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RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR PROGRAMMES IN THE AFRICA REGION WITH ANNUAL PLANNING LEVELS NOT EXCEEDING $1 MILLION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for programmes with annual planning levels not exceeding $1 million. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Cape Verde	3 750 000	7 500 000	1995-1999
Equatorial Guinea	3 750 000	4 000 000	1994-1998
Guinea-Bissau	3 750 000	6 200 000	1994-1997

Summaries of individual recommendations follow.

* 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).

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I. CAPE VERDE

Basic data (1992 unless otherwise stated)

Child population (thousands, 0 to 15 years)	176
Under-five mortality rate (per 1,000 live births)	60
Infant mortality rate (per 1,000 live births)	44
Low birth weight (per cent moderate/severe) (1985)	19
Maternal mortality rate (per 100,000 live births) (1980)	107
Literacy (per cent male/female)	../..
Primary school enrolment (per cent net, male/female) (1989)	98/93
Percentage of grade 1 reaching grade 4 (1988)	45
Access to safe water (per cent)	..
Access to health services (per cent)	..
Gross national product per capita (1991)	US$ 750

One-year-olds fully immunized against:

tuberculosis:	99 per cent
diphtheria/pertussis/tetanus:	97 per cent
measles:	82 per cent
poliomyelitis:	97 per cent

Pregnant women immunized against tetanus: 99 per cent

The situation of children and women

1. Cape Verde, an archipelago of 10 small islands situated at the extreme west of the African continent, with an area of 4,033 square kilometres and only 342,000 inhabitants, is one of the smallest and most sparsely populated countries in Africa. The population is very young (55 per cent under 20 years of age and predominantly rural (56 per cent); women constitute 53 per cent of the total population.

2. The recent transition towards a democratic political regime took place in favourable conditions. In a country with extremely limited natural resources, where subsistence agriculture meets barely 16 per cent of the needs, about 30 per cent of the population were living in conditions of absolute poverty in 1990 and nearly 26 per cent were unemployed. In 1990 the per capita gross domestic product (GDP) was $759. External assistance represented 25 per cent of GDP and transfers from Cape Verdeans living abroad (about 480,000 people) accounted for nearly 12 per cent.

3. The situation of children and women has improved considerably since independence in 1975. In the course of the past 18 years, a number of measures have been implemented in the areas of health, education and social and legal services. In 1993, the infant mortality rate (IMR), resulting mainly from diarrhoeal diseases, perinatal infections and acute respiratory infections

(ARI), was 36 per 1,000 live births, and the under-five mortality rate (U5MR) was 44 per 1,000 live births. These rates were lower than the most recent estimates by the United Nations, in 1992, which were 44 and 60 per 1,000 live births respectively.

4. While acute malnutrition is rare, chronic malnutrition has increased sharply in recent years, reaching 22 per cent in 1990 for children under five years of age, and 31 per cent for the 12 to 23 month age group. In some regions, it exceeds 50 per cent. The main causes are the gradual decline in the purchasing power of families, the persistence of drought, repeated outbreaks of infection and certain poor eating habits.

5. Cape Verde has recorded no case of poliomyelitis since 1989. Cases of neonatal tetanus are gradually declining (13 in 1989, 6 in 1990 and 2 in 1991). Since the 1986-1987 epidemic, there have been no deaths from measles. In 1991, immunization coverage among children under 1 year of age was 97 per cent for tuberculosis, 88 per cent for the triple diphtheria/pertussis/tetanus vaccine, 87 per cent for poliomyelitis, 79 per cent for measles, and 74 per cent for one-year-old children who had received the full series of immunizations.

6. In 1993, the maternal mortality rate (MMR) was estimated by the Government to be 60 per 100,000 live births. That rate is lower than the most recent estimate by the United Nations, in 1980, which was 107 per 100,000 live births. The main causes of maternal mortality are directly attributable to obstetrical conditions and are indicative of inadequate care during delivery. This situation is aggravated in that 40 per cent of pregnant women suffer from anaemia.

7. In 1992, 55 cases of acquired immune deficiency syndrome (AIDS) were diagnosed; sexually transmitted diseases are a serious problem.

8. In 1991, 75 per cent of the urban population and 34 per cent of the population of rural areas had access, on average, to 34 and 12.5 litres of safe drinking water per day respectively, often at very high prices; children and women are particularly burdened by the chores of fetching and carrying water. Only 43 per cent of the urban population and 10 per cent of the rural population have sanitary sewage disposal facilities.

