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UNITED NATIONS CHILDREN'S FUND  
Executive Board  
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25-29 April 1994

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION\*

Paraguay

The Executive Director recommends that the Executive Board approve the country programme of Paraguay for the period 1995 to 1999 in the amount of \$6,000,000 from general resources, subject to the availability of funds, and \$10,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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\* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

## THE SITUATION OF CHILDREN AND WOMEN

1. In August 1993, the first freely elected president in 40 years took office after a period of transitional military rule. The policies of the new Government aim at consolidating the modernization of the country, the regionalization and decentralization of public administration, and increasing attention to social problems and reinstating civil liberties. In addition, economic adjustment has been accelerated, including monetary policy, taxes, credit and tariffs, in line with the policies and development of the Mercado Común del Sur (Southern Common Market) (Argentina, Brazil, Paraguay and Uruguay).
2. The economy suffered negative growth during 1990-1992. Adverse weather, changes in the foreign exchange rate and low world market prices for cotton held back economic growth. Inflation reached 18 per cent in 1992. The unemployment rate was 7.5 per cent in 1990, and rose to 9 per cent in 1992. Even so, the Government has increased financial funding for social development. In 1986, among Latin American countries, Paraguay had the lowest social sector expenditures in relation to gross national product (GNP). In 1986, only 1 per cent of GNP was spent on education and only 0.2 per cent was spent on health. Since 1989, however, the social sector's portion of GNP has increased to 6 per cent.
3. According to the Ministry of Health, the infant mortality rate (IMR) is estimated at 24 per 1,000 live births. However, there are significant disparities in IMR among the regions of the country. At the high end is Amambay with an IMR of 49 per 1,000 live births, and at the low end is Paraguari, with an IMR of 16 per 1,000 live births. The main causes of infant death are perinatal problems (hypoxia and anoxia), infections, diarrhoea and acute respiratory infections (ARI), especially pneumonia and congenital anomalies; together they account for 62 per cent of all infant deaths.
4. The Ministry of Health estimates the maternal mortality rate (MMR) at 166 per 100,000 live births (1991). Contributing factors include, among others, low prenatal care coverage; late abortions, usually after the fourth month; low institutional coverage of birth delivery services; poor care of pregnant women; and birth deliveries handled by inadequately trained health staff and by untrained traditional midwives.
5. Seventeen per cent of all children under the age of five years show signs of chronic malnutrition. Most of these children live in rural or impoverished urban areas. Iodine deficiency disorders (IDD) are another endemic problem. A 1988 national study revealed that 49 per cent of schoolchildren showed some evidence of IDD, thus placing Paraguay among the worse-off countries in the western hemisphere in terms of this disease. The serious IDD problem is due to the lack of iodine in the soil and low availability and consumption of iodized salt.
6. Primary school enrolment is 94 per cent. However, the retention rate, which is estimated at 51 per cent, is a major problem, particularly in rural and marginal urban areas. Despite implementation of non-formal pre-school

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programmes, pre-school enrolment remains low; only 5 per cent of pre-school-age children have access to some kind of day-care service, either formal or non-formal.

7. Approximately 22 per cent of the population has access to safe water supplies through household connections; 38 per cent among urban populations and only 7 per cent in rural communities/towns of less than 4,000 inhabitants. However, 75 per cent of all rural families have a well that is protected with bricks or wood lining, which provides a degree of safety and easy access. Sanitary sewage disposal covers 40 per cent of the population. Only the six main cities in the country have sewage disposal systems, representing 30 per cent of the urban population. Coverage is high, at 70 per cent, in Asunción, but is only 9 per cent in other cities. In rural areas, there are no sewage systems, and only 47 per cent of the homes have adequate sanitary disposal facilities.

8. In spite of the ratification of the Convention on the Rights of the Child in 1990, Paraguay has yet to formulate policies and laws to enhance the protection, participation and development of children at risk. Some 26,000 children work in the streets in Asunción. The majority of them live with their families or with only their mothers. They work in the informal labour market in high-risk situations.

