIDS. This is an alarming statistical equation which raises the very real prospect that many of the gains in infant and child survival rates made possible in recent years by interventions such as immunization and ORT, could be cancelled out by the growing mortality rate from AIDS.

With infected infants and very young children developing symptoms of AIDS much more rapidly than their parents, the loss of an infant or young child is sometimes the first warning to other family members that they might also be infected—a discovery with profound implications also for their immediate community.

In addition to the growing mortality of infants and young children have come growing numbers of healthy young people orphaned by infected parents. In Uganda alone there are

an estimated 20,000 AIDS orphans who pose a growing burden for their extended families.

Uganda's special communications and logistical limitations have led UNICEF and the Government to invest special hope in the AIDS education programme. Through the established network of schools across all 33 national districts, teachers and printed materials are reaching audiences denied to other media.

About 90 per cent of Uganda's population is in rural areas, the nation's largest newspaper has a small circulation at a price (US\$0.65) which few can afford, and people who have radios use them sparingly. It has been estimated that the cost of batteries to operate a radio for just 20 hours a month is equal to at least one quarter of an average working wage. Television sets are owned and watched only by the urban élite.

UNICEF also plans to give AIDS education programme support to Burundi, Rwanda and Tanzania, but Uganda remains the pioneer, and its experiences are being closely watched in Africa and other nations of the developing world.



UNICEF/Wyan 19

workers in Yemen, and Angolan health staff went on a study tour of Zimbabwe.

The resurgence of malaria has become a major problem for many countries, particularly in Africa, where resistance to drugs such as chloroquine has spread. In Madagascar, there have been several epidemics since 1985, and in 1987-88 an estimated 250,000 people died. Malaria has also returned to Botswana where there is a severe shortage of personnel to cope with the disease. Kampuchea and the Lao People's Democratic Republic also have serious problems with resistance to anti-malarial drugs.

The health of mothers has attracted considerable attention since the Safe Motherhood Conference (Nairobi, 1987) and many countries have initiated studies to determine levels of maternal mortality. Bangladesh, Burundi, Dominican Republic, India and Indonesia have carried out hospital surveys, and interregional and national seminars have been held in Brazil, Egypt, Indonesia, Jordan, the Philippines, and Sudan. The Brazilian workshop was also attended by Portuguese-speaking nations of Africa. India has a programme for the training of an additional 50,000 TRAs covering 17,000 villages. Bangladesh has trained 1,047 health personnel in safe birth practices with emphasis on maternal and neonatal care. Oman launched a national prenatal programme in February, and Somalia's maternal mortality programme has focused on anaemia, female circumcision and delivery care.

ARI has long been recognized as a leading cause of child mortality in developing countries, but 1988 was a turning-point for recognition of the low-cost health care possibilities. Multi-purpose health workers in Chandigarh, India, are being trained in new and simplified diagnostic and management criteria, including the use of the drug cotrimoxazole. Similar approaches with health workers, rather than physicians, are under way in China, the Lao People's Democratic Republic and Viet Nam. And Zimbabwe held a workshop on the prevention and management of ARI during the year for 70 persons. Together with WHO, UNICEF has been developing operational modalities in three countries: Bolivia, the Gambia and Thailand and hope to apply the lessons learned and operational modalities developed in other countries.

## AIDS overview

The past year brought good news and bad in the fight against AIDS.

The bad news is that AIDS infection among women and children reached dramatic proportions in parts of Africa and the Caribbean.

The good news is that a more open discussion of AIDS problems has emerged at the highest levels of government. The world's attention is now more clearly focused on the importance of health education in halting the spread of this disease.

The year opened with a historic World Summit of Ministers of Health on Programmes for AIDS Prevention, and it was the frankness of the dialogue at this event that set the tone for discussion throughout the year. The Summit was jointly sponsored by the Government of the United Kingdom and WHO.

Also encouraging is the fact that more than 100 countries now have National AIDS Committees linked to WHO/GPA, and that all have national AIDS prevention plans for the short term or longer. WORLD AIDS DAY, sponsored by GPA on 1 December, reinforced their efforts by challenging organizations and individuals to "tell the world what you are doing about AIDS".

In Africa and the Caribbean, heterosexual contact remains the major mode of transmission, with the result that half of all HIV-infected persons are women. New data in 1988 showed that

these women are infecting their newborn children in large numbers.

Perinatal transmission rates range between 30 and 50 per cent, with infants usually showing serious clinical symptoms by six months. Few of the infants infected by their mothers live beyond their second birthdays.

A few improved treatment protocols for AIDS patients were identified during the year, but the IVth International Conference on AIDS, held in Stockholm in June, confirmed that scientists are several years away from discovering highly effective treatment drugs, a vaccine for HIV or a cure for AIDS.

Research on AIDS in children has accelerated. Much of that work has been done in Europe and the United States, and there have been some promising results with the use of AZT — a drug used mainly in the treatment of adult AIDS victims. However, AZT remains beyond the reach of Third World children for logistical and financial reasons.

A number of important clinical questions affecting women and children remain unanswered. They relate to:

- » the potential for HIV transmission through breast milk;
- » factors which affect the likelihood and timing of perinatal transmission; and
- » improved techniques for the diagnosis of HIV infection and AIDS in infants.

The social impact of AIDS at the family level is still largely unexplored, and will ultimately be critical for identifying,

*Health education is vital if the world is to limit the spread of AIDS.*



UNICEF/88/1460

prioritizing and addressing the many social service needs of AIDS-infected women, children and families.

During the year, UNICEF started some intensive work to mobilize creative health education channels to contain the spread of infection. In April, the Executive Board approved policy and programme directions in AIDS prevention, and approved special AIDS-prevention projects for supplementary funding in Burundi, Rwanda, Tanzania and Uganda (see *Profile*, page 18). More than US\$4 million has been raised for these projects from bilateral donors and UNICEF National Committees, and through advances from the Infant Mortality Reduction Reserve.

At headquarters, UNICEF continued to work closely with WHO/GPA and participated in a number of international research, management, and programme-related meetings. UNICEF also made presentations on women, children and AIDS at a number of professional meetings and other forums.

UNICEF provided technical assistance to six country offices in Africa that have AIDS projects, and held regional training courses in East and West Africa for UNICEF health and EPI officers.

At field level, UNICEF offices in most African countries made some contribution to AIDS prevention through general resource funding. Their efforts included:

- » support for the development of posters, pamphlets, videos, radio announcements and other information materials;
- » AIDS-prevention training for health workers;
- » use of existing child survival channels — schools, churches and women's groups, etc. — to deliver AIDS messages;
- » monitoring of the sterilization of immunization equipment against the possible transmission of HIV and other infections; and
- » approval and supply of disposable syringes and needles only after close scrutiny of plans for disposal.

Within the UN system, UNICEF is an active member of all major AIDS co-ordinating committees including the UN Steering Committee on AIDS, the UN Standing Committee on AIDS, the Inter-agency Advisory Group on AIDS, and the AIDS Management Committee. UNICEF also worked closely with the NGO Committee on UNICEF's Working Group on AIDS. □

## Formal and non-formal education

The global education crisis deepened in 1988. There are now more than 900 million illiterates world-wide, and 98 per cent of them are in developing countries. An estimated 120 million children between the ages of 6 and 11

do not attend school, and in countries where the opportunity for education exists financial constraints have eroded the quality of what is available. National and international investments in education, particularly at primary level, continue to decline.

The year, however, did bring a resurgence of international interest in human resource development for the sustenance of CSD, and UNESCO, UNICEF, UNDP and the World Bank have agreed to co-sponsor early in 1990 a world conference on basic education for all. The conference will attempt to revive global commitments to quality primary education for all children, and to bring literacy to millions of adults by promoting knowledge of essential life skills.

Almost all countries during the year reported CSD education activities for parents and for primary school children and teachers. The integration of CSD is also evident in many women's literacy and training projects. This activity warrants a major inter-State assessment to review its impact and to identify effective strategies.

The integration of education in CSD activities raises a number of questions. Among them: How is the quality of education affected? Is learning motivation increased? What are the most effective teaching methods, and what is their impact outside of school — at home, and on KAP (knowledge, attitudes and practices)? Are the objectives clear enough, and is baseline data sufficient to allow qualitative evaluation in due course? Is programming innovative and focused, or is it traditional school health education disguised under a new name?

The effects of structural adjustment and economic decline are frequently cited in many African reports as well as in reports for Latin America and elsewhere, but analysis is needed.

As African education becomes a greater UNICEF priority, African country programmes will need to address critically the issues of effective low-cost interventions; integrated, mutually supportive programmes; and recurrent cost problems. Several reports for 1988 noted the effect of low teacher salaries. Among them, poor teacher motivation, moonlighting in second jobs and desecration of the teaching profession.



UNICEF/3282/89/Wright



UNICEF/3138/88/Watson

**Barathok-Nepal:** Nestled in the western hills of Nepal, the village of Barathok appears almost postcard perfect—a place that time seems to have forgotten.

The village is a whitewashed collection of simple two-storey houses topped with thatch. The houses are built to accommodate the owners and their families on the top floor, and livestock—mostly water-buffalo and goats—below.

People here travel on foot, and a visitor is struck by their age. The majority are children or old folk left by able-bodied men recruited into India's Gurkha regiments. Remittances and pensions paid to retired soldiers in these parts are the backbone of an otherwise rural economy.

From the edge of town it is 190 kilometres to Kathmandu, but people don't think too much about getting there. It's a two-hour walk just to reach the road head at Gagongauba, and another two hours by bus from there to Pokhara, the nearest large town.

For many of the people in Barathok, the horizon effectively stops at Kholabhai, a ridge-top community about an hour's walk away. There the locals can get together once a week with people from surrounding villages to chat and barter their goods.

Barathok has a primary school, but the majority of people remain illiterate—partly because young girls are not sent to school and partly because there isn't much to read outside the schoolroom.

There is also a health post at Gagongauba, but although its clientele is growing, people are still more likely to consult a local faith-healer before making a special trip there.

There's not much contact with anything one might describe as media in Barathok, not much to influence changes in the way things are done. One of the villagers has a radio, and he sometimes plays it at full volume so that everyone may share the sounds of the outside world—but then again, he doesn't always have batteries for it.

The people of Barathok are paying a heavy price for their isolation. One in every six children dies before the fifth birthday from causes which

could be avoided if parents knew how. Although the health post is a difficult two hours away, contact with it could spare the children immunizable diseases like measles. Lessons or literature on ORT would enable parents to save their children from diarrhoeal dehydration.

One of the first challenges which Barathok presented to health care workers and educators was that of communication.

When people venture far from home, they return with stories of bicycles and three-wheeled tractors, plumbing and lavatories, and sometimes videos and telephones, but there are no drawings or

photographs of such things in the village and therefore no points of reference for a very meaningful description of what they look like, let alone how they work and what they do. If a household has a picture of anything it is usually a faded and much-prized portrait of a Hindu god.

The challenge to development workers who visited Barathok was therefore to promote visual recognition of basic elements that could make life healthier and a little more comfortable.

UNICEF has been working in Nepal for more than a decade on a project to convey messages through illustrations of familiar objects, and research has shown that creative drawings are an effective way of arousing curiosity and stimulating people into action.

When the researchers first arrived in Barathok some of the villagers were suspicious. However, by the second and third visits the challenge of identifying new objects was catching on, and many people were clamouring to interpret illustrations ranging from familiar water jars to bizarre double-decker buses.

Gradually, illustrations prepared by Nepali artists graduated from static images to faces with emotions and a comic strip of a crying child and a mother preparing oral rehydration fluids.

Over a three-month period last year, researchers visited Barathok on six occasions and provided picture lessons to 450 illiterate villagers—most of them women.

Results so far show that villagers learned to read pictures much more quickly than words and that as visual recognition improved, more and more sophisticated illustrations could be introduced to convey more complicated messages. UNICEF workers have been excited by the learning transition, as formerly passive onlookers have begun to understand that pictures contain information that they are capable of decoding.

In 1989 the final results of the study will be compared with the visual recognition of a 'control' group of villagers, and if Barathok's first experiences are confirmed, other development agencies might soon be budgeting artists' fees into their project planning.



UNICEF/Wyatt 20

Several positive experiences point to the wisdom of decentralizing the authority for development and management of both primary and non-formal schooling, and to the benefits of NGO, private and community involvement in education.

Sri Lanka emphasizes decentralization of authority to provincial councils. Pakistan notes the desirability of decentralizing curriculum development to maximize local relevance. Thailand is promoting primary school self-reliance in nutrition and income generation. And the Brazilian 'Brixada Fluminense' programme has based acquisition of literacy skills on community-based, everyday experience.

Bangladesh provides a good example of integrated approaches to formal and out-of-school learning, with strong community linkages, and the involvement of community leaders to create improved management and organizational capacity. In Indonesia, community learning groups, rural newsletters and village 'reading corners' characterize the literacy programme. Mozambique capitalizes on community participation for school reconstruction in war-affected zones, while El Salvador highlights the multiple benefits of community involvement in its Active School project.

Partnerships with NGOs are cited in several reports. The El Salvador literacy programme runs in collaboration with the Catholic Church. In Haiti, 86 per cent of school students are reported to be in private-sector schools.

Girls and women in the sector remain at a strong disadvantage. While female enrolment and literacy rates are encouraging in many countries of South-East Asia, the Middle East and Latin America, there is strong discrimination against girls and women in poorer countries in Africa and south Asia.

Bangladesh, Burundi, Cape Verde, El Salvador, Honduras, India, Indonesia, Mali, Pakistan, Sierra Leone, Sudan, Thailand and others integrate women's literacy training with training for income-generating family production activities, or CSD training. Egypt is investigating appropriate education for rural women and girls, while Brazil's literacy programme bases learning around everyday work and community realities. The logic of such linkages is that literacy skills are more likely to be sustained if they are packaged with life skills which women are motivated to learn. □

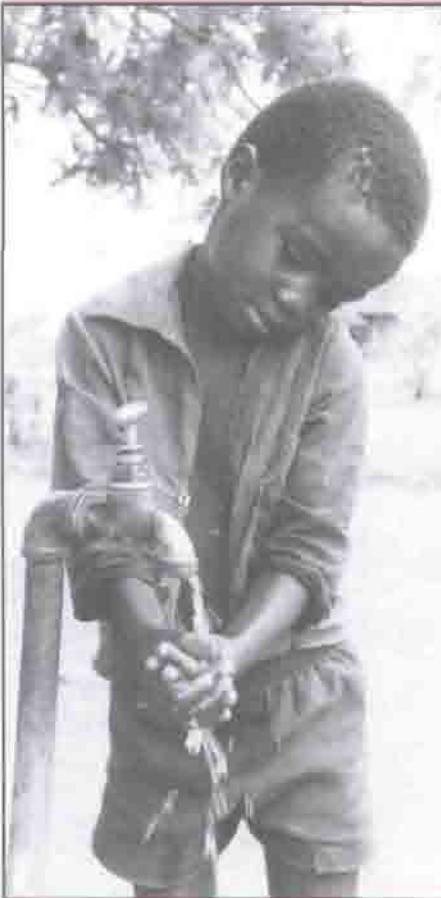
## Safe water and sanitation

When the Drinking Water Supply and Sanitation Decade (1981-1990) ends next year, roughly 800 million people in the developing world will still be without access to safe water supplies and some 1.3 billion will lack adequate sanitation services.

However, against the background of economic recession and high population growth rates, remarkable progress has been made towards the objectives of the Decade, and both the developing countries and external support

agencies have decided to extend their targets to the year 2000 under the existing concept of 'Health for All'.

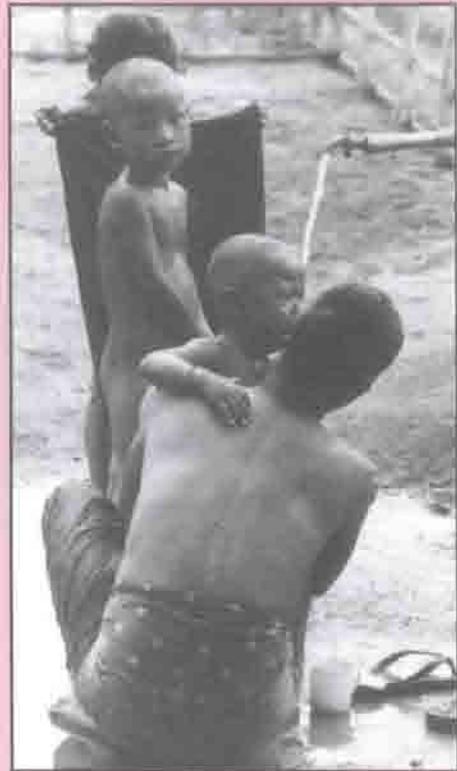
The 800 million estimate of those expected to be without safe water in 1990 is in fact 450 million people fewer than in 1970. Despite the hesitancy of many communities towards latrines, and the limited progress made in changing habits, an estimated 1.1 billion people have improved their facilities since the 1970s. The Decade has produced low-cost technologies equal to its objec-



A majority of 1.64/2.3 billion rural peoples have succeeded in moving closer to linking the need for safe water and sanitation with general hygiene.



UNICEF/73193/88/Bregard



UNICEF/73237/88/Rothar

tives, and in the case of sanitation, the fundamental focus and challenge for the decade ahead will be to change human behaviour through hygiene education.

A majority of UNICEF-assisted countries have succeeded, to varying degrees, in linking the need for safe water, sanitation and good hygiene. More than 20 countries, including Cape Verde, Democratic Yemen, Egypt, Ghana, Maldives and Mexico, have linked WATSAN with CDD. Argentina, Bangladesh, Chad, the Philippines, Sudan and Tanzania have tied their programmes to integrated basic services. Bhutan, Honduras, Sierra Leone, Togo and others have linked WATSAN with environmental concerns. Benin, Central African Republic and Western Samoa have tied WATSAN to immunization, family vegetable gardens and school health respectively.

A report to the UN Commission on the Status of Women in the first quarter of 1988 stressed the importance of women as the main managers of water resources in rural communities and lamented the frequent failure of new water resource projects because women were not consulted. The pivotal role of women in development in general cannot be over-emphasized. UNICEF continues to push this issue and can point to practical successes during the year in Bangladesh, Guyana, Haiti, Indonesia, Morocco, Sri Lanka, Sudan and Tanzania.

During the Decade the multilaterals, bilaterals, NGOs and governments of the developing world have all agreed on the validity of this concept of women's involvement, but the problem remains one of implementing it with vigour.

Like sanitation, the maintenance of WATSAN facilities is no longer a technical issue only but also a social one, dependent largely on the community's commitment and ability to manage it.

Both Chad and Ethiopia reported a lack of organized maintenance systems. Malawi stated that at any given time as many as 40 per cent of its handpumps are inoperable. And Vanuatu attributed maintenance problems to the failure to involve the community by those implementing the project.