9. In 1990, the illiteracy rate was 30 per cent. No child development services are provided for children under three years of age. At the preschool level, 40 per cent of children between 4 and 6 years of age are covered, but the services provided are uneven. School enrolment was 91 per cent in 1990, with no disparities between boys and girls. However, the repetition rate was 18 per cent, and barely 28 per cent of pupils completed the full six-year basic cycle. About 80 per cent of teachers have received no specific training for their job.

10. Despite the absence of statistically reliable studies or data, it is recognized that a significant number of children live in especially difficult circumstances: street children, adolescent prostitutes, under-age child workers and institutionalized children and adolescents.

11. Despite the progress made since independence, women have still not been fully incorporated into society. Women play multiple roles: head of family (41 per cent), educator (60 per cent of teachers) and agricultural worker (36 per cent). Women are part of a very vulnerable group; they accounted for 37 per cent of the unemployed in 1990. Nearly 63 per cent of the women are illiterate and those over 25 years of age have not benefited from the universalization of basic education after independence.

Programme cooperation, 1990-1994

12. The programme of cooperation has been concerned with maternal and child health (MCH), the provision of safe drinking water, sanitation, access to primary education, the protection and integration of children at risk and the advancement of women. The main goal has been to bring about a significant reduction in IMR and juvenile mortality and MMR through increased and improved coverage of the health, nutritional and educational needs of children and women.

13. The strategies selected may be summarized as follows: (a) the consolidation and sustainment of gains; (b) concentration on priority interventions and areas, focusing on high-impact, low-cost measures. The programme of cooperation comprises three national programmes (health, primary education and the advancement of women) and two area-based programmes (child survival and development on the island of Santiago, and integrated development on the island of Santo Antão).

14. The mid-term review of the programme, in 1992, provided an opportunity to bring the objectives, goals and strategies of the country programme into line with the main guidelines of the third national development plan.

15. The MCH programme initially consisted of two components: primary health care (PHC), and the "Facts for Life" project, which was discontinued after the mid-term review because of lack of financing. The objectives set forth in the programme, in particular the improvement of the level of health and the promotion of community participation and intersectoral cooperation, have been pursued through the implementation of a number of activities such as the expansion and improvement of the network of services for prevention and treatment; the provision of more than one and a half million doses of vaccines, and the supply of essential medicines; and the provision of training and refresher courses for over 200 health workers.

16. In 1992, the Government set the reduction of U5MR from 44 in 1990 to 40 per 1,000 live births and of MMR from 60 to 40 per 100,000 live births and the reduction of the rate of severe and moderate malnutrition among children under 5 years of age (16 per cent in 1990) by 30 per cent as goals for 1995.

17. The water supply and sanitation project was designed to provide at least 20 litres of water per person per day to 12,000 inhabitants of Santiago and to increase the accessibility and coverage of water supply systems from 40 (1989) to 65 per cent on Santo Antão.

18. The Santiago programme was only partially implemented as a result of major changes in the agencies involved and also because of a delay in the provision of

counterpart funds. As for the Santo Antão programme, the percentage of the population with access to water increased from 10 to 52 per cent between 1986 and 1991 as a result of the construction of 35 water supply systems and approximately 300 cisterns to collect rain water and the introduction of ventilated pit latrines in rural areas. These improvements were made possible by the training of 40 basic technicians and 12 community leaders.

19. The objective of the basic education programme was to make primary education universally available and to enable children to acquire the attitudes, knowledge and skills necessary for their survival and development. The programme consisted of four projects: (a) preschool education; (b) primary education; (c) assistance to street children; and (d) literacy. The latter could not be implemented because of lack of financing.

20. The preschool education project was designed to provide coverage for 20,000 children. Between 1990 and 1993, it helped to train professionals in the sector and to provide supplies and teaching materials for the benefit of 13,000 children. The goal of the primary education project was to provide coverage for 24,400 pupils; under that project, between 1990 and 1992, 400 teachers were given refresher training courses and 15,400 pupils were provided with materials. The street children project was aimed at improving the level of services and reducing the number of marginalized children and adolescents. The activities carried out included the establishment of social welfare services and the provision of logistical and technical support.

21. The objective of the programme for the protection of women was to improve the living conditions of women with regard to water supply and sanitation, PHC and literacy. The programme helped 2,000 women to become literate and provided training for 450 teachers. It also provided support for the publication of a journal for newly literate people, an information bulletin and a weekly radio broadcast.

Lessons learned

22. The mid-term review in October 1992 showed that the overall objective of the programme of cooperation accorded with the Government's general development policy. It identified some constraints which needed to be overcome: (a) a lack of teamwork between the various sectoral programmes; (b) inadequate intersectoral coordination resulting in the overlapping of some activities; and (c) the chronic shortage of skilled personnel.