9. Out of a population of 2 million women, 20 per cent work outside their homes and 41 per cent are heads of households. Poor women are subject to severe pressures as a result of the precarious nature of their housing, inadequate access to basic services and low wages for excessively long working hours. There is also a cultural tradition of gender discrimination.

#### PROGRAMME COOPERATION, 1989-1994

10. In 1989, a programme of cooperation for the period 1989-1993 was approved by the Executive Board (E/ICEF/1989/P/L.13 and Corr.1), with an allocation of \$1,500,000 in general resources and \$2,488,000 in supplementary funds, subject to the availability of specific-purpose contributions. At that time, the annual ceiling for the country was \$300,000. Subsequently, the annual ceiling was increased twice; in 1992, additional general resources in the amount of \$1,786,000 were approved for the period 1992-1993 (E/ICEF/1992/P/L.37), and in 1993, a short-duration country programme for the period 1993-1994 was approved by the Board, with an allocation from general resources of \$1,371,000 (E/ICEF/1993/P/L.25). A full-length country programme recommendation was to be submitted to the 1993 session of the Executive Board, however, the submission was postponed to allow for the incorporation of the newly elected Government's priorities, as well as to take into account the results from the 1992 national household and population census.

11. The 1992-1993 period of cooperation coincided with the transition to a nationwide democratic process, which provided an historical opportunity to identify new partners and to promote the decade goals for children and the Convention on the Rights of the Child. The formulation of the national programme of action with the significant title "Human development and democratic

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consolidation", reflects strong political momentum and a framework for national social development.

12. A coordinating committee composed of senior representatives of government social sectors, the Catholic Church, United Nations agencies, non-governmental organizations (NGOs) and other important civic groups was established to facilitate and support the implementation of the country programme. The committee, acting upon a special request from the President of the Republic, undertook the formulation of the national programme of action. The national programme of action was approved by presidential decree on 17 September 1992.

13. The current country programme focuses on national immunization campaigns to maintain universal child immunization (UCI) and to boost coverage to more than 90 per cent; the control of diarrhoeal diseases (CDD) and cholera prevention; the control of ARI; pre-school and primary education; water supply and sanitation; children in especially difficult circumstances and social policies for the decade goals for children; and the Convention on the Rights of the Child. The main strategies include mobilization of public and private institutions at central, regional and local levels; coordination of actions between governmental and non-governmental institutions; and decentralization of technical and financial resources.

14. With the acceleration of activities in immunization and CDD, the Government has made important efforts to further reduce infant mortality. In 1992, the following UCI coverage rates were sustained for infants: 99 per cent for the anti-tuberculosis vaccine; 86 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine; 87 per cent for three doses of poliomyelitis vaccine; 86 per cent for measles vaccine; and 87 per cent for two doses of tetanus toxoid vaccine for women of child-bearing age. Over 5,000 community oral rehydration units have been established, and 1,600 volunteer workers have been trained in CDD and ARI.

15. As a capacity-building strategy, UNICEF has supported the training of health personnel and has provided essential drugs and equipment to 427 health centres. Cooperation with the Catholic Church, the Paraguayan Paediatric Society and NGOs has helped to increase vaccination coverage and to promote other child development activities, thus supporting the Ministry of Health's efforts to expand coverage. The Catholic Church's Social Pastorate has helped to increase health service coverage in rural areas through a network of 116 dispensaries, 3 hospitals and 11 health clinics, and the participation of 15,000 volunteers and 34 community leaders in vaccination, cholera prevention and oral rehydration therapy (ORT) activities. With the reappearance of cholera in neighbouring countries, UNICEF has supported preventive actions, such as the refinement of emergency plans, the development of educational materials for television and radio, promotional posters and the supply of 1.5 million sachets of oral rehydration salts (ORS).