India has amply demonstrated the return on maintenance investment. It reports that about 81 per cent of its handpumps are functional at any one time. Maintenance in India is being decentralized with the development of 'barefoot mechanics'. Similar community-

based maintenance systems have taken root in Angola, Benin, Indonesia, Mali, Sudan, Uganda and Zimbabwe.

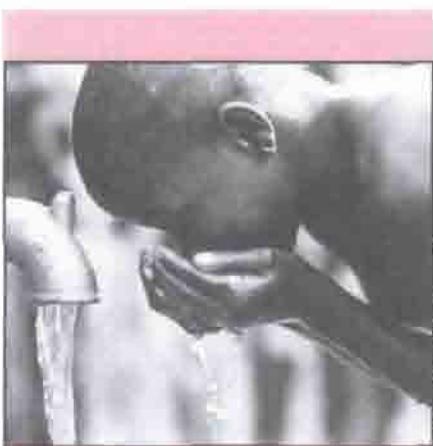
The year was also significant for the level of South-South co-operation. UNICEF sponsored several WATSAN study tours between Asian and African countries, and important Latin American connections were also made. Experts from Benin and Liberia visited Nigeria to study water development technologies and strategies for integrating water, sanitation and hygiene, and education. Somali technicians visited Egypt to learn ways of linking WATSAN with CDD. Liberia exchanged notes with Ghana on the promotion and development of sanitation. Water personnel from India travelled to Bangladesh to look at shallow- and medium-lift handpumps, and Kenya decided to plan a trip to India to examine programming methods. Brazil established ties with the rest of Latin America and with Portuguese-speaking African countries. And Ghana and Nigeria are currently experimenting with the simple iron removal plants (IRP) developed by UNICEF-assisted WATSAN programmes in Burma and Sri Lanka.

These countries can learn valuable lessons from one another. In the course of the year Sudan introduced production bonuses to its well-digging operations and reduced the unit cost of a borehole with handpump from US\$9,000 to less than US\$4,000. The Gambia privatized its well-digging operations, increasing the rate of production tenfold by paying crews by the metre dug.

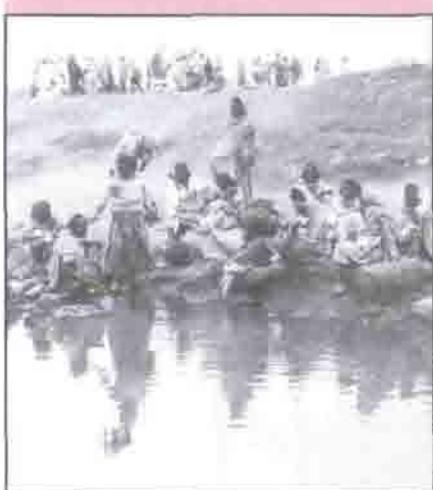
Only five countries reported on their guinea worm problems during the year. They were Benin, Ghana, India, Nigeria and Togo.

A workshop on guinea worm disease (dracunculiasis) was held in Accra, Ghana, in March; and with growing global awareness of the crippling impact of the disease on rural populations and economies, a global effort has been mobilized to eradicate the disease by the mid 1990s. Co-ordination and promotion of the guinea worm issue is provided by the President Carter 2000 Foundation, with co-operation from UNICEF.

Guinea worm disease can be contracted only by drinking water containing infected water fleas (copepods). About one year after drinking contaminated water, victims suffer the slow, painful emergence of adult worms of up to one metre in length, through lesions in their skin. About five to 15



UNICEF/2391/88/Murray-Lee



UNICEF/2676/88/Isaac



UNICEF/2676/87/Watson

Women and children washing their hands after returning from a nearby river.

millions are thought to suffer from the disease each year, with another 120 million at risk in Africa, and 20 million at risk in Asia.

The disease can be prevented by providing safe drinking water, and by teaching populations at risk to filter, boil, or treat contaminated water supplies with the chemical *Temephos*.

During 1988 UNICEF co-operated with 90 countries in WATSAN projects or activities, with a financial input of US\$69 million. Of the 90 countries with UNICEF-assisted WATSAN projects 38 are in Africa, 22 in the Americas and the Caribbean, 21 in Asia, and 9 in the Middle East and North Africa. Some 108,630 water supply systems were completed during the year, including 93,342 wells with handpumps installed, 2,642 standpipes, 10,389 improved traditional sources and 2,257 yard taps and household connections. An estimated 20,759,400 people benefited from these services. Also completed in the course of the year were 228,930 sanitary excreta disposal facilities for about 1,576,900 persons. □

## Women in development

In light of increasing evidence linking successful CSD initiatives with improvements in the situation of women, UNICEF has supported efforts in every region to increase women's skills, their education and socio-economic resource base.

In several countries, women-related initiatives are the central focus of CSD programmes.

A recently completed study in western Kenya has further demonstrated the need for an integrated approach to CSD. While women welcome the emphasis on infants and young children—for whom they are directly responsible—the reality of their unhealthy environments and lack of resources calls for a balance between what is done with and for women and what is done for children. A key concern must be women's impoverishment. The knowledge a woman has cannot always be put to use, and indeed may increase her frustration, if she is without adequate resources.

In Bangladesh, for instance, poverty alleviation among poor women is the main objective of four Integrated Basic Services projects. These projects, developed as CSD initiatives in the overall context of the new country programme, vary according to local needs and priorities. Among their common features are the following: identification of poor households through income-oriented surveys; organizing the women of these households to form project beneficiary working groups; training them as leaders and community service workers, including health workers; and provision of revolving funds for income generation. PHC, improvement of WATSAN facilities and improvement of nutritional status are also essential elements.

In Sierra Leone, the Women-in-Development for Child Survival project also supports economic activities, improved methods of food production, day-care facilities and health education. By recognizing women's multiple roles and responsibilities, the project has increased their support for and commitment to CSD actions.

Peru and Bolivia are promoting CSD almost entirely through strengthening women's groups at the community level. Women's self-confidence and leadership roles at all levels are being systematically reinforced, resulting in wide dissemination of CSD messages.

In Iraq, the General Federation of Iraqi Women has mobilized nationwide support for actions aimed at improving child health and well-being.

UNICEF is also placing increasing emphasis on education as a means of strengthening the woman's position in both the household and community.

In Democratic Yemen, the Government hopes to increase threefold the enrolment of women in literacy and continuing education classes by 1990. To do so, a nation-wide initiative has been developed that promotes greater political commitment to female literacy; mobilization of support from mass organizations in the implementation of an expanded non-formal education programme; and collaboration with the mass media to produce new materials for these non-formal classes.

Indonesia has also increased its commitment to non-formal education. Specifically, UNICEF is assisting a special



UNICEF/72659/87/Antrama

UNICEF works to strengthen women's groups at the community level. Women are crucial to rural development programmes: in nearly 80 per cent of rural food production are women.



UNICEF/72815/88/Schreyer

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

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

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

- Very high U5MR countries (over 170)
- High U5MR countries (95-170)
- Middle U5MR countries (31-94)
- Low U5MR countries (30 and under)

The countries on this cartogramme are listed in descending order of their 1987 under-five mortality rate.



U5MR      # BIRTHS  
(thousands)

## OVER 170

1. Afghanistan	304	874
2. Mali	296	461
3. Mozambique	295	690
4. Angola	288	467
5. Sierra Leone	270	197
6. Malawi	267	437
7. Gambia	264	39
8. Ethiopia	261	2098
9. Guinea	252	315
10. Burkina Faso	237	419
11. Niger	232	357
12. Chad	227	247
13. Guinea-Bissau	227	40
14. Central African Rep.	226	127
15. Somalia	225	363
16. Mauritania	223	92
17. Senegal	220	331
18. Equatorial Guinea	217	18
19. Rwanda	209	361
20. Kampuchea	208	320
21. Yemen, Dem.	202	116
22. Bhutan	200	58
23. Nepal	200	723
24. Yemen	195	378
25. Burundi	192	244
26. Bangladesh	191	4754
27. Benin	188	235
28. Madagascar	187	538
29. Sudan	184	1098
30. Tanzania, U. Rep. of	179	1356
31. Nigeria	177	5521

## 95 - 170

32. Swaziland	177	36
33. Bolivia	176	306
34. Haiti	174	218
35. Gabon	172	47
36. Uganda	172	909
37. Pakistan	169	5398
38. Zaire	164	1611
39. Lao People's Dem. Rep.	163	161
40. Togo	156	152
41. Cameroon	156	463
42. India	152	26783
43. Liberia	150	113
44. Ghana	149	649
45. Oman	—	66
46. Côte d'Ivoire	145	629
47. Lesotho	139	71
48. Comoros	132	23
49. Zambia	130	420
50. Egypt	129	1805
51. Peru	126	729

## 52. Libyan Arab Jamahiriya

123      197

## 53. Morocco

123      839

## 54. Indonesia

120      4751

## 55. Congo

117      87

## 56. Kenya

116      1303

## 57. Zimbabwe

116      393

## 58. Algeria

111      965

## 59. Honduras

111      196

## 60. Guatemala

103      363

## 61. Saudi Arabia

102      585

## 62. Nicaragua

99      155

## 63. Burma

98      1249

## 64. South Africa

98      1080

## 65. Turkey

97      1521

## 66. Iraq

96      779

## 67. Botswana

95      59

## 31 - 94

68. Iran, Islamic Rep. of

94      2269

69. Viet Nam

91      2080

## 70. Ecuador

89      369

## 71. Brazil

87      4101

## 72. El Salvador

87      190

## 73. Tunisia

86      231

## 74. Papua New Guinea

85      149



75. Dominican Rep.	84	213
76. Philippines	75	1975
77. Mexico	70	2457
78. Colombia	69	887
79. Syrian Arab Rep.	67	532
80. Paraguay	63	144
81. Mongolia	61	85
82. Jordan	60	193
83. Lebanon	53	83
84. Thailand	51	1180
85. Albania	48	74
86. China	45	22894
87. Sri Lanka	45	471
88. Venezuela	45	578
89. Guyana	39	24
90. Argentina	38	671
91. Panama	35	62
92. Korea, Dem. People's Rep. of	34	633
93. Korea, Rep. of	34	775
94. Fiji	33	19
95. Malaysia	33	467
96. United Arab Emirates	33	34

30 AND UNDER

			<i>Country</i>	<i>Fed. Rep. of</i>		
99. USSR	30	5082		11		643
100. Mauritius	30	20	126. Denmark	11		56
101. Romania	28	356	127. Spain	11		503
102. Yugoslavia	28	347	128. Australia	10		244
103. Chile	26	304	129. France	10		774
104. Trinidad and Tobago	24	29	130. Hong Kong	10		87
105. Kuwait	23	62	131. Canada	9		358
106. Jamaica	23	62	132. Netherlands	9		174
107. Costa Rica	23	81	133. Norway	8		52
108. Bulgaria	20	113	134. Switzerland	8		75
109. Poland	19	690	135. Japan	8		1445
110. Cuba	19	164	136. Finland	7		61
			137. Sweden	7		93

## UNICEF programmes from general resources

UNICEF programmes are approved for multi-year periods. Those recommendations being proposed to the 1989 Executive Board session are indicated in colour and should be regarded as tentative.

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

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

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

*UNICEF currently co-operates in programmes in 121 countries: 42 in Africa; 34 in Asia; 30 in Latin America; 15 in the Middle East and North Africa.*

Afghanistan	1978-82: \$19,366,000	Ethiopia	mid-1988-mid-93: \$45,000,000
Algeria	1986-90: \$1,370,000	Gambia	1987-91: \$750,000
Angola	1987-91: \$5,924,000	Ghana	1985-90: \$8,574,000
Bangladesh	mid-1988-mid-93: \$65,000,000	Guatemala	1988-91: \$1,400,000
Belize	1984-87: \$168,000	Guinea	1987-91: \$5,765,000
Benin	1990-94: \$4,456,000	Guinea-Bissau	1989-93: \$1,500,000
Bhutan	1986-91: \$2,850,000	Guyana	1987-90: \$720,000
Bolivia	1989-93: \$5,270,000	Haiti	1988-mid-90: \$3,677,000
Burkina Faso	1988-92: \$1,285,000	Honduras	mid-1987-91: \$1,465,000
Burundi	1989-90: \$2,500,000	India	1986-89: \$140,437,000
Cameroon	1985-90: \$2,747,000	Indonesia	1985-89: \$44,408,000
Cape Verde	1986-90: \$330,000	Iran, Islamic Rep. of	1989-90: \$1,980,000
Central African Republic	1989-93: \$3,000,000	Iraq	1988-90: \$600,000
Chad	1985-90: \$6,210,000	Jamaica	1988-92: \$500,000
Chile	1990-93: \$400,000	Jordan	1986-90: \$920,000
China	1990-94: \$62,000,000	Kampuchea	1990: \$2,500,000
Colombia	1989-92: \$5,000,000	Kenya	1989-93: \$15,000,000
Côte d'Ivoire, Rep. of	1990-91: \$1,940,000	Korea, Dem. People's Rep. of	1989-92: \$1,050,000
Cuba	1987-90: \$280,000	Korea, Rep. of	1988-mid-90: \$750,000
Dominican Republic	1985-90: \$3,550,000	Lao People's Dem. Rep.	1982-91: \$4,810,000
Djibouti	1989-93: \$1,500,000	Lebanon	1989-90: \$825,000
Eastern Caribbean Islands	1988-92: \$2,250,000	Lesotho	1987-91: \$1,924,000
Ecuador	1986-89: \$1,754,000	Liberia	1986-90: \$2,435,000
Egypt	1990-94: \$17,000,000	Madagascar	1985-90: \$5,082,000
El Salvador	1988-92: \$1,638,000	Malawi	1988-92: \$9,150,000
Equatorial Guinea	1989-93: \$475,000	Malaysia	1989-91: \$1,250,000
		Maldives	1987-91: \$550,000
		Mali	1989-93: \$13,500,000
		Mauritania	1989-93: \$2,405,000
		Mauritius	1986-90: \$904,000
		Mexico	1989-90: \$2,920,000
		Mongolia	1986-90: \$250,000
		Morocco	1987-91: \$6,500,000
		Mozambique	1985-90: \$13,370,000

Namibia	1989-90	\$2,000,000
Nepal	1988-92	\$17,500,000
Nicaragua	1986-90	\$1,160,000
Niger	1990-94	\$7,500,000
Nigeria	1989-mid-91	\$29,000,000
Oman	1988-90	\$600,000
Pacific Islands	1988-92	\$3,250,000
Pakistan	1988-92	\$35,000,000
Panama	1985-87	\$147,000
Papua New Guinea	1988-92	\$1,200,000
Paraguay	1989-93	\$1,640,000
Peru	mid-1987-92	\$5,950,000
Philippines	1988-92	\$12,500,000
Rwanda	1988-92	\$6,000,000
Sao Tome and Principe	1989-90	\$500,000
Bengal	1987-91	\$5,474,000
Seychelles	1984-1986	\$124,000
Sierra Leone	1986-90	\$4,456,000
Somalia	1988-92	\$8,060,000
Sri Lanka	1989-93	\$5,300,000
Sudan	1987-91	\$15,500,000
Swaziland	1989-93	\$805,000
Syrian Arab Republic <sup>(2)</sup>	1989-90	\$750,000
Tanzania, United Rep. of	1987-91	\$23,825,000
Thailand	1989-93	\$12,500,000
Togo	1990-94	\$4,230,000
Tunisia	1987-91	\$1,550,000
Turkey	1988-92	\$1,800,000
Uganda	1987-90	\$10,305,000
Viet Nam	1988-91	\$24,000,000
Venezuela	1987-91	\$6,250,000
Zaire	1987-91	\$15,500,000
Zambia	1987-91	\$2,950,000
Zimbabwe	1987-91	\$6,150,000

## Urban basic services

Although national immunization programmes cover urban areas, start-up activities and delivery in urban slums is generally slower than elsewhere because of administrative and other problems besetting municipalities.

This question of coverage, as well as the sustainability of EPI in urban areas, was addressed by all country offices during 1988 and provided some interesting insights on the effectiveness of campaigns.

In countries where UNICEF gave priority to immunization campaigns and EPI in general, there was evidence that the demand this created in the poorest urban areas sometimes outstripped the capacity of municipalities to follow through.

Turkey provided an interesting example both of the problem and of the response. Analysis of Turkey's 1985 campaign showed that while social communication reached the urban poor, who were quick to demand immunization and health care for their children, immunization services lagged badly. Post-campaign studies revealed that immunization coverage in the largest cities was in fact lower than in some of the most deprived eastern provinces.

Urban demand for services continued well after the campaign had finished, and in response, a series of new urban PHC clinics was set up by the Ministry of Health and the municipality of Istanbul. The municipality allowed its unused buildings to be rede-

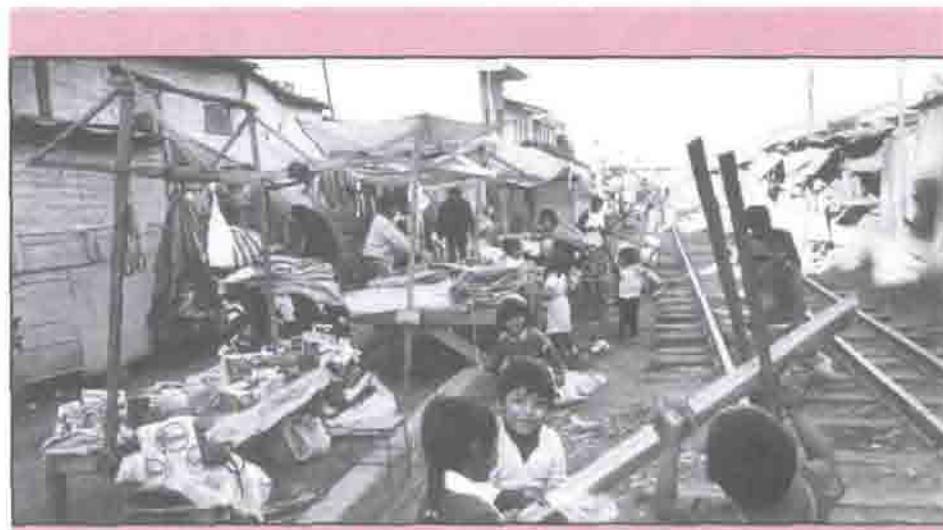
signed as health centres, and the religious community also responded by building community clinics next door to mosques.

Based on these and other experiences, UNICEF approaches to the urban poor have shifted accordingly from broad objectives towards the target groups most in need of immunization, access to basic drugs, treatment against ARI, and other basic services.

It is noteworthy that countries that have achieved the highest rates of immunization coverage in urban areas are those with long experience in UBS on a large scale. These countries, including Brazil, India, Indonesia, Sri Lanka and others, continue to implement large-scale intersectoral programmes where UNICEF assists with software and other interventions aimed at the poor and the poorest.