16. The Ministry of Health, the Department of Public and Social Welfare, the United Nations Development Programme (UNDP) and the World Food Programme (WFP) have been promoting, in cooperation with UNICEF, iodized salt consumption, iodized oil capsule distribution and the formulation of new IDD control policies. In collaboration with the Pan American Health Organization/World

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Health Organization (PAHO/WHO), a situation analysis on IDD was prepared and a national plan for IDD control is being formulated. Preliminary agreements have been reached with the private sector, which will be responsible for the production and marketing of iodized salt, with technical support and regulation from the Ministry of Health.

17. Support has been provided for the implementation of the community-based pre-school education programme, Mita Roga, (a Guarini term meaning "child home") which benefits 6,700 children between three and six years of age through the training of 322 volunteers from day-care services. Five hundred volunteers and 60 supervisors of the Ministry of Education have been trained. UNICEF also provided assistance for the production of educational materials.

18. UNICEF also cooperated with the national programme of agrarian reform and the integrated rural development programme, providing seeds and gardening equipment to improve family food security, essential drugs and supplementary feeding for 3,000 families who live in new rural settlements. Special attention was given to these new settlements in the light of the high proportion of families living in poverty and the lack of basic services. One thousand families in 16 rural settlements were trained in food production and provided with child survival and development (CSD) information. More than 10,000 home kitchen gardens were established in 23 rural settlements. All of these activities included participation of the Ministries of Health, Education and Agriculture and the Catholic Church. Four wells and water systems were constructed to expand access for 4,000 people. Four thousand latrines were built, as well as an equal number of garbage collection facilities. In addition, training for 20,000 residents focused on safe sanitation practices, and 100,000 does of mebendazol were provided for intestinal parasites.

19. In order to promote breast-feeding, UNICEF supported the training of health personnel, Catholic Church volunteers, community promoters and traditional birth attendants. Support also was provided for the production of leaflets and posters, as well as radio and television spots, to promote breast-feeding. Technical support is being provided to the Ministry of Health to make 21 hospitals baby-friendly in 1994, with the number increasing to 30 in 1995.

20. A new national constitution, which should include articles on the rights of the child, is currently being drawn by a Constituent Assembly. In the field of children in especially difficult circumstances, the programme supported the reorganization and capacity-building of the Department for the Protection of Minors through the provision of technical assistance, training and equipment. Support was provided to update the Minors' Code, as well as advocacy to accelerate implementation of the Convention on the Rights of the Child.

#### Lessons learned

21. A major lesson learned is that the needs of children can be a powerful social dynamic tool for mobilizing technical, organizational and financial resources in the country and enhancing cooperation among the Government, NGO partners and UNICEF. In addition, administrative decentralization is a powerful means to accelerate programme implementation. Health care services for women and children are more efficient when approved at the central level, but endorsed

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and carried out through local channels, and when procedures address the capacities of local levels, such as providing a role for NGOs in increasing immunization coverage. The third lesson learned confirmed that community participation and contributions can significantly boost the impact of social programmes. Thus, the need to incorporate training on community mobilization and women's empowerment in basic health and child care programmes is now widely accepted. It is also clear that the coordinating committee of the country programme is an effective mechanism for guiding implementation. It serves as an efficient and effective forum from which to forge stronger partnerships in favour of children and women. The committee's flexible structure allowed for incorporation of new partners, and the committee has had many opportunities to strengthen the commitments of all partners on behalf of children.

22. The political climate in Paraguay is characterized by a strong, positive momentum and a growing readiness for political consensus on major social issues. The President has committed himself to the decade goals, not only in domestic forums but also at international forums, namely, the round table discussion on "Keeping the promise to the children", which was convened by the Secretary-General of the United Nations in New York in September 1993. At this event, the President emphasized his commitment to the rights of children. For the first time in four decades, major opportunities exist for a constructive interaction between the private economic sector, opposition political parties, the Catholic Church, which has always played an important role, and other civic groups to make major contributions towards the national programme of action goals. In addition, the democratic process creates a positive framework for the proposed country programme, which has been developed taking into consideration the situation of children and women in Paraguay, the review of the past cooperation, the Convention on the Rights of the Child and the national programme of action.

23. The overall thrust of the programme will be to support Government and community efforts to achieve and sustain all the mid-decade goals and to accelerate progress towards the achievement of the end-decade goals, which are incorporated in the national programme of action. Four strategies will predominate during implementation, especially on behalf of the most vulnerable and poorest groups: (a) decentralization and institutional capacity-building and strengthening of social sector data-gathering, analysis and monitoring; (b) stimulation and support to recently revived grass-roots organizations, with an emphasis on women's empowerment; (c) broad advocacy covering all political and social sectors and social mobilization geared towards the defense and protection of women's and children's rights; and (d) strengthening intersectoral and inter-agency coordination at central and regional levels.

24. The programme's scope will be nation-wide, particularly in education, communication and social mobilization activities. Strong emphasis will be given to capacity-building at the regional level, building on the achievements and lessons learned during past cooperation. The use of low-cost and effective technologies will be given priority, taking into account plans to expand coverage of public health facilities, as well as those of the Catholic Church, other NGOs and organized community groups. Flexibility will be built into the programme in order to be able to respond more effectively to the decade goals as implementation progresses. Special priorities will include stimulating local

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fund-raising and expanding UNICEF Greeting Card and related operations to raise local sources of supplementary funds. A strategy will be designed better to cultivate international development banks, the private sector and other national mechanisms for social investment in children.

RECOMMENDED PROGRAMME COOPERATION, 1995-1999

General resources: \$6 000 000  
 Supplementary funding: \$10 000 000

Recommended programme cooperation a/

(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds b/</u>	<u>Total</u>
Health	2 400	4 200	6 600
Basic education	1 450	2 200	3 650
Nutrition	850	1 000	1 850
Water supply and sanitation	350	1 300	1 650
Children in especially difficult circumstances	350	900	1 250
Support for the Convention on the Rights of the Child, the national programme of action and social policies	<u>600</u>	<u>400</u>	<u>1 000</u>
<b>Total</b>	<b><u>6 000</u></b>	<b><u>10 000</u></b>	<b><u>16 000</u></b>

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Health

25. The health programme will focus on CSD and perinatal/maternal health. The CSD project aims to help to reduce infant and under-five mortality rates by one third and to reduce acute and moderate malnutrition by 50 per cent in children under five years of age. The project will strengthen CDD and cholera activities; achieve and sustain the 1995 goal of 80 per cent use of ORT and the proper use of ORS; and promote proper feeding or breast-feeding during and after each bout of diarrhoea. The national ORS production capacity and the distribution network will be strengthened through community oral rehydration units. Coverage of the expanded programme on immunization will increase and be sustained at not less than 95 per cent. The importance of growth monitoring and

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promotion will be emphasized at government and NGO health institutions, as well as in communities nationwide, to cover children under five years of age.

26. The objectives for perinatal/maternal health are (a) to reduce MMR by 50 per cent; (b) to increase coverage of prenatal health care for all pregnant women by 1999; (c) to have trained midwives attend 80 per cent of all births in homes; (d) to reduce by one third the cases of iron deficiency anaemia in pregnant women; (e) to increase tetanus toxoid coverage of women of child-bearing age in risk areas; (f) to expand and sustain improved delivery services for high-risk births in health institutions so as to improve the coverage for 85 per cent of all such cases; and (g) to sustain and expand implementation of the Mother/Baby-Friendly Hospital Initiative and the "mother kangaroo" method for premature and low-birth-weight babies in all maternity hospitals in the country. Activities to reduce maternal mortality will emphasize capacity-building through the training of personnel at all levels in maternities, including doctors, nurses and other health personnel, as well as community volunteers and midwives, and advocacy through mass media to promote reproductive health.