Among other developments during the year:

- » elements of the Bamako Initiative were considered for African urban areas where access to essential drugs can help to strengthen PHC services and alleviate negative consequences of stabilization policies on the urban poor; and
- » banks and others in the private sector showed interest in joint ventures with municipalities and other partners that could help to apply elements of the PHC approach to the needs of poor urban groups.



The demand for immunization services can outstrip capacity for delivery.

## Children in especially difficult circumstances

### Working and street children

It has been eight years since UNICEF adopted a role as advocate for the protection of working and street children, but even now the Organization can only guess at the number of children deprived, exploited and in need of help.

Estimated numbers of working children world-wide range from 52 million (ILO) to 145 million (UN), while those living on the streets are thought to number about 100 million.

In the absence of firm statistics, however, there is ample evidence that the international community is concerned with the problem. More and more countries each year are studying the issues and planning legislative and economic responses; and a majority of countries in 1989 are expected to vote for a Convention on the Rights of the Child which addresses the needs of working and street children in a number of its articles (See box, page 48).

There are three broad categories of working children.

There are those who work within the family; those who work with the family outside the home; and those who work outside the family, either in the employ of others or self-employed.

ILO estimates that as many as seven per cent of the world's children under 15 work, and that in some Asian countries children make up almost 11 per cent of the total work-force (See Profile, page 33). In some African countries, children comprise as much as 17 per cent of the work-force, with up to 20 per cent of their under-15-year-olds in some form of employment.

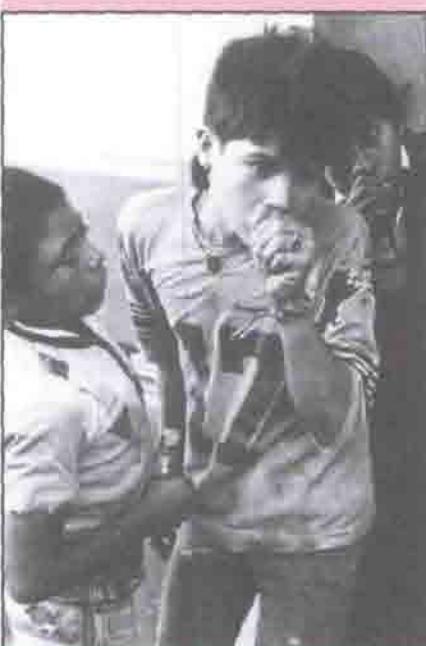
Some 12 per cent to 26 per cent of children in Latin America are thought to be working, and in some industrialized countries the total numbers of children in the work-force range from hundreds of thousands to millions.

Nations on all continents are agreed that the plight of working and street children is a problem of enormous magnitude, shared to varying degrees by most countries. Different cultures perceive the problem in different ways, but there is also general agreement that

About 100 million children are thought to be living on the streets. UNICEF is working to meet their needs.



UNICEF/776/88/Budd Gray



UNICEF/776/88/Budd Gray

the phenomenon of the working child, and the child on the streets, is rooted in poverty and demands attention.

Experience reported in a WHO/Defence for Children International study entitled 'Child Labour: A Threat to Health and Development' indicates that poverty and inequity lead to child labour, and that the greater the poverty and inequity, the more extensive the child labour, and the greater the risk of that labour being exploitative.

UNICEF is concerned with the protection of all working and street children, whether they work in rural or urban areas, in the fields, streets, markets or factories, in their own homes or in other people's homes. The Organization has been helping a number of countries to implement projects and other activities to meet their needs.

During 1988, UNICEF assisted projects for working children and street children in 31 countries – four of them in the Middle East and North Africa, 13 in Latin America, nine in Africa and five in Asia. Another 21 countries submitted proposals for projects in need of supplementary funding, and all were approved by the Executive Board.

In February, the second Asian Regional Conference on Child Abuse and Neglect focused on the subject of working and abandoned children. Representatives of 15 Asian countries attended the meeting, which was sponsored by the Government of Thailand, UNICEF and the International Society for the Prevention of Child Abuse and Neglect (ISPCAN).

The conference noted that child labour was widespread in the region and was to be found mainly in the private sector where employers preferred to hire children because they were docile, unorganized and had no bargaining power. One manifestation of this pattern was child prostitution, which was said to be rampant in countries like the Philippines, Sri Lanka and Thailand.

December brought an important letter of agreement between UNICEF and Childhope – an NGO founded in 1986 to address specifically the needs of abandoned and street children. The agreement, signed by UNICEF's Executive Director, James P. Grant, and Childhope's Executive Director, Peter Tacon, provided US\$3 million from the US Government to Childhope through UNICEF 'funds-in-trust'. The money is to be applied to services for street children, working children and abandoned children, and for the mobi-

## *From the streets to school*

Recto Teñoso is a street kid—aleft and good-looking, with a clientele of motorists and passers-by he has been cultivating since he was eight years old.

His mother cuts and stitches kitchen rags from scrap clothing material, and Recto sells them, working his way between the cars and buses at busy intersections, looking for familiar faces. At age 11, Recto is well-known on the blocks around Tatalon, and most days he can sell a hundred pieces. He's a veteran, almost self-supporting, and by local Filipino standards, lucky.

There are an estimated 60,000 street children in Metro Manila. Many of them have been abandoned by their families, and some 20,000 of them earn their living by prostitution, while others get by scavenging on garbage tips, selling drugs or stealing. Others have families, but spend their days on the streets begging.

Recto's father died when the boy was four years old, but Recto's 'luck' is that his mother, Sosima, has found a way to support him and his two sisters, in an economy where poverty beckons.

When Recto was born, his father had a job on the waterfront and his mother had night-shift work as a security guard. With the father's death from lung cancer, Sosima had to choose between feeding and educating the three children as an absentee mother, and staying at home at night to oversee their upbringing in destitution.

Sosima kept her job in spite of the hours and lived with her fears that while she worked or slept, her children would be on the streets and never far from trouble.

In 1983 however, a cousin showed Sosima a way to make a living by gathering offcuts from clothing factories and sewing them into rags for domestic use. The money wasn't much, and the job put her in debt to a loan shark, but the work enabled her to be at home and to keep her children off the streets more, and in school.

In 1986, Sosima learned of a loan programme offered under a UNICEF-assisted project for street children which was administered by the Department of Social Welfare and Development through a number of NGOs.

The project, which was connected with a local Methodist Church, the Good Samaritan, also offered a family development programme, with health and medical care, financial assistance for schooling, sports and recreation, job training and employment advice.

With a small loan equal to US\$23, Sosima was able to rid herself of the loan shark and the exorbitant interest rates he was charging, and increase her production. She hired two other child vendors to help Recto sell her rags on the busy intersections around Tatalon during the peak hours of 5 a.m. to 7 a.m. when the transport drivers set out for the day.

The drivers buy Sosima's rags to clean windows and to dust off their vehicles, and with sales of 240 pieces of rag each day, Sosima is able to make between US\$18 and US\$23 a week—enough to support herself and her family.

Once she has paid off her first loan, Sosima hopes to qualify for a larger amount (US\$70) from the Good Samaritan, which would enable her to buy a sewing machine, rather than rent one from a neighbour.

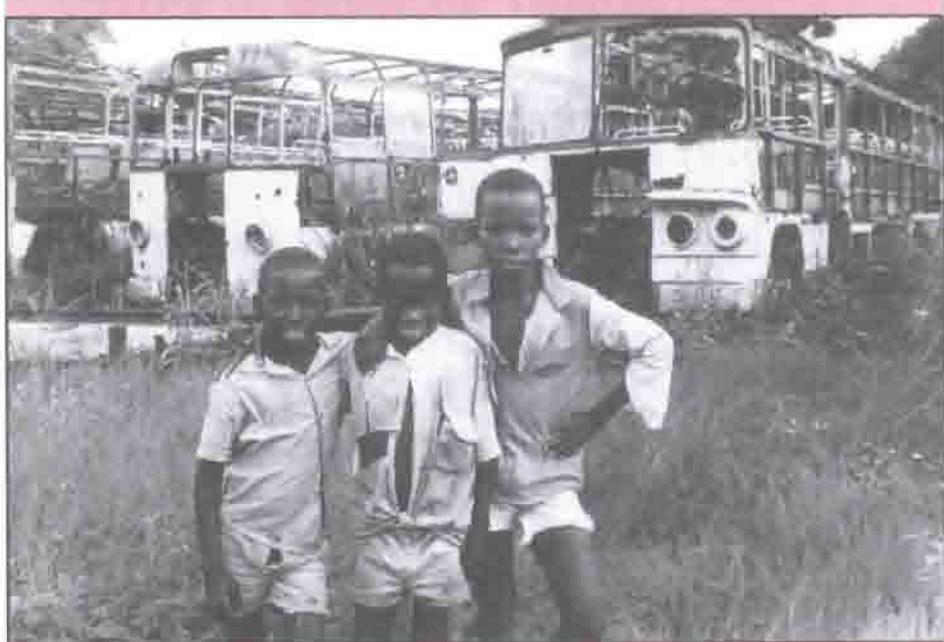
For Recto, the security of income, and support from the Street Children Project, has provided clothing, tuition and books for school. Recto is currently in grade five, and his mother hopes that as business picks up she will be able to take him off the streets altogether.

UNICEF estimates that about 10,000 street children have been helped through the project so far. There are about 340 centres offering services around the city, and more than 1,250 child volunteers have been trained to operate them. The centres offer small snacks, facilities where street children can take a hot bath, emotional support and a chance of a better life. Non-formal education activities offered at the centres have provided a way for many of the child visitors to get back into the normal school system.

For the parents, and mothers in particular, there is help in finding a job, or working at home, like Sosima. The hope is that the Street Children Project, by helping to hold the social fabric of families together, can keep children like Recto and his sisters off the streets and safe from exploitation.



UNICEF/Wyatt 2



UNICEF/2840/90/Schreyer

*Many street children in Mozambique are child victims of war who have lost all contact with their families.*

lization of other NGOs to support Childhope's endeavours.

During the year, the UNICEF Programme Division joined ILO in the preparation of an occasional paper on child labour which will serve as a programming guideline for the preparation of projects on street children. The paper includes examples from studies and projects carried out in Brazil, India, Nigeria, Peru, the Philippines and Sudan. The two agencies have agreed to publish jointly a book in 1989 on the subject of child labour and hazardous employment.

In other developments during the year:

- » Fieldwork was completed on a study of the exploitation of working children in mechanical workshops, small-scale chemical industries and bakeries in Egypt. UNICEF also reached an agreement to expand Egypt's country programme to include the subjects of narcotics and children, destitute children, child delinquency, handicapped children and children without families.
- » A report on especially disadvantaged children was prepared in Kenya in collaboration with Childhope. The report identifies street children as the largest group in difficult circumstances in Kenya, followed by victims

of abuse and nomadic children. These three groups will form the nucleus of Kenya's next five-year programme following a detailed situation analysis in the major urban centres of Kisumu, Mombasa and Nairobi.

- » Some 950 widowed mothers and their children in Lebanon received financial assistance to cover their most urgent needs. Assistance included 80 per cent coverage of the cost of education for children up to the age of 16; health support for about 4,000 children through governmental and NGO dispensaries; the cost of essential clothing for children; and a variety of relief assistance in collaboration with other agencies to avoid duplication. Literacy and vocational training were provided to widowed mothers and adult girls, and seven income-generating workshops were established. Help was provided jointly by UNICEF and Lebanon's General Directorate of Social Affairs.
- » UNICEF continued to provide a limited amount of short-term relief and survival assistance funded by various donors under Mozambique's National Emergency Programme. Coverage in 1987-88 included the provinces of Inhambane, Manica, Tete, Niassa and Gaza. An airlift of educa-

tional materials to Niassa and Tete was organized with the Ministry of Education in the first half of the year, and assistance was also given, under the Quick Action Fund, for health and education institutions that were destroyed in the south of the country early in the year. There was a major shift in Mozambique's education sector towards the social rehabilitation of child victims of war who had suffered, among other things, from the loss of some 2,500 primary schools to military attack.

## **Children in armed conflict**

While United Nations' initiatives in 1988 opened the door to peace on a number of fronts, women and children in vast numbers remained abandoned, orphaned and psychologically traumatized by conflicts in parts of Africa, Asia and the Middle East. Women and children are the largest group affected by civil and inter-state violence, and they are among the first to suffer the lingering effects of social chaos, economic decay and broken infrastructure.

The ability of UNICEF to respond effectively to their needs remains dependent to a large degree on the nature of the conflict. Regional turmoil has spilled across borders, demanding responses for affected local and displaced populations far from the source; while a series of ongoing, but relatively isolated conflicts have required long term planning and infrastructural inputs to meet emergency needs and preparations for peace.

The UNICEF response to eruptions of unpredictable violence during the year were swift and effective. The organization was present in almost every area of conflict, and in addition to direct assistance it helped to focus world attention on the plight of children and women caught in the cross-fire. It was effective both as a silent advocate behind the scenes and as a voice of conscience in its public advocacy for a Convention on the Rights of the Child.

In July, UNICEF and Rädda Barnen International co-sponsored a Conference on Children in Situations of Armed Conflict in Africa, which was held in Nairobi. The conference was organized by the UNICEF Regional Office for East-

ern and Southern Africa (ESARO) and the Nairobi-based African Network on Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) and was the first of its kind in Africa.

UNICEF presence was felt in armed conflict situations in more than a dozen countries in 1988:

**In Central America**, where more than two million people were estimated to be displaced or refugees, UNICEF embraced their needs within regular programmes.

**In Ethiopia**, it opened a sub-office in Asmara, Eritrea to help hundreds of thousands displaced by famine and armed conflict. Dams were repaired and many kilometres of water-piping were laid to bring drinking supplies to Asmara, Mekele and Ogaden.

**In Somalia**, a major relief and rehabilitation appeal was launched in May to help populations affected by devastating violence in the north-west.

**In Lebanon**, inputs were directed at the revival of water, vaccination and primary education services through a network established during the 'Days of Tranquillity' in 1987.

**In Mozambique**, a major social rehabilitation programme was consolidated through the education system for child victims of war.

**In Afghanistan**, an immunization campaign and other activities were initiated in partnership with the Ministry of Public Health, UNHCR and NGOs, to reach some 200,000 children in both government and rebel-held territories. 'Operation Salaam', under the direction of Prince Sadruddin Aga Khan, is being run with UNICEF assistance out of fully staffed offices in Peshawar and Kabul.

**In Burundi**, fast relief was brought in with other agencies to help recovery from an outbreak of ethnic violence.

**In Burma**, during consecutive months of rebellion, the UNICEF country office and the International Committee of the Red Cross, administered airlifts of medical supplies and services, as well as feeding hundreds of thousands of people suffering in squatter and slum settlements in Rangoon.

**In Sri Lanka**, a relief and rehabilitation programme to promote child health and welfare, was launched in conflict areas; and in Angola, Iran, Iraq and Namibia, programmes are being drafted to meet opportunities opening there. □

## Responding to emergencies

Natural disasters criss-crossed the globe in 1988 with unusual severity and frequency.

Hurricanes which devastated Jamaica and Nicaragua were the fiercest in memory. Floods which inundated 75 per cent of Bangladesh left an estimated 45 million people affected in 64 districts, and damage to housing, agriculture and infrastructure was estimated in the billions of dollars.

In Africa, which had the lion's share of emergencies again in 1988, calamity struck 25 out of 43 nations in a region-

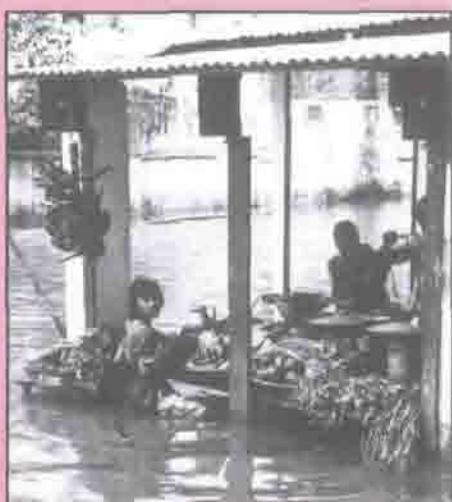
alized pattern which meant that countries such as Sudan suffered multiple and successive disasters. In a few countries these natural traumas were exacerbated by armed conflicts.

In all, 43 countries absorbed a total of US\$32.2 million for UNICEF emergency operations. Sixteen of these countries were in Africa.

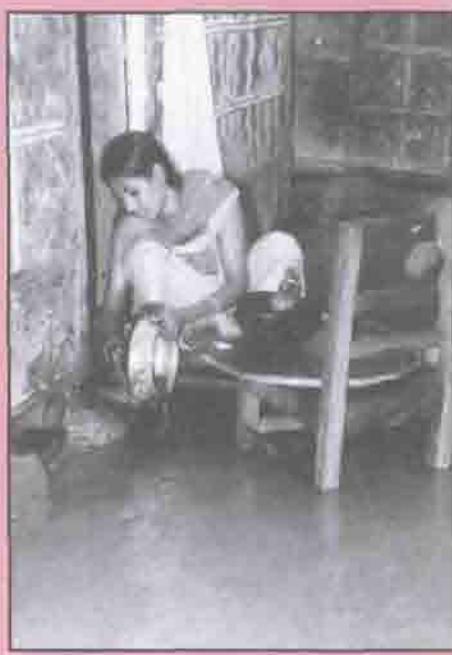
Funds were received from four sources: the Executive Director's Emergency Reserve Fund (ERF), which was exhausted by mid-November; diversions from regular programme



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UNICEF/3022/88/AII



UNICEF/3026/88/AII

*UNICEF mounted its response to the twin disasters of left, below, in Bangladesh by the May flood disaster. Particular attention was paid to maintaining CDD programmes, provision of medical drugs, immunization and safe water supply.*

## A war on children

Murrumbala, Mozambique: With the exception of the church, little else in this town is habitable. Anti-government guerrilla forces of the Mozambique National Resistance—better known as Renamo—laid waste to the surrounding buildings before government forces recaptured the place last year, and they removed even the rooftops before they fled.

The bare walls of the old town today are a ghostly replica of communities across much of the country. Homes, schools, health centres—anything of value to the population and the national economy—have become a target for foreign-sponsored terrorism, and Murrumbala is testimony to a viciously effective campaign.

The rooms of the old town lie exposed to the sun, the furniture gone, the telephone and electricity cables torn from the walls and carted away.

At the hospital, only the papaya trees at the back were spared. The bathroom pipes have been removed, the water system destroyed, and the ceramic walls and floors smashed. The operating table stands twisted and rusted amid a profusion of wild flowers.

Very slowly though, the gutted framework of Murrumbala is coming back to life. On the outskirts of town, recently returned families, thin and near-naked, are re-establishing themselves, building huts, growing vegetables, gathering firewood, fetching water.

Many of these families, themselves on the margins of existence, have taken in war orphans. The Government has been encouraging families here in Zambesia province to absorb as many as possible of the child victims of war. Zambesia is just one of ten provinces savaged and destabilized by Renamo, and the estimated numbers of war orphans in this province alone stand at 46,000. Nation-wide, the orphan count ranges as high as 300,000.