27. The main activities to meet the mid-decade goal on reducing mortality of children under five years of age due to pneumonia include strengthening local health facilities through the training of health personnel and community volunteers in standardized treatment and timely referral of cases of pneumonia. Activities also will include supplying antibiotics and providing support for social communication. Implementation of a Bamako Initiative approach in health centres and communities also will be fostered to increase access to essential drugs and to ensure sustainability of services.

28. UNICEF will continue to support the decentralization process through direct coordination with health regions. This assistance also will enhance government capacity to deliver more preventive and curative services to mothers and children and to develop more relevant local mobilization strategies. By bringing service delivery systems closer to communities, communities should be able to experience more empowerment processes, such as effectively holding local officials more accountable for the quality of service delivery.

#### Nutrition

29. Under the "triple A" approach of assessment, analysis and action, nutrition interventions will be integrated into water supply and sanitation, immunization, CDD and education activities through community organization and training strategies. A major goal will be to achieve universal iodization of salt by 1995, leading to a sustainable elimination of IDD by the end of the decade. This effort will centre on government, private sector and local authority commitments to comply with norms and regulations for effective importation, distribution and consumption of iodized salt. Two high-risk geographical areas, with a target population of 1 million people, will serve as focal points for the establishment of a nationwide surveillance system to monitor and evaluate the impact of salt iodization. Community education will help to raise public awareness of the serious consequences of IDD. Working directly with salt importers and distributors should ensure proper distribution and promotion of iodized salt throughout the country. Although it is reported by the Ministry of

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Health that vitamin A deficiency is not a public health problem, a study will be conducted in 1994 to assess the situation.

#### Basic education

30. Given the Government's strong emphasis on the implementation of education reform, cooperation will aim to raise primary school retention levels from 44 to 80 per cent; improve learning achievement; expand child-care coverage from 5 to 25 per cent of all pre-school-age children; widen dissemination of Facts for Life, as a tool for non-formal education; and address gender disparities as part of the development of the democratic process. Based on the previous programme's successful experience in rural, non-formal day-care services such as Mita Roga, educational materials will be provided, along with other support to community day-care services in urban areas. At the primary school level, the programme will strengthen the technical capacities of central and regional education reform teams to improve curricula, decentralize programming, improve teacher training and produce appropriate education materials. Facts for Life will be used for activities aimed at improving the education of poor women in the areas of health, nutrition and child development, and environmental sanitation messages will be disseminated through mass media and other media.

#### Water supply and sanitation

31. Support for the water supply and sanitation programme will complement a World Bank loan in the amount of \$23 million. The programme seeks to increase access to safe water supplies, sanitary latrines and the collection and disposal of garbage, while also protecting the environment. A communication and education component will help to increase community awareness and to motivate families on environmental sanitation and personal hygiene. Implementation of these activities should help to empower families with the kind of knowledge, attitudes and practices that will contribute to the reduction of diarrhoeal and parasitic diseases. Beneficiaries will be 4,400 poor rural families in the departments of Concepción, Canindeyú and Amambay in the eastern region of the country. Strategies include improving the decision-making abilities of families, management by local sanitation committees, use of low-cost technologies, social communication and training, and institution capacity-building, as well as stronger intersectoral coordination.

#### Children in especially difficult circumstances

32. This programme will contribute to the formulation and implementation of policies and activities to facilitate implementation of the Convention on the Rights of the Child. The programme is aimed specifically at improving existing legislation, improving living conditions for vulnerable families and decreasing risks faced by children working on the streets. Strategies include institution capacity-building in the judicial, legislative and executive branches of the Government; mass communication to raise community awareness; increasing children's access to health and education services; and the development of alternative activities for children working on the streets through the use of innovative street educators. During the first two years, these activities will focus on marginal urban areas in Asunción and Fernando de la Mora. Subsequently, coverage will be extended to Coronel Oviedo and Ciudad del Este.

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Demonstration projects for street children and working children run by local NGOs will be supported in Asunción. Studies will document the migration of children in especially difficult circumstances to neighbouring countries as well as the conditions of working girls, especially those engaged in domestic service, and preventive and corrective actions will be identified and supported.

#### Planning, monitoring and evaluation

33. Advocacy will help the new Government to strengthen its capacity to formulate and implement social policies and programmes and to mobilize resources to support national programme of action implementation. Strengthening participation of the private sector, the Catholic Church, NGOs, the media and grass-roots organizations by the wider dissemination of information on the goals of the national programme of action, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women will be generated by organizing a series of educational and promotional activities. The process of operationalizing plans of action at municipal levels nationwide will be a high priority for advocacy and capacity-building.

34. UNICEF will continue to collaborate with and to strengthen national statistic institutions in data collection on children and women, for example, in processing the 1992 national census data. Collaboration also will include government and private research institutions in order to generate needed quantitative and qualitative data and analysis of the situation of children and women, including indicators related to basic needs and decade goals, a particularly important activity because of major information gaps.

35. Monitoring activities will include the establishment of baseline and community-based monitoring systems, field visits and progress reports, using qualitative and quantitative methods. A mid-term review will be conducted in 1997 with national partners to review programme progress and management issues. The results of each programme evaluation will be used to make adjustments to the programme, if necessary, and the evaluation results also will be disseminated to communities and government institutions at national and local levels. A similar framework will also be employed to evaluate the results at the conclusion of the period of cooperation.

#### Programme management

36. The activities of the country programme will be implemented by government institutions such as the Ministries of Health, Education and Agriculture and the Department of Social Assistance and Welfare. NGOs also will play a significant role, for example, with the cooperation of the Catholic Church. Intersectoral coordination will continue to be managed through the coordinating committee of the country programme. The upgrading of the UNICEF field office in Paraguay to the sub-office level will allow UNICEF to provide more effective programming assistance and support for implementation of the country programme. In this regard, two national officer project posts have been created in the fields of health and education. These are priority areas identified by the Government for which support has been requested from UNICEF. UNICEF will request, whenever necessary, the technical support of specialized United Nations agencies.

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Cooperation with United Nations and other agencies

37. The proposed country programme runs concurrently with, and in many cases, in direct collaboration with the programmes of other United Nations agencies. Preparations for the formulation of a country strategy note are already under way with other United Nations agencies and the Government. WFP, the United Nations Population Fund (UNFPA) and PAHO/WHO are members of the coordinating committee. As such, these agencies participated actively in formulating the proposed programme of cooperation. UNICEF has been involved in the planning processes of other United Nations agencies, particularly the UNDP human development initiative. Efforts will focus on exploring joint funding initiatives with the World Bank and the Inter-American Development Bank, as well as continuing with coordination of activities, for example, in water supply and sanitation. Close cooperation will continue with PAHO/WHO and with UNFPA on child survival and women's health activities and with UNDP and WFP on salt iodization. Coordination with the United Nations Educational, Scientific and Cultural Organization, the World Bank and UNDP will support Education for All by the year 2000. Close collaboration will be sustained with various other groups such as the Peace Corps, Friends of America, Rotary International and the Junior Chambers of Commerce, as well as with Radda Barnen.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