Elsewhere in Zambesia the presence of Renamo is still fresh. In the coastal provincial capital, Quelimane, the destruction of surrounding district hospitals has put an overwhelming case-load on the central hospital. There, a teenage boy with one leg blown off by a mine lies with his bandages covered by

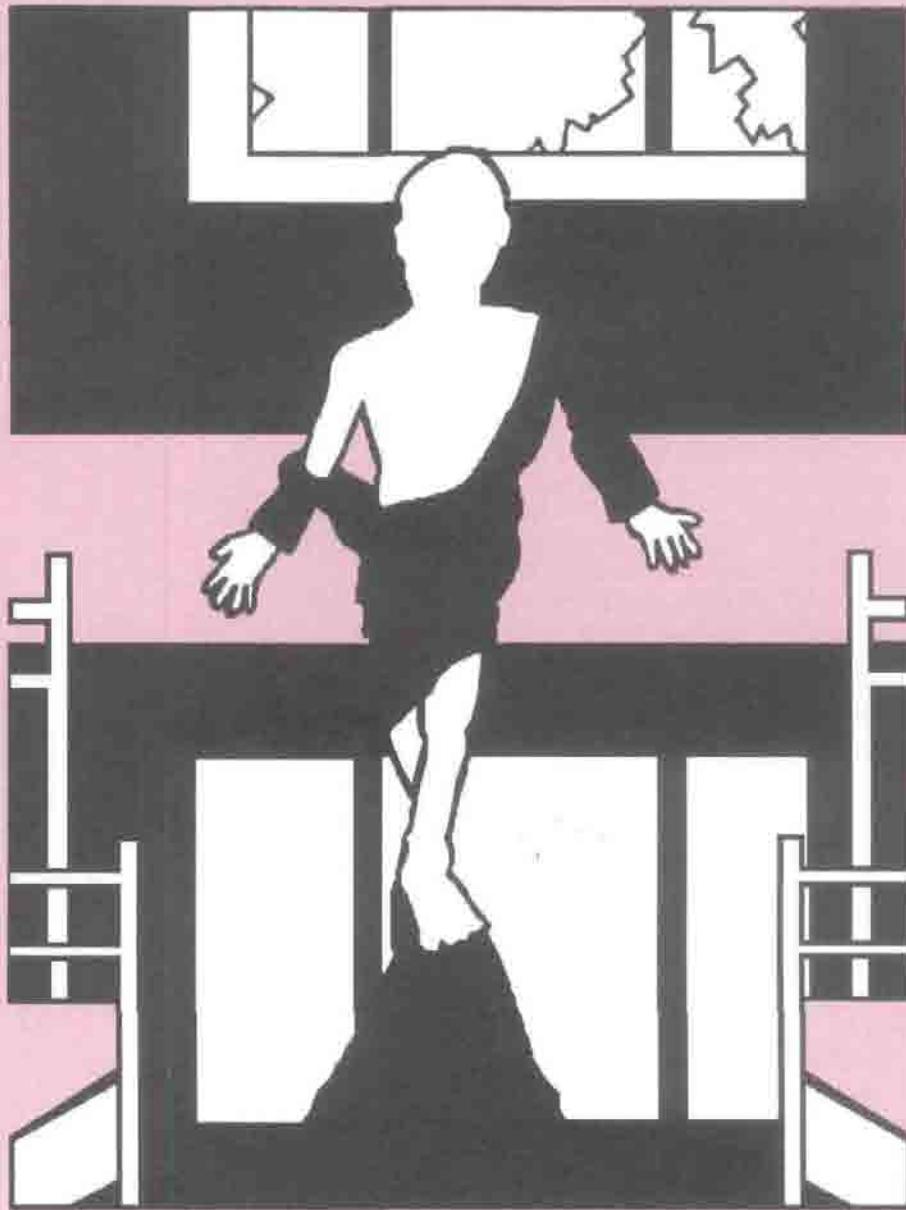
flies. Nearby, malnourished babies, wizened like miniature old people, lie cradled in their mothers' arms.

At the Namacata health centre a few miles away, midwife Lidia Polaina recalled a pre-dawn attack on the centre. She told how she had fled to nearby fields with a patient who was about to give birth. They returned after daybreak to find the centre looted of its drugs and of the three mattresses in the maternity wing. The baby was safely born soon after, but later that morning, a woman who came to the centre for treatment

had a leg blown off when she stood on a mine planted near the entrance.

A recent US State Department survey charges that Renamo has probably murdered 100,000 people and committed atrocities on children that have magnified the impact on an already fragile economy beset by drought, floods, shortages of hard currency, and declining terms of trade.

The overall result, according to a recently revised UNICEF report—*Children on the Front Line*—is that infant and child mortality rates in



Mozambique are, with those of Angola and Afghanistan, the highest in the world. The present conflict, it states, has amplified the environment surrounding infants and children in Mozambique 'from miserable to catastrophic'.

Terror in the countryside has contributed to the virtual collapse of food production and local marketing. The basic food needs of some six million people (about 41 per cent of the population) must be met through food aid.

Nutritional surveys through growth monitoring by UNICEF suggest that about 57 per cent of children under the age of five years suffered some form of malnutrition in 1988, compared with 17 per cent in 1983.

In recognition of the structural emergency afflicting Mozambique, the UNICEF programme of co-operation has continued to emphasize multisectoral support, combining strategies of short-term relief, medium-term support to household food security, improved access to basic services, and long-term institutional capacity building for child survival and development.

Some 27 studies were completed, or nearing completion in 1988. The most important of them covered emergency operations and nutritional support. Progress was reported in the areas of water supply and the expanded programme on immunization, and an essential drugs programme financed by the Italian Government has covered the entire southern and central provinces.

A major shift in education policy has been made towards the social rehabilitation of the child victims of the war, and President Chissano has instructed several ministries and other government and party agencies to compile documentation on child care through international agencies, to reinforce the nation's obligation towards its children. It is hoped that by documenting international efforts, a solid opening will be forged for a new country programme and appropriate national legislation.

Meanwhile, efforts to destabilize the country continue, prompting one US State Department official to describe the destruction of civilian lives as "one of the worst holocausts since World War II".

budgets; special contributions for specific emergencies; and special contributions to appeals made for emergency programmes in Afghanistan, Africa, Bangladesh and Lebanon.

Angola, Ethiopia, Mozambique, Somalia and Sudan were the most seriously affected countries because of a combination of factors:

- » war and destabilization in Angola and Mozambique, aggravated by drought and cyclones;
- » civil strife in Ethiopia, Somalia and Sudan, compounded by drought and floods, and, in the case of Sudan, a meningitis epidemic.

In each of these countries, conditions resulted in major internal and external population displacements.

**Angola:** War and destabilization have severely undermined all aspects of life including agriculture, water supply, health care and logistical capacity.

The disruption of rail and road transportation has cut food distribution. Local production of goods has suffered from the Government's inability to buy raw materials and spare parts for equipment. Local populations are further burdened by the needs of more than 90,000 refugees from Namibia and 50,000 returnees from Zaire.

Children have suffered the most, and their condition is mirrored in one of the world's highest mortality rates.

Within the context of the United Nations Secretary-General's appeal in 1988, UNICEF is seeking US\$16.6 million to cover the needs of vulnerable groups. Funds are needed for health care, logistics, water supply and sanitation, as well as for relief and survival items, but only US\$4.7 million had been raised by the close of 1988.

**Ethiopia:** With the effects of the 1987 drought still evident, Ethiopia's problems continued to be complicated by domestic armed conflict and fighting in neighbouring countries.

UNICEF activities were mostly targeted on the provinces of Arusi, Eritrea, Gonder, Hararge, Shewa, Tigre and Welo, which have a combined population of 13.5 million people. The Ethiopian Relief and Rehabilitation Commission, the Ministry of Health and international NGOs have been co-operating with UNICEF, but efforts to reach populations in Tigre have been curtailed by internal conflict and the programme in Hararge complicated by

an influx of some 350,000 Somali refugees, and the diversion of resources to help them. A decision to open a UNICEF office in Eritrea greatly improved access to the displaced population of that province.

Parallel with its emergency programme in Ethiopia, UNICEF signed a US\$95 million development aid and rehabilitation agreement with the Ethiopian Government for mothers and children over the next five years. This is the largest UNICEF commitment to any African country.

**Mozambique:** Security problems continued to affect nine of the country's 10 provinces, while drought complicated matters for the three southern provinces of Gaza, Inhambane and Maputo.

The numbers of people dependent on foreign assistance for basic food and other survival items increased from 4.6 million to six million early in the year. That is roughly 41 per cent of the total population, including 1.1 million who are internally displaced, and 2.7 million urban victims of the collapse of internal food marketing. Another 1.2 million Mozambicans have sought shelter in neighbouring countries, and most of those—600,000—are in Malawi.

Available information indicates that the range of chronic malnutrition among young children has risen since 1985/86 from a peak of 50 per cent of the children in some areas to 60 per cent, and on 31 March the United Nations Secretary-General made a special appeal for additional humanitarian assistance of US\$380.4 million in 1988/89.

The appeal emphasized the need to link emergency relief and rehabilitation for the promotion of self-sufficiency. Key expenditures are proposed in the areas of water supply and sanitation, communications and logistics, and projects for the resettlement of displaced persons and returning refugees.

Within this appeal, UNICEF sought US\$39.4 million to meet non-food needs. About US\$5 million of this amount had been received by year-end.

**Sudan:** Civil conflict in the south entered its sixth year, perpetuating a general breakdown of services accompanied by food shortages, malnutrition, and the near-absence of medical services and supplies.

As dust storms enveloped Khartoum in February and temperatures soared to

44 degrees centigrade, the population was swept by a severe meningitis outbreak. At its peak, new cases in the capital alone were emerging at a rate of 2,700 a day, with an estimated four million people at risk.

A release of US\$390,000 from ERF, plus special contributions totalling US\$1.4 million, enabled UNIPAC to supply five million doses of meningitis vaccine, 500,000 doses of penicillin, 200,000 doses of typhoid/paratyphoid vaccine and two million sets of needles and syringes.

Torrential rains followed at the beginning of August, bringing widespread flooding to the capital and leaving some 1.5 million people without shelter or other basic necessities. A UNIPAC airlift brought 35 metric tonnes of medicines and equipment, blankets, temporary shelter and supplementary foods within a week, and US\$325,000 was released to cover immediate needs. Special contributions to cover the airlift and flood relief totalled US\$1.3 million.

UNICEF efforts in Khartoum and elsewhere to the south have concentrated on emergency nutrition. The child survival programme in refugee areas has supported ERF, the delivery of ORT, and

supplies of emergency drugs and UNIMIX through UNHCR and NGOs.

By the end of the year there were an estimated 1.4 million people displaced in the country, and an emergency appeal had been launched by the Secretary-General at the request of the Government.

**Somalia:** Following a peace agreement between Somalia and Ethiopia early in 1988, an unprecedented conflict between anti-government rebels and the army erupted across the entire northern region of the country.

Major towns were severely damaged and unknown numbers of people were displaced within the country. More than 350,000 people fled across the border into Ethiopia.

In the course of the fighting, the UNICEF office in Hargeisa was partially destroyed and international staff were relocated together with staff from UNHCR, WFP and other international agencies. Well-prepared, synchronized team-work and close-knit UN security co-ordination were credited with having saved the lives of more than 160 UN and international agency staff members during the relocation from Hargeisa, and many national staff members were

later found in Ethiopian refugee camps.

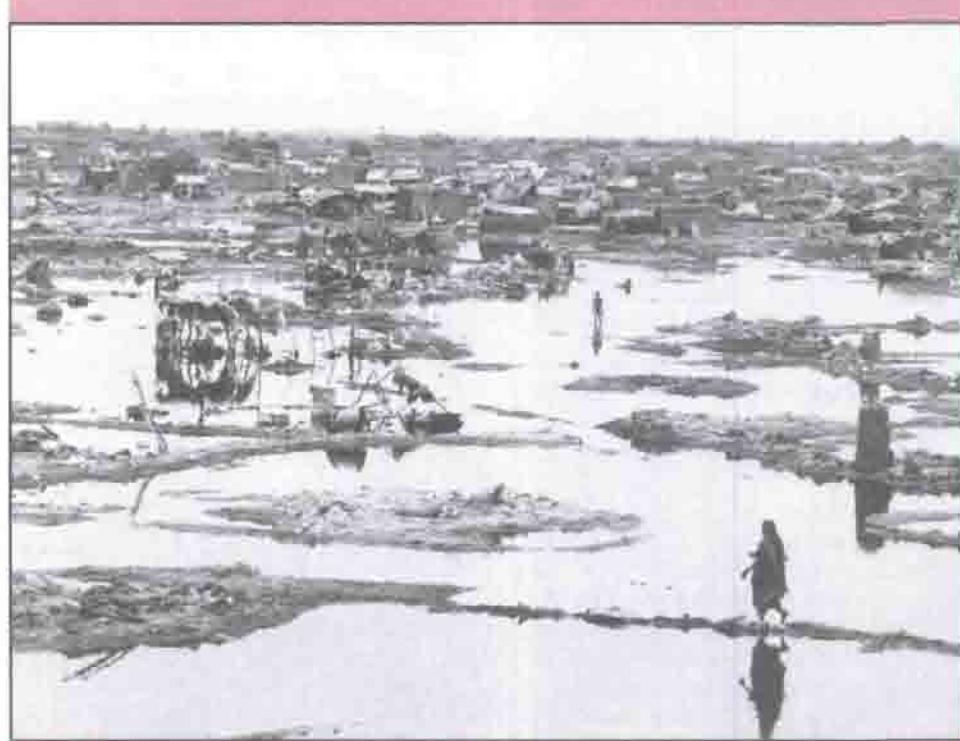
The UN family has been monitoring the situation in the north. To a limited extent UNICEF has been reprogramming funds from projects disrupted by the war, providing emergency medical supplies, relief and shelter items, and logistics.

Future operations in the north will be planned in concert with other UN agencies, giving special attention to staff security.

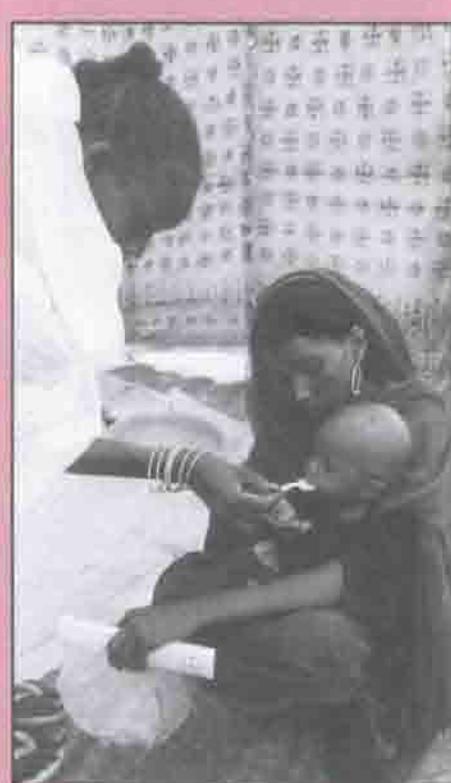
**Bangladesh:** The immediate response of UNICEF to the tens of thousands left homeless by the floods in August was to accelerate its ongoing programme support.

Flood rehabilitation funds were directed to flood relief, and interventions aimed at the control of diarrhoea, the supply of essential drugs, the control of communicable diseases through immunization, and the provision of safe drinking water and supplementary nutrition. All were accomplished by diverting in-country stocks, by releasing US\$100,000 from ERF, and with special contributions totalling US\$700,000.

The ERF money was released as seed capital to attract donor participation in



*Torrential rains left 1.5 million people in Sudan without shelter or other basic necessities.*



*UNICEF/91/88/731/day*

the enormous task of reconstruction; and within a Bangladesh appeal launched by the Secretary-General, UNICEF is seeking another US\$5 million to support recovery and rehabilitation in the water and health sectors. A total of US\$3.7 million had been received by the end of the year.

**Jamaica:** Hurricane Gilbert struck Jamaica in September, destroying 20 per cent of all housing, damaging most of the health centres, 90 per cent of the schools and 20 of the 26 hospitals. Gilbert was the most powerful Atlantic storm of the decade, disrupting electricity service and water supply, and wiping out more than US\$300 million worth of fruit and other export crops.

The immediate UNICEF response was to divert US\$25,000 from general resources to provide ORS, water purification tablets and medicines.

A US\$300,000 programme was prepared to help replace damaged health centres and to support community clean-up operations. Initial funding of US\$50,000 was provided from ERF, and a further US\$117,500 in special contributions had been received by the end of the year. A part of these contributions was allocated to immediate relief needs.

## Other emergencies

Localized and sporadic situations demanded UNICEF assistance in many other nations during the year.

Weather-related emergencies also affected: Burkina Faso, Central African Republic, Malawi (drought); six other Sahelian and West African countries (floods); China and Thailand (floods); China, India and Nepal (earthquakes); the Philippines and Viet Nam (typhoons).

A locust plague ravaged crops in Burkina Faso, Central African Republic, Chad and Tanzania. And epidemics of measles/meningitis, yellow fever and cholera affected a number of Sahelian countries.

**Iran/Iraq:** One positive development in the MENA region was the ceasefire between Iran and Iraq which opened the door for rehabilitation sorely needed by some two million people—mostly mothers and children—in each country. The Executive Director made a six-day trip, spending



UNICEF plans a US\$25 million programme for Afghan children.

three days in each country, to coincide with the first shipments of medical supplies as they arrived in Tehran and Baghdad. A release of US\$500,000 from ERF was authorized for each country.

UNICEF is providing basic equipment and supplies to 1,200 health houses, 200 health centres and 15 training centres in Iran; and Iraq received medical supplies and cold-chain equipment as part of a US\$16 million appeal for both countries, 'Operation Peace for Children'.

**Afghanistan:** With the signing of a peace agreement in Afghanistan, a massive UN appeal—'Operation Salaam'—was launched for repatriation, rehabilitation and reconstruction.

As part of this appeal, UNICEF has planned a US\$25 million programme for Afghan children everywhere. UNICEF actions will be funded and implemented through the Secretary-General's Special Co-ordinator for Afghanistan.

Included in these activities will be the expansion of EPI and CCP activities initiated in late 1987 through NGOs. UNICEF is also supporting the training of community health workers and TBAs within camps in Pakistan, and the provision of essential drugs and medicines.

By the end of the year EPI, based in Kabul, had been extended to the prov-

inces of Balkh, Herat, Kunduz, Laghman, Nangarhar, Parwan and Samangan.

Several inter-agency missions organized by the Co-ordinator's office have been undertaken from Iran, Pakistan and Kabul to reach children inside the country. To ensure effective co-ordination, a special Afghan unit has been established in New York to work with inter-agency assessment missions and to assist field delivery through Kabul and Peshawar. ERF is providing US\$750,000 for this work.

A Donor Conference hosted by the Secretary-General in October received pledges of US\$800 million, and by the end of the year UNICEF had commitments of earmarked funds for over US\$4 million through the Co-ordinator's office, together with a small number of specific-purpose contributions.

**Lebanon:** Lebanon remains in a very precarious condition, and the main challenge for UNICEF has been to revive social services.

Fourteen years of civil war have taken a heavy toll in human lives and material damage. The economy is in a shambles, and administrative turmoil has caused irreparable damage to the social services infrastructure.

Inflation in 1988 was estimated at 200 per cent. Virtually all levels of the population have experienced shortages of food, medical care and drinking water, and more than 125,000 families are estimated to be living below the poverty line.

UNICEF has been working to reach all those in need with vaccinations, water and primary education.

Major successes during the year included a nation-wide immunization day, the training of all primary school teachers in health education, and the completion of 255 water projects servicing all districts.

The appointment of a Special Representative of the United Nations Secretary-General, who also acts as the UNDP Resident Representative, has provided the opportunity for a revival of joint programming for UN activities in Lebanon, and the upgrading of the UNICEF presence through a full-fledged country office will help to facilitate that.

At year-end, a total of US\$5.1 million had been received in response to the UNICEF appeal in 1987 for US\$11.3 million to meet programme needs in health, water, sanitation and basic primary education.

## Global appeals

UNICEF continued to co-ordinate global appeals for the funding of its initiatives with the Office of the Secretary-General, and new appeals were issued in the course of the year for Afghanistan, Angola, Bangladesh, Mozambique and the Sudan. During the period 1986-1988 appeals were issued for 16 African countries, Afghanistan, Bangladesh and Lebanon for a total of US\$170 million, of which US\$108 million remains unfunded.

Commitments to UNICEF's non-food requests for inter-agency appeals in Afghanistan, Angola, Bangladesh, Leba-

non and Mozambique have also fallen significantly short of needs.

The capacity of the Supply Division and UNIPAC was strained throughout the year by continuous efforts to meet demands for emergency supplies.

UNICEF released US\$3.5 million to 15 countries from ERF, with US\$500,000 of it authorized in advance from the 1989 ERF. In agreement with governments, UNICEF diverted US\$1.4 million from existing long-term commitments in 16 countries. Special contributions from governments, National Committees and NGOs totalling US\$4.6 million helped provide assistance to 11 countries. Assistance was provided for 12 weather-related emergencies. □

## Childhood disability

Almost all disability is preventable, and most UNICEF country offices in 1988 were involved in efforts to combat childhood disability in the broader context of CSD – especially through immunization. Poliomyelitis alone paralyses some 250,000 children each year, and Rotary International's PolioPlus programme aims to eradicate this disease by the year 2000. Rotary International has already raised some US\$240 million to wage the battle, and the immunization effort against polio last year spared an estimated 220,000 Third World children from its crippling effects.

UNICEF has supported this campaign as well as major efforts to:

- » control and prevent blindness caused by vitamin A deficiency;
- » control goitre, cretinism and other subnormal development caused by iodine deficiency – a condition afflicting at least 40 million people in India, and many millions more elsewhere in Asia, and in Africa.

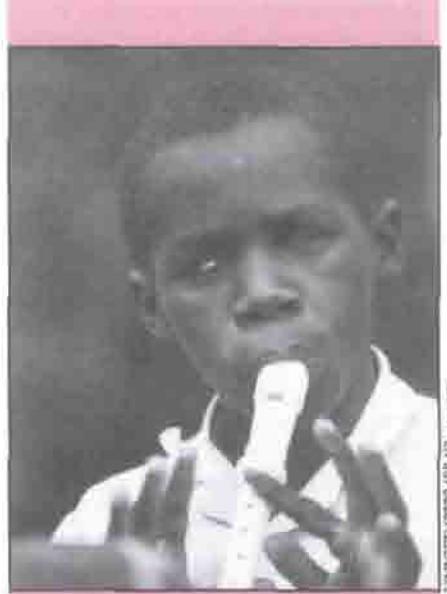
After prevention come strategies for early detection, interventions to reduce the effects of disability, and the development of family and community infrastructures to deliver basic rehabilitation services.

Since 1986, a number of UNICEF offices have also been increasingly involved in the development of special activities for disabled children and refugee children in especially difficult circumstances.

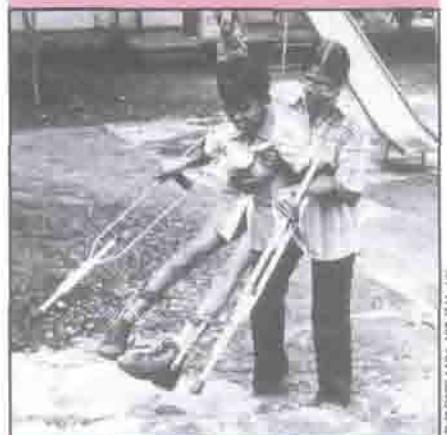
China offered a good example of the UNICEF approach last year. With an estimated 30 million disabled children under age 14, UNICEF was involved in a range of family and community education programmes and the training of rehabilitation workers and teachers. One special problem to be tackled is the misuse of pharmaceutical products – especially antibiotics – which are held responsible for 70 per cent of the nation's 740,000 deaf children.

UNICEF has been invited to help with education programmes in 24 of China's 30 provinces. UNICEF will work with the Ministry of Health and UNFPA in 299 counties to develop an extension of MCH programmes targeted on remote areas with simple observation and disability detection techniques. UNICEF will also assist the Ministry of Civil Affairs and the China Disabled Persons Federation with six projects aimed at promoting community-based rehabilitation for disabled children.

UNICEF is also supporting community-based rehabilitation programmes in India, Kampuchea, Kenya, Morocco and Viet Nam; and in the West Bank and Gaza, where a joint UNICEF/UNRWA physiotherapy project started in mid-1988 in five health centres serving eight refugee camps. By early October, this project had treated more than 800 children and young people who had suffered limb trauma and would otherwise have been permanently disabled or disfigured.



UNICEF/7222/88/1/Demmers



UNICEF/421/83/Wolff

UNICEF helps in康复 for disabled children.

Among other highlights of the year:

- » The late President of Pakistan approved the creation of a National Trust for the Disabled.
- » A total of 2,200 teachers were trained in three districts of Sri Lanka to screen primary school students for disabilities. As a result of this initiative, 23,300 children were identified for the treatment of problems ranging from minor hearing impairments to more severe disabilities.
- » Disability studies were completed in Bahrain and Uganda, and surveys of disability are planned for Oman and Yemen in 1989.
- » In September, case-studies on 'War Trauma and Psychological Aspects of Refugee Women and Children in Afghanistan and Somalia' were presented to the 16th World Congress of

## Rehabilitation Internationalism in Japan

Efforts to control and prevent blindness, caused through vitamin A deficiency, brought into focus special needs in Bangladesh, Bhutan, Burkina Faso, Colombia, Ethiopia, Mauritania and Viet Nam in 1988.

Burkina Faso and its drought-affected areas are the subject of a two-year pilot project being implemented through health and nutrition centres, schools and village women's groups. Projects in Bangladesh and Viet Nam are focusing on early detection and treatment of vitamin A deficiency as the leading cause of childhood blindness. In Colombia, developmental retardation and learning difficulties are being addressed through a programme (1988-1992) aimed at the broad needs of children under five.

Disabilities associated with iodine deficiency have attracted two main responses in India and elsewhere. These are iodized oil injections for children and adults, and the iodation of all edible salt.

In the hill districts of Nepal, where goitre affects 80 per cent of the population and cretinism about 10 per cent, the Government has a programme to provide everyone between the ages of one month and 45 years with iodized oil injections.

In Bangladesh, where an estimated 30 per cent to 70 per cent of the population is affected by iodine deficiencies, the Government expects to complete an iodized oil campaign for one million people by 1990.

In Afghanistan, a survey of 1,200 children attending MCH clinics and primary schools in Kabul showed that 25 per cent of women, 11 per cent of school-age children and 16 per cent of pregnant women had goitre. Iodized oil injections were proposed for the immediate and short term, backed by a longer-term programme to iodize national salt supplies.

Viet Nam has taken a similar approach coupled with the development of 10 salt plants capable of producing 4,500 tons of iodized salt a year.

In keeping with these and other developments in the course of the year, public awareness of disability is clearly growing. It has been encouraging to note the development of positive attitudes towards the integration of disabled people on a global scale, coupled with recognition of their human rights and special needs.

## Inter-agency co-operation

The Joint Consultative Group on Policy (JCGP) met regularly during the year under the chairmanship of UNICEF. The Group is comprised of UNDP, UNFPA, WFP, UNICEF and IIAID, which collaborates on a range of concerns related to PHC/MCH. In addition, various collaborative arrangements exist with other UN agencies and with NGOs and bilateral organizations active in development.

Examples in 1988 included:

- A JCGP staff training workshop on the subject of women in development (Arusha, Tanzania, February 1988).
- Participation in each other's mid-term reviews.
- UNICEF's active partnership in the activities of the International Drinking Water and Sanitation Supply Decade (IDWSSD).

In agency-to-agency relations, UNICEF pressed the World Bank and UNDP to give more attention to nutrition and human issues in their consultative groups and round table conferences, and continued a fruitful dialogue on adjustment issues with IMF.

Work with UNDP continued both at headquarters and in the field, where regional directors and country representatives brief each other on their activities. Staff from UNDP and other UN agencies continued to participate in previews and reviews of UNICEF-assisted

programmes, although reciprocal arrangements need to be strengthened.

The close and long-standing collaboration with WHO continued across the broad spectrum of PHC programme concerns, including EPI, ORT/CMD, AR, malaria, family health and nutrition, AIDS and essential drugs. A variety of joint training modules were developed during the year, together with joint statements on vitamin A deficiency and breast-feeding.

The publication 'Vitamin A Supplements - A guide to their use in the treatment and prevention of vitamin A deficiency and xerophthalmia' was issued with WHO in 1988, and a joint statement on 'Protecting, promoting, and supporting breast-feeding: the special role of maternity services' will be issued in 1989.

Efforts in support of the Bamako Initiative also led to the development of joint operational guidelines by UNICEF and WHO/AFRO.

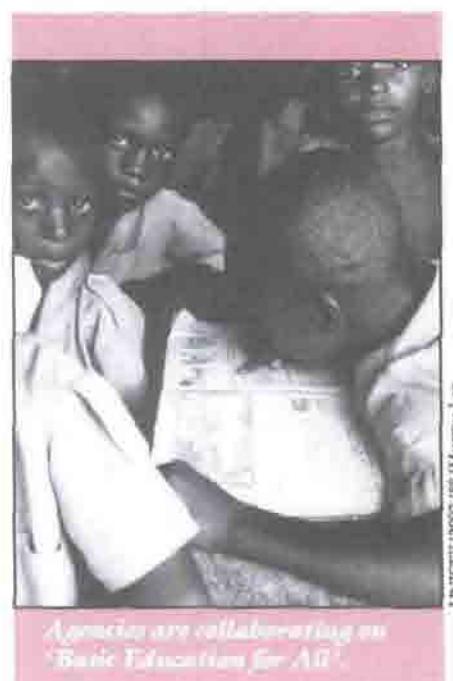
Other major collaborative efforts in health revolved around the Third International Conference on Oral Rehydration Therapy (ICORT III) and the Task Force for Child Survival, held in Talloires, France (Bellagio III).

ICORT III was held in Washington, D.C. in December under the co-sponsorship of USAID, WHO, UNDP, the World Bank and UNICEF. Bellagio III was held in March in partnership with UNICEF, WHO, the World Bank and the Rockefeller Foundation.

Bellagio III brought together government ministers from several developing countries and heads of bilateral and multilateral agencies to examine progress with immunization and other child survival activities. It produced a Declaration outlining the challenges in health and related areas beyond 1990, and examined the development of vaccines and vaccination technology.

UNICEF and UNESCO worked together on a range of concerns during the year, including the need to maintain and increase female enrolment in schools, and possibilities for the inclusion of ECD in curricula for formal and informal education.

UNICEF, UNESCO and the World Bank will co-sponsor a global conference on 'Basic Education for All' in 1990, and UNICEF joined in consultations in February to mobilize the arrangements.



## Monitoring and evaluation

Some 220 evaluations of the work of UNICEF in the field were completed between October 1987 and September 1988 — an increase of 70 per cent over those completed during the previous period.

Immunization and diarrhoeal disease control programmes accounted for 42 per cent of the evaluations, followed by water and environmental sanitation, 11 per cent; education, 10 per cent; nutrition, 8 per cent; and women, 5 per cent. About 8 per cent of the evaluations were done on country programmes as a whole.

The capacity of field offices to forecast evaluations 12 months ahead remained weak, and just 40 per cent of the evaluations were implemented as scheduled. However, the quality of evaluation reports improved noticeably.

Many of those evaluations had an impact on project design and delivery:

- » The evaluation of rural development in Thailand identified weaknesses in management and co-ordination, leading to the development of a manual for district managers and the preparation of training activities.
- » The evaluation of EPI in Bhutan drew more attention to training and social mobilization; and similar provincial evaluations in Saudi Arabia identified low coverage areas in need of additional mobilization and outreach activities.
- » Evaluation of CDD in Mali prompted efforts for local production and sale of ORS.
- » Evaluation of the UNICEF-assisted schistosomiasis control project in Egypt led to a strategy for support from large donors.
- » And in Bolivia, the rapid assessment of a WATSAN project revealed an approach which was not cost-effective.

A newsletter published three times during the year was the optimum forum for sharing such lessons with UNICEF offices at various levels.

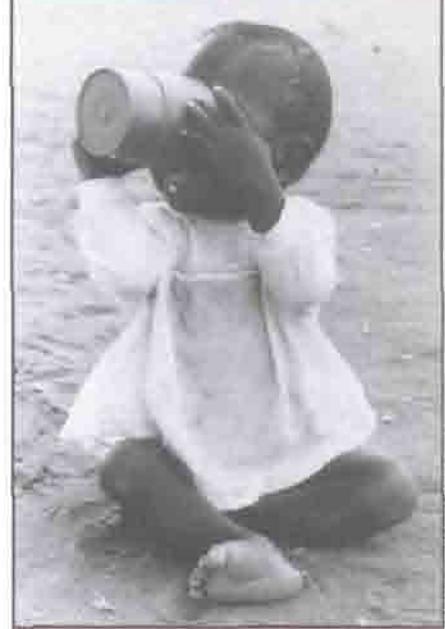
Contact with evaluation bodies inside and outside the UN system increased during the year, and exchanges of information continued with sister agencies.

Delegates from major donor countries and development agencies outside the UN system made a number of visits

to UNICEF Headquarters. Seminars and colloquia were held with leading universities and research institutions in the United States.

A concentrated effort was made during the year to improve evaluation skills in field offices. A meeting was held in Zagreb, Yugoslavia, in July so that 20 UNICEF staff members and university researchers could exchange experiences on the use of rapid assessment procedures. A revision of the monitoring and evaluation section of the field book is under way, and a 'How To' of evaluation is being prepared. Regional training workshops on programming and evaluation are also planned for programme/project staff of TACRO and the West and Central Africa Regional Office of UNICEF, and a meeting is scheduled for June 1989 for the 53 'focal point' evaluation officers who are now part of the evaluation network. □

*The child is the focus of efforts to mobilize support.*



UNICEF/73/91788/Watson

## Programme communication and social mobilization

Most country reports and programmes in 1988 showed a trend towards the packaging of communication, social mobilization, education, information and training. And in the case of Latin America and the Caribbean, some 20 per cent of the resources for 1989 have been earmarked for communication and social mobilization. The linkage of education and communication was an important new issue highlighted in two thirds of the reports.

This growth in community-level communication and the use of mass media to reach national audiences have helped to create a favourable environment for the 'Facts for Life' initiative. A strategy document has been prepared, and some practical applications are already visible in Mexico, Sri Lanka and Turkey. The document has also set the stage for global, regional and country activities under the IEC venture with WHO.

IEC collaboration during the year manifested itself in:

- » An International Conference on Health Education, with speeches by

the Director-General of WHO and the Executive Director of UNICEF.

- » A booklet on the IEC/Health Policy, and a film on communication/mobilization, entitled *Agent for Change*. Both are being distributed internationally.
- » Development of a curriculum and related materials on health education for school-age children in the Middle East Region (WHO/EMRO, UNICEF/MENA). Outside countries including China and Sierra Leone have also expressed interest.
- » A manual and training package on communication for managers of CDD. WHO and UNICEF are sharing an expert to implement the package in several countries.
- » A training and planning workshop for youth delegates in West Africa.
- » The evolution of field-oriented activities with FAO, Johns Hopkins University, Radio Netherlands, the International Development Research Centre of Canada and UNESCO. □

## External relations

### Mobilizing for children

The role of communications technology in UNICEF advocacy for children expanded in 1988, extending the Organization's reach from the capitals of developing and developed nations alike.

A major example of this outreach was shown in the launching of the 1989 *State of the World's Children* report, live from New Delhi via TV satellite to London, and then on to Geneva, Sydney and other major cities. Evidence of lively media interest in UNICEF activities during the year was clear from the global coverage of the Organization's work on behalf of children.

In Addis Ababa in May, the OAU As-

sembly of Heads of State and Government adopted three main resolutions in support of children. The resolutions were aimed at bolstering Africa's capacity to further CSD and ICI; to reinforce the Bamako Initiative and its essential drugs programme; and to join forces for the prevention of AIDS.

The condition of women and children in Africa was also the subject of an international conference in August on the 'Flight of Refugees, Returnees and Displaced Persons in southern Africa', held in Oslo, Norway. The conference identified refugee mothers and children as being at greatest risk and drew heavily on the report *Children on the Front Line*, updated in 1988, with a third edition due in 1989.

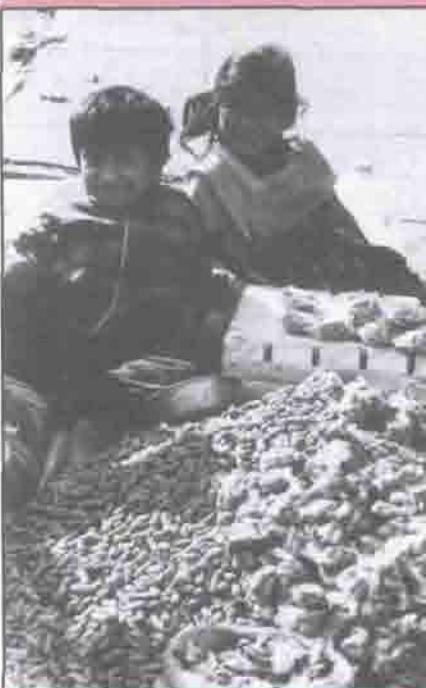
In support of these activities, UNICEF produced booklets, brochures and leaflets in three languages describing its work. A pamphlet, *Children and AIDS*, was prepared for the first world AIDS DAY, 1 December 1988.