<u>Paraguay</u>	(1992 and earlier years)	<u>UNICEF country classification</u>			
Under-five mortality rate	34	(1992)	Middle USMR		
Infant mortality rate	28	(1992)	Middle IHR		
GNP per capita	\$ 1270	(1991)	Lower-middle GNP		
Total population	4.5 million	(1992)			
KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1992
Births	(thousands)	89	112	146	151
Infant deaths (under 1)	(thousands)	5	5	4	4
Under-five deaths	(thousands)	7	7	5	5
Under-five mortality rate (per 1,000 live births)		76	61	37	34
Infant mortality rate (under 1) (per 1,000 live births)		57	46	30	28
		About 1980	Most recent		
Underweight children (under 5) (% weight for age, 1990)	Moderate & severe	..	4 <u>a/</u>		
Babies with low birth weight (%, 1981/1990)	Severe	..	1 <u>a/</u>		
Primary school children reaching final grade (%, 1977/1988)		48	57		
NUTRITION INDICATORS		About 1980	Most recent		
Exclusive breast-feeding rate (<4 mos.) (%, 1990)		..	7		
Timely complementary feeding rate (6-9 mos.) (%, 1990)		..	61		
Continued breast-feeding rate (20-23 mos.) (%, 1990)		..	8		
Prevalence of wasting (%, 1990)		..	..		
Prevalence of stunting (%, 1990)		..	17		
Daily per capita calorie supply (% of requirements, 1979-81/1990)		120	116		
Total goitre rate (1990)		..	49		
Household expenditure (% of total income, 1980-85)	All food/cereals	..	30 / 6		
HEALTH INDICATORS		About 1980	Most recent		
ORT use rate (%, 1992)		..	52		
Access to health services (% of population 1980/1987)	Total	60	61		
Access to safe water (% of population, 1980/1991)	Urban/rural	90 / 38	.. / ..		
Access to adequate sanitation (% of population, 1980/1991)	Total	21	35		
Births attended by trained personnel (%, 1990)	Urban/rural	39 / 10	50 / 24		
Maternal mortality rate (per 100,000 live births, 1986)	Total	87	62		
	Urban/rural	95 / 80	56 / 67		
Immunization		1981	1985	1990	1992
One-year-olds (%) immunized against:	Tuberculosis	42	99	90	99
	DPT	28	54	78	85
	Polio	16	46	69	86
	Measles	26	97	76	87
Pregnant women (%) immunized against:	Tetanus	6	61	..	..

a/ aged 0-59 months.

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TABLE 1 (continued)

Paraguay

EDUCATION INDICATORS		About 1980		Most recent		
Primary enrolment ratio (gross/net) (%, 1980/1991)	Total	104	87	109	97	
	Male	107	88	111	97	
	Female	101	86	108	97	
Secondary enrolment ratio (gross/net) (%, 1980/1991)	Total	26	..	30	26	
	Male	..	..	30	25	
	Female	..	..	31	27	
Adult literacy rate, 15 years & older (%, 1972/1990)	Total	80		90		
	Male/female	85	75	92	88	
Radio/television sets (per 1,000 population, 1980/1990)		71	179	21	59	
DEMOGRAPHIC INDICATORS		1970	1980	1990	1992	2000**
Total population	(thousands)	2351	3147	4277	4523	5538
Population aged 0-15 years	(thousands)	1154	1400	1818	1911	2239
Population aged 0-4 years	(thousands)	319	383	518	539	606
Urban population (% of total)		37	42	47	49	54
Life expectancy at birth (years)	Total	65	66	67	67	68
	Male	63	64	65	65	66
	Female	67	68	69	69	70
Total fertility rate		6.0	4.9	4.5	4.4	4.0
Crude birth rate (per 1,000 population)		38	36	34	34	30
Crude death rate (per 1,000 population)		7	7	7	6	6
		About 1980		Most recent		
Contraceptive prevalence rate (%, 1979/1990)		39		48		
Population annual growth rate (%, 1965-80/1980-92)	Total	2.9		3.0		
	Urban	3.8		4.3		
ECONOMIC INDICATORS		About 1980		Most recent		
GNP per capita annual growth rate (%, 1965-80/1980-91)		4.1		-0.8		
Inflation rate (%, 1965-80/1980-91)		9		25		
Population in absolute poverty (%, 1978)	Urban/rural	19	50	..	..	
Household income share (%)	Top 20%/bottom 40%	..	..	..	..	
Government expenditure (% of total expenditure, 1980/1990)	Health/education	4	13	4	13	
	Defence	13	..	13	..	
Household expenditure (% share of total, 1980 or 1985)	Health/education	..	..	2	3	
Official development assistance: (1980/1991)	\$US millions	31		111		
	As % of GNP	1		2		
Debt service (% of goods and services exports, 1980/1991)		10		16		

\*\* United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1989-1994 <sup>a/</sup>

COUNTRY: PARAGUAY  
 LATEST BOARD APPROVAL: 1993  
 GENERAL RESOURCES: \$4 797 000

(In thousands of United States dollars)

Programme sector/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		General resources		TOTAL SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	1 119	211	534	56	4	21	725	74	2 357	362	805	2 744	3 662	
Nutrition	99		60				104		480		528	263	1 008	
Water supply and sanitation	87	218		8		16	23	46	110	288	900	398	900	
Education	9		304				143		456		625	456	625	
Children in especially difficult circumstances		6	16	18			24	45	40	69		109	66	
Social communication and mobilization	24		22				128		174	233	145	174	378	
Project support	51				112		250		413	536	110	413	646	
<b>GRAND TOTAL</b>	<b>1 389</b>	<b>435</b>	<b>936</b>	<b>82</b>	<b>116</b>	<b>37</b>	<b>1 397</b>	<b>165</b>	<b>3 838</b>	<b>4 797 <sup>b/</sup></b>	<b>719</b>	<b>2 488 <sup>c/</sup></b>	<b>4 527</b>	<b>7 285</b>

GR = General resources.

FSF = Funded supplementary funding.

SF = Supplementary funding, funded and unfunded.

<sup>a/</sup> Actual expenditure includes expenditure recorded as of 16 December 1993.

<sup>b/</sup> Including additional general resources \$3 157 000 (E/ICEF/1992/P/L.37 and E/ICEF/1993/P/L.25).

<sup>c/</sup> Of this amount, \$1 518 743 remains unfunded.

**TABLE 3. PLANNED EXPENDITURE, 1995 - 1999**

(In thousands of United States dollars)

<b>Country: PARAGUAY</b> <b>Period covered: 1995 - 1999</b>	<b>Funding status</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>Total</b>
Health	GR	500	500	490	470	440	2 400
	NSF	710	810	890	850	940	4 200
Nutrition	GR	220	210	140	140	140	850
	NSF	270	290	180	140	120	1 000
Water supply and sanitation	GR	50	60	70	80	90	350
	NSF	200	300	300	300	200	1 300
Education	GR	320	320	270	270	270	1 450
	NSF	370	500	500	500	330	2 200
Street children	GR	50	50	70	80	100	350
	NSF	150	200	200	200	150	900
Social policy for human development	GR	60	60	160	160	160	600
	NSF	50	100	100	100	50	400
<b>TOTAL</b>	GR	1 200	1 200	1 200	1 200	1 200	6 000
	NSF	1 750	2 200	2 170	2 090	1 790	10 000
<b>GRAND TOTAL</b>		2 950	3 400	3 370	3 290	2 990	16 000

GR = General resources.  
 NSF = New supplementary funding.

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Annex

## LIST OF STUDIES AND EVALUATIONS

Studies

1. Rights of the transgressor child, Benno Glauser, 1990. Analyses governmental legislation concerning the rights of the child.
2. Institutional situation analysis, Tomás Palau, 1990. Describes the government institutional approach to children in especially difficult circumstances.
3. Preliminary diagnosis of children in especially difficult circumstances, Department for the Protection of Minors, 1991. Updates information on children in especially difficult circumstances.
4. Situation analysis of institutional aspects of children in especially difficult circumstances, Department for the Protection of Minors, 1992. Recommends new strategic approach to institutionalized children and provides a tool for advocacy.
5. The Catholic Church's contribution to the children's cause, Drs. Espinola, Talavera and Martínez, 1991. Identifies the Catholic Church's contribution in the health sector and provides a framework for planning at the national level.

Evaluations

6. Identification of non-governmental organizations, volunteers and grass-roots organizations and their contribution to child development, Daniel Campos, 1991. Identifies new non-governmental partners for the programme of cooperation.
7. Situation of working women and girls in the metropolitan area of Asunción, Callescuela, 1992. Provides partial data on this sector where information has been scarce.

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