Photographic field coverage on CSD-related subjects was organized in 16 countries of Africa, Asia and Latin America, and a total of 23,000 prints and slides were distributed to the media, National Committees for UNICEF and NGOs.

With expanded video and radio production capabilities at UNICEF House, recorded messages for special events and other timely productions were prepared throughout the year. Video footage was supplied to more than 25 agencies for use in independent productions, and more than 2,000 radio and television tapes were distributed to broadcast outlets, National Committees and country offices.

A prototype cartoon for the Animated Health Messages project was completed in 1988 and has been tested on three continents in advance of a major series of messages for the Facts for Life project (see box, page 44).

*The economic crisis threatens the well-being of children everywhere.*



UNICEF/2784/88/Baile Gray

## State of the World's Children

The Executive Director, James P. Grant, introduced the 1989 *State of the World's Children* report on 20 December at the largest international news conference in the 42-year history of UNICEF, with more than 150 reporters gathered in New Delhi, London and Sydney linked by satellite television. The satellite link enabled Mr. Grant in New Delhi to take questions from Indian, British and Australian journalists.

Never before had the report been launched from a developing country, and the global hook-up enabled countries world-wide to incorporate the live telecast of the New Delhi event into their own inauguration ceremonies for the report. The resulting newspaper, television and radio coverage far exceeded anything achieved before.

The launch was backed with a set of radio and television news items exam-

ining and explaining the issues. These materials are produced in several languages to help journalists in their coverage of the event and are designed to be re-edited by news networks worldwide.

## Celebrities for UNICEF

Celebrity spokespersons have taken up the cause of children and provided high visibility for UNICEF during the year.

Actress Audrey Hepburn accepted an appointment as Special UNICEF Ambassador in February, and travelled to Ethiopia in March. She gave extensive media interviews on her return to Europe and North America. Ms. Hepburn was present at National Children's Day celebrations in Turkey and appeared on television and at other fund-raising events in Canada, the Federal Republic of Germany, Finland, Ire-

land, the Netherlands, the United Kingdom and the United States.

Goodwill Ambassador Liv Ullmann travelled to Guatemala and Costa Rica where she presented UNICEF National Media Prizes for development reporting and visited with the Presidents and other high officials of both nations. Ms. Ullmann actively supported advocacy and fund-raising activities by several National Committees, and her daughter, Linn Ullmann, represented UNICEF as a Youth Spokesperson at several youth meetings in Canada, the Federal Republic of Germany, Poland, Switzerland and the Republic of Korea during the Olympics.

Goodwill Ambassador Harry Belafonte spoke out for UNICEF, and especially for the children of southern Africa, at concerts in North America and Europe. He gave a benefit concert for UNICEF in Paris and took part in a European television special in Maastricht, the Netherlands. Mr. Belafonte was a participant and performer during the International Symposium of Artists and Intellectuals in Harare, Zimbabwe, in March 1988, and his performance, together with those of many other popular singers and musicians from the United Kingdom and Africa, was videotaped and produced as a television special to benefit UNICEF.

Goodwill Ambassador Sir Richard Attenborough supported UNICEF in conjunction with the release of his film *Cry Freedom*, which raised money for UNICEF at premiere performances around the world. Sir Richard also gave the first of a series of lectures on human rights for the United Kingdom Committee for UNICEF.

Goodwill Ambassador Peter Ustinov continued to advocate for UNICEF and gave a special message to the World Congress of the Jaycees in Sydney.

Goodwill Ambassador Tetsuko Kuroyanagi from Japan gave active support to UNICEF campaigns in her country. She also travelled to Kampuchea and Viet Nam in November and produced two television specials to raise money for UNICEF.

In September, Olympic gold medal winner and world champion figure skater Katarina Witt of the German Democratic Republic was appointed a Sports Ambassador for UNICEF. In December, UNICEF appointed Imran Khan, the famous cricketer and Captain of Pakistan's Cricket Team, to be its first Special Representative for Sports.

## FACTS FOR LIFE

*Facts for Life* (FFL) has been completed and will be internationally launched in 1989, WHO and 50 leading international medical experts have refined and approved the priority selection of messages in 10 areas of maternal and child health, and already 100 international NGOs have joined the project and agreed to help adapt, transform and disseminate.

WHO and UNESCO will co-publish FFL with UNICEF and co-operate in its global implementation through their own networks and resources. Also, the ILO is interested in using FFL themes in workers' education programmes.

A number of countries, for example the Philippines, already have assimilated FFL messages into ongoing health education and social mobilization campaigns, and more will be joining the effort in 1989. Indigenous adaptations of the core text are being co-produced by some UNICEF offices together with branches of government and national NGOs, for more effective communication. China alone is planning a print run of more than 500,000 copies.

The international 'partner' NGOs are from business, health, the professions and development, and will promote and disseminate FFL particularly through their own constituencies. Customized versions of the text, carrying individual logos and messages, are being produced for major non-governmental partners. The World Organization of the Scout Movement, for example, has already devised a comprehensive dissemination plan and introduced FFL to some of its national development workers whose comments indeed helped refine thinking about how to put FFL to work.

An implementation strategy has been devised and will be shared with WHO and UNESCO as FFL is introduced country by country. Print and video promotional and support materials are also being produced and help with training and orientation, and guidance and referral to expert resources will be provided over the next two years by UNICEF, in collaboration with WHO and UNESCO.

## Grand Alliance for Children

A series of African regional events helped to expand the Grand Alliance for Children over the year. UNICEF also launched major efforts world-wide to strengthen its working ties with parliamentarians and religious leaders for the Alliance.

In March, more than 100 African artists and intellectuals gathered in Harare, Zimbabwe, to examine the plight of children in the front-line States and southern Africa. The meeting resulted in a Declaration proposing mobilization for UCL/1990; the promotion of international solidarity against apartheid and destabilization; and support for the proposed Convention on the Rights of the Child. A musical festival was held, and "Alliance in Action", a UNICEF video about Africa's children on the front line, was first shown at the Harare symposium.

National support groups were established in many African countries to stimulate the Alliance through national workshops and seminars.

A three-day workshop in Gaborone, Botswana, in early July, opened a parliamentary media project in sub-Saharan Africa. It was the first sustained effort by the Africa Parliamentary Council and UNICEF to work co-operatively with legislative and media leaders for Africa's children.

In August, 105 Japanese parliamentarians joined forces across political lines to make increased financial support for UNICEF a priority. They formed a Parliamentary League for UNICEF along the lines of similar groups operating in Australia, Italy and the United Kingdom. Parliamentarians in France, the Netherlands, Portugal, the Republic of Korea and Spain are also in the process of forming groups.

The Inter-Parliamentary Union (IPU) and UNICEF co-sponsored a three-day workshop in Guatemala City in De-

cember on "Rights of Children - Towards Peace and Development in Central America". Participants included legislators from Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua, together with parliamentarians from European countries with assistance programmes in the region. The workshop was preceded by a one-day symposium in New York for parliamentarians taking part in the United Nations General Assembly.

UNICEF also continued its work with the Global Committee of Parliamentarians on Population and Development (GCPPD) for the consolidation of its parliamentary networks in Africa, Asia and Latin America.

## Fund-raising

The total UNICEF income for 1988 passed the US\$600 million mark for the first time. This signal from the world community about the importance countries give to children and the confidence shown in UNICEF was complemented at the 1988 Pledging Conference, with a number of countries increasing their contributions significantly. By way of example, the largest pledged increase, at more than 20 per cent, came from Finland. Nine assisted countries increased their pledges also, Pakistan and Somalia by nearly 100 per cent. The United States of America gave UNICEF the biggest single cheque received in its history two months in advance of the fiscal year for which it was intended, and, more recently, the Union of Soviet Socialist Republics became a major contributor to UNICEF when it announced a twelvefold increase in its contribution.

These welcome developments, however, should not be a reason for complacency, but rather a stimulus to pursue further increases in the resources available to address the major needs of children. Toward that end, UNICEF has established a fund-raising steering committee to advise on fund-raising policy and strategies, and the Programme Funding Office has instituted a country-based approach to fund-raising to strengthen consultation and collaboration with National Committees, field offices and others.

In 1988, special fund-raising efforts for emergency assistance needs included those for large ongoing 'struc-



At the Harare, Zimbabwe, meeting of artists, writers and intellectuals in support of the children of the front-line States and southern Africa. Gambian Ambassador Harry Belafonte and Zimbabwe First Lady Sally Mugabe speak in favour of the children's rights.

## An Ombudsman for children

In late 1988 Costa Rica's President, Oscar Arias, established a permanent post of Ombudsman within the Ministry of Justice, to protect children's rights and promote policies and actions to improve their situation. It was a progressive and far-sighted decision, taken against a background of worsening economic conditions throughout Latin America.

In the 1970s Costa Rica had an annual economic growth rate of about eight per cent, but by 1988 growth was down to 0.8 per cent—a decline which has almost doubled the number of poor families from 27 per cent of wage-earners to 47 per cent today.

The average wage in Costa Rica is no longer adequate to cover basic household needs, and in a nation where almost half the 2.7 million people are children, the impact of this growing poverty has been devastating for many.

By one estimate in 1988, some 45,000 minors in Costa Rica were at 'social risk'—a term that covers such things as acute deprivation, abandonment by families, mistreatment and exploitation.

The first person appointed to fill the Ombudsman's post as an official

advocate for the young is Mario Viquez, a 35-year-old Professor of Criminal Law for Postgraduates at the University of Costa Rica, and Director of the National Office for the Prevention of Crime.

When Mr. Viquez was interviewed on behalf of UNICEF shortly after his appointment he said that the move by President Arias to have a buffer between children and the official presence of a 'Welfare' State was not only unique in Latin America, but could be seen as a prelude to a Convention on the Rights of the Child.

Mr. Viquez said that while many institutions in Costa Rica had child care as their goal, their actions, in spite of their good will, were not always appropriate. "We are even led to think that, on many occasions, some administrative actions that are legally appropriate turn out to be unfair", he said. "The bureaucratization, lack of co-ordination, and the duplication of functions, but above all the dehumanization of the administration, is a factor that is always present in the various forms of the modern state. It is here, where somehow, the figure of a children's Advocate appears necessary."

Mr. Viquez said the State, like fathers, sometimes held an overly paternalistic rein on children, and his office would hear complaints of possible excesses. It would also promote the rights of children through institutions, community groups and the media. Work was under way, he said, to develop alternative education and training procedures for police in their dealings with children, and all national legislation of concern to minors would become part of a review and reform process.

"Within this review, and perhaps we should underscore this, we will attempt to resume the subject of the future Convention on the Rights of the Child, so that it may become a facilitating tool for Costa Rica to become one of the first countries to ratify this Convention", he said.

Mr. Viquez said his appointment had been well received by the general public, although his role as an intermediary had so far been greeted with ambivalence by bureaucrats. He said that his relationship with the bureaucracies would not be an authoritative one in



UNICEF/Wyatt 24



UNICEF/Wyatt 25

the sense that he would be telling people "Do this". Rather, he said, it would be a moral authority which said, "This is failing and could be done another way".

Mr. Viquez referred to the pioneering role of Costa Rica in Latin America on behalf of children: "Generally speaking, the child is seen as someone who has no word, no rights. Someone who should not be entitled to speak. Our Latin American tradition is charged with the silence that should be kept by children in the presence of adults, as if they were in separate worlds. Within this context then, the possibility of a figure who might rescue freedom for the child is quite a new event. The fact that there is someone who says that the child does not belong to the State, nor to his parents, but has his own freedom, is an approach that breaks deeply rooted schemes in our education.

"We believe that the Advocate should fulfil a very important mission in this traditional parent-child relationship, where the father normally assumes a position of owner, of know-it-all, in front of a child who has no word, no rights. This same relationship is sometimes established between the State's institutions and the children, assuming very paternalistic positions that suppress the child as a human being."

Mr. Viquez acknowledged that it was uncommon for a Government to set up an institution to monitor its own performance, but said that the new office of Ombudsman had to be seen within Costa Rica's historical development.

"Our country, historically, has lived in democracy, not only as a political form, but also as a social coexistence form for the resolution of daily conflicts. Costa Rica is a country with a long democratic tradition, and this has made it possible to develop a very large institutionality. We had our last civil war in 1948, and since then, there have been a series of transformations in the economic and social order that have had repercussions on the birth of a new form of State: a more interventionist State. That is to say, the State is not only involved with the formal social control, but it is beginning to concern itself with economic, cultural and political problems."

tural' emergencies in Angola, Ethiopia and Mozambique, in addition to the emergencies in Bangladesh, Jamaica, Nicaragua and Sudan. In co-ordination with the UN system, UNICEF launched a US\$25 million appeal for relief and rehabilitation of the Afghanistan health sector. A US\$16 million appeal to rehabilitate the PNC infrastructure in war-devastated regions of Iran and Iraq was launched in November 1988.

## National Committees for UNICEF

National Committees continued their key role as main UNICEF partners in promoting the principal advocacy objectives of the organization. Important points of focus during the year included 'adjustment with a human face' and the proposed United Nations Convention on the Rights of the Child.

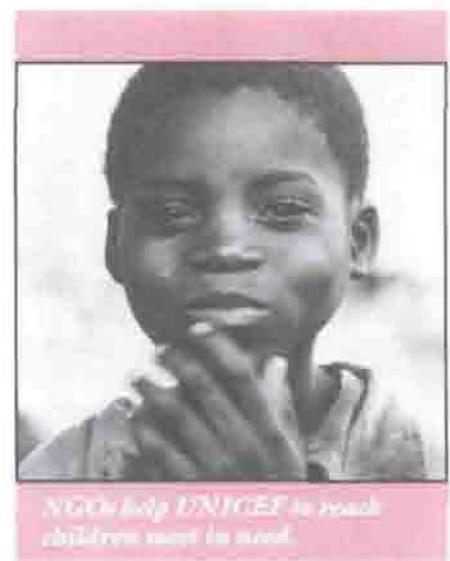
By developing its electronic media capacity through radio, television and computerized E-mail, UNICEF has helped to bring more graphic immediacy to emergencies and special events in distant corners of the world, assisting National Committees that need to tap public responses rapidly on behalf of children in need.

In association with National Committees, UNICEF prepares language versions and individual editions of selected programmes. A video, 'Reaching the Children', was specially edited to meet the needs of the Irish, Norwegian, Swedish and United States Committees. Public service announcements were produced for US Committee audiences, and a corporate fund-raising video is being developed for the exclusive use of all National Committees.

One measure of the Committees' partnership with UNICEF was a net increase of US\$25.6 million to UNICEF general resources and supplementary funds, which represents an increase of 46 per cent.

In mid-1988, the global responsibility for National Committees was transferred from Geneva to New York to provide a closer link with Headquarters, and to facilitate co-ordination of all external relations, policies and functions. The mandate of the Geneva Office now is to concentrate its operational support on National Committees in Europe.

The 33rd Annual Reunion of Na-



Help UNICEF to reach  
children in need.

UNICEF / 2615 / 87 / Watson

tional Committees was held in Copenhagen in September. The Executive Director outlined major concerns and future challenges. Discussions were held on the draft Convention on the Rights of the Child; the 10th anniversary of IVC; and the work of UNICEF in Asia, with a special highlight on the Philippines.

## Non-governmental organizations

The year 1988 was a year of growth and consolidation for UNICEF and NGOs. In most UNICEF-assisted countries, national or regional NGO networks continued to provide vital access to those children most desperately in need, and those most difficult to reach.

Leading examples in 1988 included NGO support for UBS programmes in Kenya and Sri Lanka, and efforts to protect street children through groups like Childhope in Guatemala, and local NGOs in Brazil, India and the Philippines.

UNICEF joined national and international NGOs in Bangkok for the second Asian Regional Conference on Child Abuse and Neglect, and in Nairobi for a meeting of the African Network for the Protection and Prevention of Child Abuse and Neglect. In Colombia, Haiti, Peru and Senegal, UNICEF developed local and regional NGO alliances across the spectrum of health and education; training for rural women; water and sanitation; and women's development.

Rotary International carried its anti-polio efforts to more than 70 countries during the year and became the first institution to receive the International Child Survival Award. Scouting groups in countries such as Colombia, Egypt, Nepal and Uganda were supported by counterparts in Finland, Italy and the United Kingdom to bring services to their communities. And Jaycees International groups in Ghana, Nepal, the Netherlands, Nigeria, Panama, Zambia and other countries highlighted an ongoing commitment to work with UNICEF against diarrhoeal diseases.

## Greeting Card Operation

The 1987 season represented the third consecutive season of record sales and profits for GCO, with total sales of 126 million cards and a net profit contribution of US\$38.4 million to UNICEF general resources. All indications are that the 1988 season will supersede even these results.

The world-wide GCO partnership for promotion, sales and distribution, consisting of National Committees, field offices and participating NGOs in 145 countries, continues to provide a powerful means of building grass-roots understanding and support for the work of UNICEF on behalf of children. Through the distribution of 16 million brochures, the efforts of thousands of volunteers and the airing of hundreds of print and broadcast public service announcements, the name of UNICEF is made known to millions of people.

The existence of this network, and the experience and knowledge arising from it, has allowed GCO to provide expanded support services to National Committees and field offices in the private sector fund-raising activities.

During 1988, the direct mail and commercial media fund-raising activities of GCO widened to include two international direct mail campaigns and one international commercial media campaign. The 'Review of the Year' and 'Pocket Diary Premium' campaigns were conducted in 16 countries, reaching a total of well over two million households and producing estimated net proceeds of more than US\$3 million. The goal of doubling all in-house mailing lists and tripling net proceeds

## CONVENTION ON THE RIGHTS OF THE CHILD

Work continued on many fronts in 1988 to have a Convention on the Rights of the Child concluded for adoption by the United Nations General Assembly in late 1989.

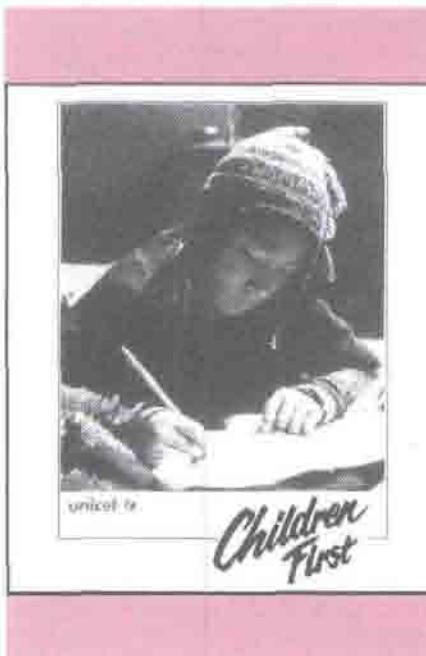
The Convention, now in the final drafting process, will be an international consensus of the responsibilities of adult society towards children. It will serve also as a frame of reference for programme planning, public affairs advocacy and information campaigns in the years to come.

The future role of UNICEF in the implementation of the Convention is being co-ordinated by an interdivisional support group for Child Rights and Children in Especially Difficult Circumstances. Proposals for the support of ratifying countries will be presented to the Executive Board in 1990.

In the preparatory stages of the Convention, UNICEF field offices supported workshops, conferences and symposia on child rights to stimulate public debate and press for legislative protection for children in all regions of the world.

As a result:

- a resolution by 31 African Heads of State meeting at OAU urged completion of the Convention and endorsed the drafting of an African Charter for Children;
  - regional meetings of parliamentary and media associations in Botswana, Guatemala and the Philippines called for regional and national action to support the Convention; and
  - commitments were made by NGO networks to support regional charters of the Convention in all regions.
- UNICEF has co-produced:
- a briefing kit for National Committees, NGOs and human rights advocates;
  - a six-part film series and a five-part radio series on child rights; and
  - a brochure with the Human Rights Centre for the 40th anniversary of the Universal Declaration of Human Rights.



from direct mail activities by 1992 was endorsed by the Fund-raising Workshop of National Committees in Warsaw in the summer of 1988. The media campaign, promoting UNICEF programme priorities and linking them with support through greeting card purchases, was conducted in 11 European countries, with donated advice and creative support from the Ted Bates International advertising agency.

In the area of product sales, noteworthy progress has been achieved in several areas. New sales structures and training programmes were implemented for sales offices in the countries of Asia and Latin America; a programme to test the feasibility of UNICEF retail shops was launched in Europe; and an entirely new product line, reproductions of *objets d'art* from leading museums, was successfully tested in the United States. □

## Resources

### UNICEF's finances: income and expenditures 1987-1989

#### Income

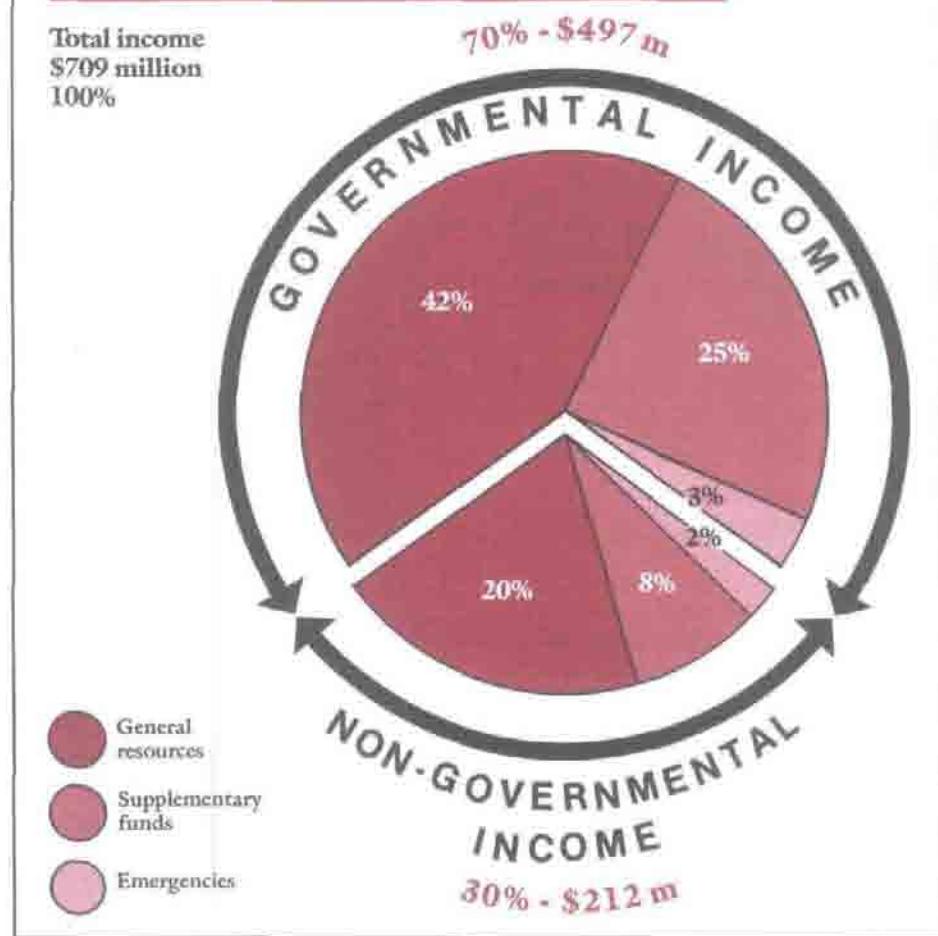
UNICEF's income consists of voluntary contributions from governmental and non-governmental sources.

Total income for 1988 was US\$709 million (compared with US\$563 million for 1987). This includes US\$39

million in contributions for emergencies (US\$28 million in 1987) and US\$6 million for the Afghanistan Appeal which was launched in 1988. Income growth from 1987 is attributable to both increased contributions from donors, and the effect of favourable exchange rates.

Income from governments and inter-

#### UNICEF income by source 1988



governmental organizations accounted for 70 per cent of total income, (77 per cent in 1987), the balance being non-governmental income. The pie chart on page 49 shows this division. Pages 52 to 53 show individual governmental contributions by country for 1988, and a list of non-governmental contributions by country appears on this page.

The income is divided between contributions for general resources (62 per cent), for supplementary funds (33 per cent) and emergencies (5 per cent). General resources are available for co-operation in country programmes approved by the Executive Board, as well as programme support and administrative expenditures.

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

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

As a result of pledges at the UN Pledging Conference for Development Activities in November 1988, and pledges made subsequently, UNICEF's income for general resources in 1989 is expected to total US\$428 million. This is less than 1988 income because 1988 includes a one-time gain of US\$43 million in GCO income due to a change in accounting policy.

## Expenditures

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

In 1988, UNICEF's total expenditures amounted to US\$514 million, (1987 US\$479 million), summarized as:

### Programme

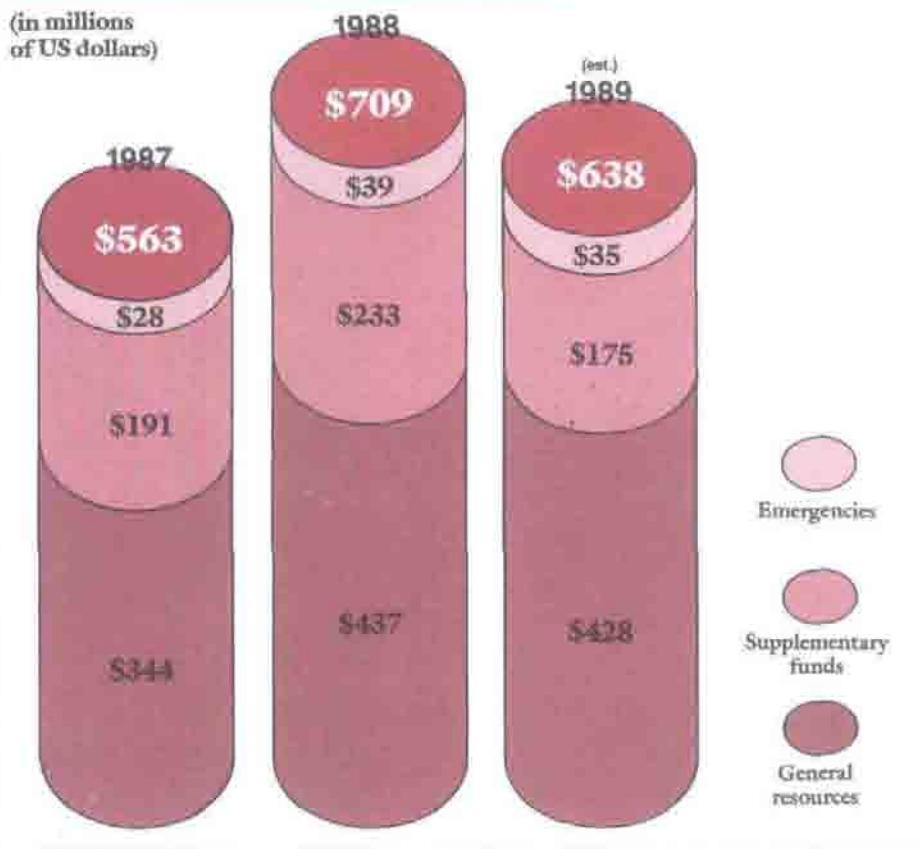
1987	US\$365 million
1988	US\$400 million

## 1988 non-governmental contributions (in thousands of dollars)

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

Algeria	1,620.2	Dominican Republic	41.3
Argentina	283.0	Ecuador	92.1
Australia	1,810.0	Egypt	39.6
Austria	1,168.7	Ethiopia	40.4
Bahrain	108.4	Finland	3,650.2
Bangladesh	23.4	France	16,695.2
Belgium	3,612.9	German Dem. Rep.	288.6
Bolivia	43.1	Germany, Fed. Rep. of	21,926.8
Brazil	2,482.0	Ghana	14.1
Bulgaria	26.2	Gibraltar	16.3
Burkina Faso	24.7	Greece	813.5
Burma	23.3	Guatemala	34.3
Cameroon, Rep. of	17.5	Hong Kong	139.0
Canada	27,453.6	Hungary	210.3
Chile	57.1	Iceland	25.4
China	16.1	India	1,552.1
Colombia	384.7	Indonesia	158.3
Congo	12.8	Iran	369.0
Costa Rica	20.2	Iraq	373.4
Côte d'Ivoire, Rep. of	57.6	Ireland	381.1
Cuba	74.7	Italy	5,275.6
Cyprus	87.7	Japan	10,282.2
Czechoslovakia	520.6	Jordan	54.7
Denmark	1,487.8	Kenya	17.3
Djibouti	16.1	Korea, Rep. of	46.4

## UNICEF income 1987-89



of US dollars)

(figures include proceeds from greeting card sales)

Kuwait	40.3	Qatar	27.7	Uruguay	111.1
Lebanon	28.9	Romania	30.1	Venezuela	28.6
Liberia	14.7	Saudi Arabia	198.6	Yemen Arab Republic	17.0
Luxembourg	678.0	Senegal	83.5	Yugoslavia	1,558.6
Madagascar	63.9	Sierra Leone	12.3	Zaire	61.0
Malawi	11.2	Singapore	56.3	Zambia	10.0
Malaysia	39.3	Spain	6,419.5	Contributions from Sport Aid	140.1
Mauritania	10.1	Sri Lanka	24.7	Contributions from UN Staff	62.3
Mexico	320.6	Sudan	184.1	Contributions under \$10,000	184.4
Monaco	28.7	Sweden	1,746.2	TOTAL	168,817.0
Morocco	148.7	Switzerland	10,039.4	Plus GCO one-time accounting adjustment	43,499.0
Mozambique	92.9	Syrian Arab Rep.	86.5	Less costs of Greeting Card Operations*	(33,098.2)
Netherlands	15,786.8	Tanzania, United Rep. of	106.8	Net available for UNICEF assistance	179,217.8
New Zealand	346.9	Thailand	35.6		
Niger	13.8	Trinidad & Tobago	27.3		
Nigeria	124.3	Tunisia	69.0		
Norway	1,467.1	Turkey	287.9		
Oman	132.0	United Arab Emirates	97.8		
Pakistan	55.5	Union of Soviet Socialist Republics	1,515.1		
Panama	19.0	United Kingdom of Great Britain and Northern Ireland	2,433.4		
Paraguay	33.1	United States of America	18,886.5		
Peru	150.9				
Philippines	102.5				
Poland	317.4				
Portugal	379.4				

Plus GCO one-time accounting adjustment

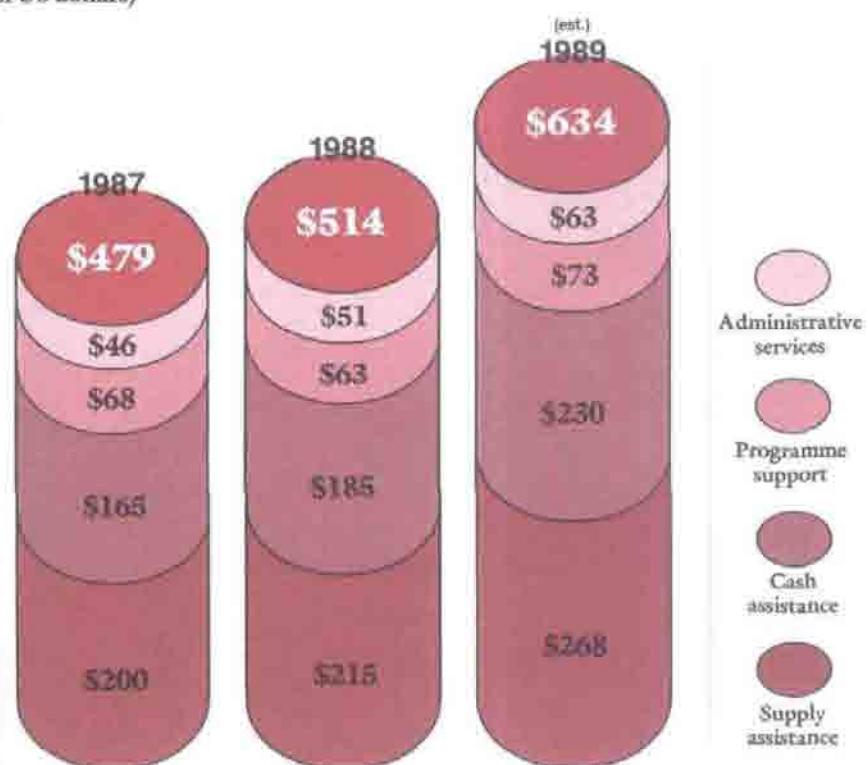
Less costs of Greeting Card Operations\*

Net available for UNICEF assistance

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

## UNICEF expenditures 1987-89

(in millions of US dollars)



Cash assistance  
for project personnel

1987      US\$55 million  
1988      US\$62 million

Training costs and local expenses

1987      US\$110 million  
1988      US\$123 million

Supply assistance

1987      US\$200 million  
1988      US\$215 million

Programme support

1987      US\$68 million  
1988      US\$63 million

Administrative services

1987      US\$46 million  
1988      US\$51 million

The chart on this page shows expenditures on programme assistance for 1987 and 1988, and estimated 1989. The bar and pie charts on page 54 show programme expenditures by sector in 1984 and 1988, by amount and proportion respectively.

## *1988 governmental contributions* (in thousands of US dollars)

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



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

## — ASIA

Afghanistan	30.0	China	550.0	Japan	450.0	19,430.0	Lao People's Democratic Republic	5.0	Micronesia, Federated States of	1.0	Philippines	250.1	
Bangladesh	9.7	Hong Kong	14.6	Korea, Democratic People's Republic of	22.8	2,301.2	Malaysia	84.3	Nepal	5.7	Sri Lanka	15.0	
Bhutan	5.8	India	2,301.2	Korea, Republic of	174.3	Indonesia	594.8	Maldives	3.5	Pakistan	131.2	Thailand	275.8
Burma	246.9	Indonesia	594.8	Korea, Republic of	174.3	Maldives	3.5	Pakistan	131.2	Viet Nam	7.0		

## — EUROPE

Austria	11.9	European Economic Community	1,323.7	Germany, Federal Republic of	2,872.7	9,337.3	Ireland	174.1	Netherlands	5,060.1	14,619.9	Sweden	30,744.8	... 40,955.0
B.S.S.R.	122.0			Greece	150.0		Italy	31,123.9	Norway	13,035.5	31,391.5	Switzerland	8,328.4	... 10,142.5
Belgium	1,800.6	Finland	2,858.6	Holy See	1.0		Liechtenstein	6.0	Poland	29.9		Ukrainian S.S.R.	244.0	
Bulgaria	35.3	France	126.1	Hungary	36.9		Luxembourg	69.3	Portugal	15.0		U.S.S.R.	1,317.5	
Czechoslovakia	109.4	German Democratic Republic	449.1	Iceland	19.7		Malta	6.4	Romania	10.5		United Kingdom	16,789.2	... 13,427.8
Denmark	9,982.1		11,059.7				Monaco	9.7	Spain	1,321.7		Yugoslavia	254.6	

## — MIDDLE EAST

Arab Gulf Fund	1,191.0	Democratic Yemen	8.9	Israel	50.0	Lebanon	0.2	Saudi Arabia	52.3	1,000.0	Tunisia	66.3
Algeria	80.0	Egypt	29.1	Jordan	29.9	Morocco	121.4	Sudan	10.0		Turkey	50.6
Cyprus	1.0	Iraq	96.8	Kuwait	200.0	Oman	15.4	Syrian Arab Republic	11.2		Yemen	20.3

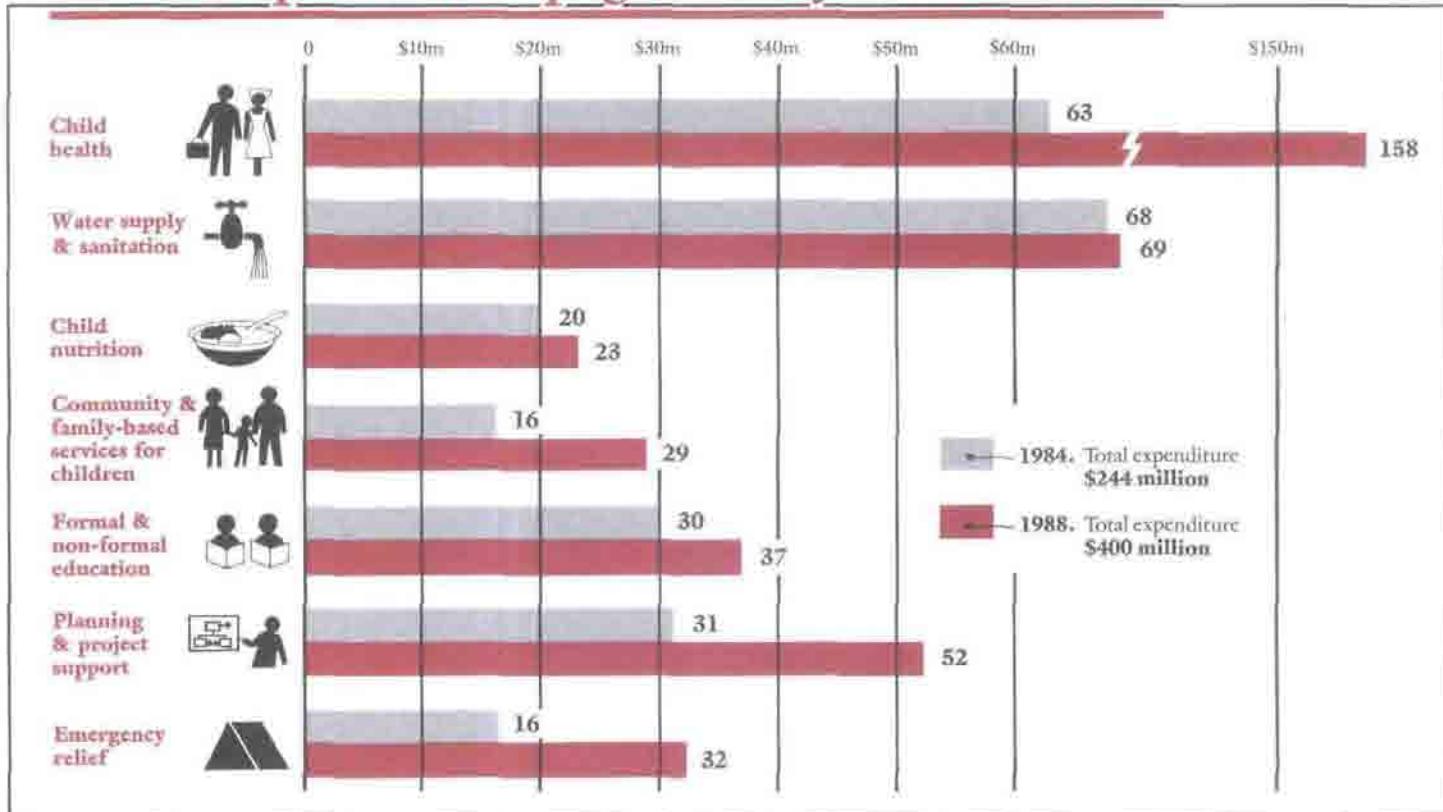
## — AFRICA

Angola	5.0	Ethiopia	49.3	Madagascar	8.1	Nigeria	39.8	275.3	Somalia	0.4	Uganda	0.4
Benin	1.5	Ghana	5.0	Malawi	2.1	Rwanda	4.1		Swaziland	3.0	Zaire	2.0
Burkina Faso	2.0	Kenya	20.2	Mauritius	4.3	Senegal	6.0		Togo	10.6	Zambia	24.9
Burundi	2.1	Lesotho	5.0	Mozambique	48.0	Sierra Leone	3.2		Tanzania, United Republic of	11.4	Zimbabwe	19.0
		Liberia	10.0	Niger	1.5							

## — LATIN AMERICA

Barbados	2.0	Chile	70.0	Dominica	0.4	Guyana	1.5		Saint Kitts and Nevis	0.9	Uruguay	5.0
Bolivia	2.0	Colombia	452.6	Ecuador	25.4	Honduras	20.0		Saint Lucia	5.2	Venezuela	114.7
Brazil	52.0	Costa Rica	15.0	El Salvador	25.0	Jamaica	3.1		Saint Vincent and the Grenadines	2.3		
British Virgin Islands	0.2	Cuba	20.0	Guatemala	16.9	Mexico	100.8					

## UNICEF expenditures on programmes by sector 1984/1988

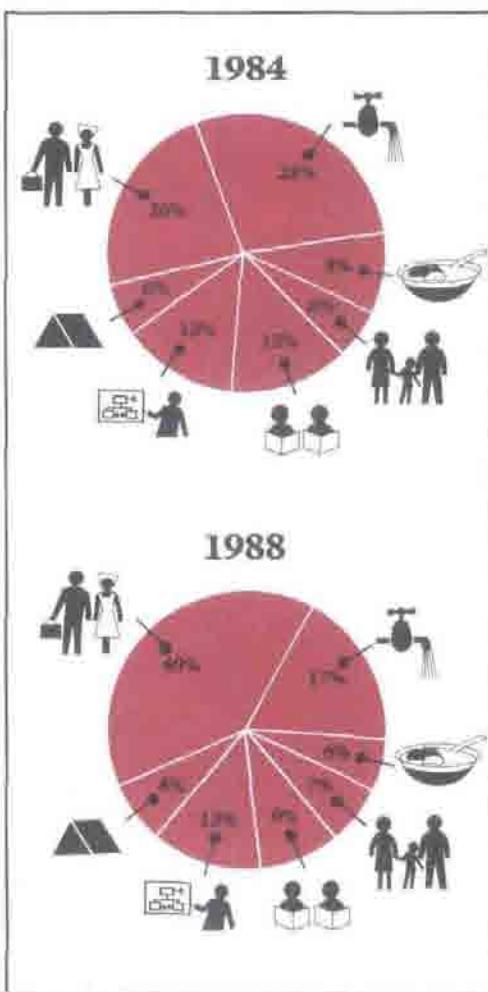


### Financial plan and prospects

Based upon the results of the 1988 Pledging Conference and recent trends UNICEF expects to maintain and expand upon its current level of contributions from governments for both general resources and supplementary funded projects. UNICEF is also encouraging the non-governmental sector, through the National Committees and NGOs, to further expand their important contributions. The benefits of other forms of fund-raising are also being examined.

At the April 1989 session of the Executive Board, proposals for new or extended multi-year programme co-operation in 23 countries will be submitted. UNICEF currently co-operates in programmes in 121 countries. The proposed new recommendations total US\$258 million from UNICEF's general resources and US\$330 million for projects deemed worthy of support if supplementary funds are forthcoming. Programme recommendations, from general resources for all countries including those for which recommenda-

tions from general resources are being proposed at the 1989 Executive Board session are shown on the table on pages 30 and 31. A medium term plan covering the years 1988-1992 will be submitted to the Executive Board at its April 1989 session.



### Revised biennium budget 1988-1989 Proposed biennium budget 1990-1991

From 1986, the year in which the 1988-1989 proposed biennium budget was prepared, to 1988, the year in which the 1988-1989 revised and the 1990-1991 budgets were prepared, there has been a substantial increase in projected general resources income. This additional income is being channelled to both programme and budget in such a way as to assure that programme growth will continue to outpace the administrative and programme support budget. This develop-

ment is generating a substantial improvement in UNICEF overhead ratio. The overhead ratio in the 1988-1989 proposed budget was 11.8 per cent; the overhead ratio for 1990-1991 is estimated at 10 per cent.

In the medium-term plan for the period 1987-1991, the Executive Director informed the Executive Board that it was anticipated that there would be a supplementary budget request for the 1988-1989 biennium. Upon completion of an in-depth review, it is estimated that for the 1988-1989 biennium budget an additional amount of US\$22.3 million is required. Of that amount, approximately US\$15.5 million is of a mandatory nature and US\$6.8 million is required for some essential additional activities.

During the 1988 session, the Executive Board was informed in the medium-term plan for the period 1987-1991 that a modest increase in core posts would be necessary due to programme priorities, increase in workload and strengthening of core capacity in the field. It was then envisaged that there would be an increase of 30 core posts (10 international professional, 5 national professional and 15 general service). Working within these guidelines, the Budget Planning and Review Committee has limited all core post increases from the 1988-1989 approved budget to the 1990-1991 proposed budget to 37 core posts (12 international professional, 3 national professional and 22 general service). The increase in the professional and general service category of posts, over the number given to the Executive Board, is due to the establishment of a UNICEF country office in Namibia. This new office will require seven core posts (2 international professional, 1 national professional and 4 general service).

The proposed budget estimates for 1990-1991 amount to US\$302 million; thus, there is a growth of 13.6 per cent from the 1988-1989 revised budget. A global inflation rate, in terms of United States dollars of four per cent has been included in these estimates; thus, the biennial growth in real terms is approximately 5.6 per cent. The UNICEF budget estimates have been prepared within affordable levels taking into account current income projections, programme priorities, overhead ratios, preservation of programme throughput accelerating at a faster rate than the administrative budget, and maintenance of the liquidity reserves.

It should be noted that, even with the modest increase of 37 core posts mentioned above, the total number of international professional core posts in the secretariat as a whole amount to five less than the number in the approved 1982-1983 budget. With regard to all headquarters locations, there is a net decrease of 84 core posts from the 1982-1983 budget to the 1990-1991 proposed budget (33 international professional, 1 national professional and 50 general service). Overall, the percentage of core posts at headquarters has continued to decline steadily from 31 per cent of total core posts in 1982-1983 to 25 per cent in the proposed 1990-1991 budget. At the same time, UNICEF general resources income will have increased by 66 per cent between 1982-1983 and 1990-1991; and the total income, including supplementary funds, will have increased by 89 per cent during the same period.

## Liquidity provision

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

UNICEF maximizes planned general resource programme expenditures based upon the requirements of the liquidity provision and upon the level of projected general resource contributions. □

## AGFUND

The Arab Gulf Programme for the United Nations Development Organizations (AGFUND) has entered its eighth year of assistance to developing countries, mainly through United Nations Agencies as well as some Arab NGOs. UNICEF continued to receive an important share of AGFUND's contributions. However, due to the general economic

difficulties in the Gulf, AGFUND had to reduce the volume of its assistance across the board.

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

## Information resources management

In 1988, the standard computerized field office information system was improved and now over half the offices are using it for financial accounting, supply and programme management. In 1989, it is planned to add personnel and budget management support to this standard system.

A feasibility study was conducted towards enhancement of a central financial system, and implementation of this work is planned over the next few years.

Programme staff both at NYHQ and in

field offices have undertaken a structured analysis of the information system requirements to support programme processes. The follow-up steps to be taken will be defined in 1989.

The UNICEF electronic information system continues to grow with 24 National Committees, 30 UNICEF field offices and 172 staff and other accounts connected. This system allows cost-effective messaging and its bulletin boards contain up-to-date articles and other information of interest to UNICEF. □

## Human resources management

During 1988, UNICEF maintained 92 field offices, serving more than 110 countries with 457 professional posts (international and national) and 1,076 clerical and other general service posts. During the year, 191 professional and 325 general service posts were maintained in New York, Geneva, Copenhagen, Tokyo and Sydney.

The emphasis on management improvements and a number of new programme strategies have made the planning and efficient use of human resources a higher priority than ever before. Over the years, UNICEF has taken steps to implement a number of aspects of the human resource planning process.

Staff are the most precious resource of UNICEF and their training is given high priority. A prominent feature has been and will continue to be the development of training packages for all UNICEF major programme areas and

support functions. Nineteen eighty-eight was declared 'The Year of Self-Learning', which led to a very significant increase in internal staff training. The International Child Development Centre in Florence is an important new opportunity in the area of training, as the Centre will provide more intensive study opportunities and exchange experience than regular training activities.

In line with the commitment to increase the proportion of women in the senior professional category, the Executive Director has appointed one woman to the Assistant Secretary-General (ASG) level, one woman to the D-2 level and six women to the D-1 level since 1985. The number of female Representatives has increased to 10 during the same period. Between March 1985 and December 1988, the overall proportion of women in international professional posts has increased from 24.7 per cent to 30.1 per cent. □

## Supply management

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

The total value of purchases made during 1988 was approximately US\$248 million, an increase of 16 per cent over the previous year. Of this amount, approximately US\$56 million was procured in developing countries for use in country programmes. The purchase of vaccines in support of UCI increased from US\$34 million in 1987 to US\$35 million. Increased demands continue to be placed on the Supply Division for services as a procurement agent to governments and NGOs, with reimbursable procurement amounting to US\$49.2 million.

The value of purchases made by Supply Division continues to increase, and as a result the continued pressure in the markets of interest to UNICEF has ensured that manufacturers' prices are held at an acceptable level. Continuous attention has been given to ensuring the efficiency of UNICEF world-wide purchasing activities. □



UNICEF/22339/BT/Clement

Rigs for drilling wells and cold-chain equipment for vaccines are essential supplies on which many lives depend.



UNICEF/2744/88/Clement



UNICEF/3121/88/Fletcher

## *Glossary*

AIDS	acquired immune deficiency syndrome
ARI	acute respiratory infections
CDG	control of diarrhoeal diseases
CSD	child survival and development
ECC	European Economic Community
EPHI	expanded programme on immunization
FAO	Food and Agriculture Organization of the United Nations
GCO	Greeting Card Operation
HIV	human immunodeficiency virus
ICIID	International Council for the Control of Iodine Deficiency Disorders
IDD	iodine deficiency disorders
IEC	information, education and communication
IFAD	International Fund for Agricultural Development
ILO	International Labour Organisation
IMF	International Monetary Fund
IYCW	International Year of the Child
JCPG	Joint Consultative Group on Policy
JNSP	UNICEF/WHO Joint Nutrition Support Programme
MCH	maternal and child health
MENA	Middle East and North Africa
NGO	non-governmental organization
NYHQ	New York Headquarters
OAU	Organization of African Unity
ORS	oral rehydration salts
ORT	oral rehydration therapy
PAHO	Pan American Health Organization
PHC	primary health care
TBA	traditional birth attendant
UBS	urban basic services
UCL90	Universal Child Immunization by 1990
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNPAC	UNICEF Procurement and Assembly Centre
USAID	United States Agency for International Development
WASH	water and sanitation
WCWA	UNICEF Regional Office for Central and West Africa
WFP	World Food Programme
WHO	World Health Organization
WHO/Africa	WHO Regional Office for Africa
WHO/EMRO	WHO Regional Office for the Eastern Mediterranean
WHO/GPA	WHO Global Programme on AIDS

## **Further information about UNICEF and its work may be obtained from**

UNICEF Headquarters

UNICEF House

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New York, N.Y. 10017, U.S.A.

UNICEF Geneva Office

Palais des Nations, CH-1211

Geneva 10, Switzerland

UNICEF Regional Office for Eastern and southern Africa

P.O. Box 4445, Nairobi, Kenya

UNICEF Regional Office for Central and West Africa

W.P. 343, Abidjan 01, Côte d'Ivoire

UNICEF Regional Office for the Americas and the Caribbean

Avenida Arenales 79-85, Bogotá, Colombia

UNICEF Regional Office for East Asia and Oceania

P.O. Box 2154, Bangkok 10200, Thailand

UNICEF Regional Office for the Middle East and North Africa

P.O. Box 81721, Amman, Jordan

UNICEF Regional Office for South Central Asia, UNICEF House

72, Dilkusha, New Delhi 110007, India

UNICEF Office for Australia and New Zealand

P.O. Box Q140, Queen Victoria Building, Sydney, N.S.W. 2000, Australia

UNICEF Office for Japan

22nd floor

Sohn Aranya Building, Nishiakas

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

C/- P.O. Box 2541

Sydney, N.S.W. 2001, Australia

**Austria:** Austrian Committee for UNICEF

National Information Centre

(UNO-CIA)

22 Wagramer Strasse 9

A - 1040 Vienna

**Belgium:** Belgian Committee for UNICEF

Armée des Arts 20

B - 1040 Brussels

**Bulgaria:** Bulgarian National Committee for UNICEF

c/o Ministry of Public Health

51 Lulin Place

1000 - Sofia

**Canada:** Canadian UNICEF Committee

448, Mount Pleasant Road

GDN - Toronto, Ontario M4S 2L8

**Czechoslovakia:** Czechoslovak Committee

for UNICEF

c/o M.R. Minister of Foreign Affairs

Prostřední Slovenské nám.

Level 10, room 10, 11, 12, 13 Prague 1

**Denmark:** Danish Committee for UNICEF

Bolighus S. Frimann

DK - 1200 Copenhagen K

**Finland:** Suomen Lihavuus ja Hyvinvointi

Finnish Committee for UNICEF

Terassikatu 6, SF - 00120 Helsinki

**France:** French Committee for UNICEF

35, rue Félix-David

75758 Paris Cedex 16

**German Democratic Republic:**

National Committee for UNICEF

of the German Democratic Republic

Wachauerstrasse 6

D-1000 Berlin

**Germany, Federal Republic of:**

German Committee for UNICEF

Steinstraße 9

D - 8000 Cologne 1

**Greece:** Hellenic National Committee

for UNICEF

Xipias Street 1, GR-113 27 Athens

**Hong Kong:** Hong Kong Committee

for UNICEF

60, Wan Chai Road

KV, Happy Valley, Hong Kong

**Hungary:** Magyar Egyesület Magyar

Németországért

Intézetben 6

H-1054 Budapest 5

**Ireland:** Irish National Committee for UNICEF

8, St. Andrews Street, IRL - Dublin 2

**Israel:** Israel National Committee for UNICEF

cc: International Council for Youth

12 David Rehavia Street

IL - 65105 Jerusalem

**Italy:** Italian Committee for UNICEF

Via Appia Nuova 101

I - 00100 Rome

**Japan:** Japan Committee for UNICEF

1-2, Aoyanagi 3-chome, Minato-ku,

107-0052 Tokyo

**Luxembourg:** Luxembourg Committee

for UNICEF

90, Route d'Ansembourg, L-1140 Luxembourg

**Netherlands:** Netherlands Committee

for UNICEF

Haarlemmerdijk 126, Postbus 5487

NL - 1000 CB Amsterdam

**New Zealand:** New Zealand National

Committee for UNICEF, Inc.

PO Box 100, P.O. Box 387

NZ - Wellington

**Norway:** Norwegian Committee for UNICEF

Oulu 2, Post Box 8, N - 0002 Oslo

**Poland:** Polish Committee of Cooperation

with UNICEF

ul. Mokotowska 20

PL - 0060 Warsaw

**Portugal:** Portuguese Committee

for UNICEF

Rua Dr. Francisco Alves

Edifício 500, 1600 Lisboa

Rua J. de Castro

P - 1600 Lisboa

**Romania:** Romanian National Committee

for UNICEF

Str. Ion Creangă 10

RO - 0100 Bucharest

Romania

1-4000 Bucharest

Romania

**Spain:** Spanish Committee for UNICEF

Museo de la Laca, 36

E - 28040 Madrid

**Sweden:** Swedish Committee for UNICEF

Århusgatan 10

S - 111 14 Stockholm

Sweden

1-1000 Stockholm

**Switzerland:** Swiss Committee

Strasse 1, 8001 Zürich

Switzerland

CH - 8021 Zürich

**Turkey:** Turkish National Committee

for UNICEF

Muhiddin Cevat Sok. 22/10

TR - Ankara

**United Kingdom:** United Kingdom

Committee for UNICEF

18, London, S.W.1

UK - London SW1A 1NH

**United States of America:** United States

Committee for UNICEF

121 East 42nd Street

USA - New York, N.Y. 10017

**Yugoslavia:** Yugoslav Committee

for Cooperation with UNICEF

Slobodan Arsenijević 294

YU - 11000 Novi Beograd

## **Liaison Offices**

**Argentina:** Argentine Association

for UNICEF

Av. Belgrano 254

AR - 1000 Buenos Aires

**Cyprus:** United Nations Development

Programme

UNDP

Government House No. 22

P.O. Box 1621

CY - Nicosia

**Iceland:** UNICEF in Iceland

Reykjavík, 30

IS - 106 Reykjavík

**U.S.S.R.:** Alliance of West German

and Soviet Institutes and Libraries

Krasnoyarsk-Krasnoyarsk Politechnic

1, Gagarin Street, Novosibirsk, S.

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