23. The mid-term review also called for a strengthening of national capacities through the training of human resources at the municipal level so that they could participate more fully in programme management and play an active role in strengthening the decentralization policy. Community participation and the strengthening of non-governmental organizations (NGOs) were recognized as important strategies in programme planning, management and evaluation. Emphasis was placed on the need to strengthen and further develop the technical assistance role of UNICEF, mainly in the area of basic education and assistance to children in especially difficult circumstances.

Recommended programme cooperation, 1995-1999 a/

Estimated annual expenditure

(In thousands of United States dollars)

	1995	1996	1997	1998	1999	Total
General resources						
Health and nutrition	220	220	220	220	220	1 100
Water and sanitation	200	200	200	200	200	1 000
Education	150	150	150	150	150	750
Children in especially difficult circumstances	65	65	65	65	65	325
Social mobilization	40	40	40	40	40	200
Programme support	75	75	75	75	75	375
Subtotal	750	750	750	750	750	3 750
Supplementary funding b/						
Health and nutrition	300	400	500	400	400	2 000
Water and sanitation	475	1 385	875	410	355	3 500
Education	150	300	250	200	100	1 000
Children in especially difficult circumstances	50	100	100	150	100	500
Social mobilization	50	100	150	150	50	500
Subtotal	1 025	2 285	1 875	1 310	1 005	7 500
Total	1 775	3 035	2 625	2 060	1 755	11 250

a/ A breakdown of estimated annual expenditure is provided in table 3.

b/ In addition, there are projects funded from supplementary funding, as indicated in table 3.

Aims, objectives and structure of the programme

24. In its third national development plan and its national programme of action, the Government, conscious of the need for a well-structured policy for promoting the welfare of children and women, took up the enormous challenge of attaining the objectives set by the World Summit for Children and by the World Conference on Education for All.

25. The main objectives of the programme are: (a) to help to improve the situation of children by enhancing the quality of social services, building national capacities, developing human resources and encouraging the participation of communities in the consolidation of the demographic process; and (b) to help to increase and enhance the participation of women in development by strengthening their role in production and by tackling the cultural elements which tend to devalue women and relegate them to a position of inferiority.

26. The programme of cooperation comprises five sectoral programmes: (a) health and nutrition; (b) water supply and sanitation; (c) education; (d) children in especially difficult circumstances; and (e) social mobilization.

Strategy of the programme of cooperation

27. The strategies identified are: (a) the strengthening of national capacities; (b) the participation of municipalities in all phases of the programme in order to promote decentralization, ensure the continuity of activities and minimize the costs of implementation; (c) community participation in the definition, planning and implementation of activities and the sharing of part of the costs of services; (d) intrasectoral and intersectoral coordination and inter-agency collaboration, including collaboration with NGOs; (e) the concentration of activities in the most disadvantaged geographical areas and the targeting of the most vulnerable groups; (f) the development of activities to promote the well-being of women by encouraging their participation in decision-making and by tackling discriminatory traditions; and (g) the consolidation of gains.

28. Priority target groups are the most disadvantaged women and children, especially malnourished children, children who are achieving poor results in school or who have no access to school, women heads of household and illiterate women, children and adolescents in institutions, street children, under-age workers and adolescent prostitutes.

29. The programme will focus its activities on Santiago, Santo Antão and São Vicente. Specific nutritional activities are planned for Fogo. This geographical coverage has been selected on the basis of the following criteria: (a) the existence of very unfavourable indicators; (b) an adequate capacity for action by the municipal authorities; and (c) the possibility of support from other United Nations agencies and NGOs.

Health and nutrition

30. The health programme comprises PHC and nutrition projects. The objectives of the PHC project are: (a) to contribute to the eradication of poliomyelitis; (b) to eliminate neo-natal tetanus, control measles and eliminate deaths from that disease; (c) to maintain the vaccination rate for infants under one year of age at nearly 100 per cent for tuberculosis and over 90 per cent for other antigens; (d) to reduce and maintain at 7 per 1,000 live births the mortality rate linked to diarrhoeal diseases in children under five years of age; (e) to reduce to 3 per 1,000 live births the mortality rate linked to ARI, as well as the perinatal mortality rate; (f) to reduce the incidence of early pregnancies;

and (g) to emphasize efforts to combat the scourge of AIDS and sexually transmitted diseases, and focus on women's health.

31. These objectives will be achieved through the development of micro-planning instruments and monitoring at the peripheral level, the supply of essential medicines and vaccines and essential material and equipment for the basic services, and through support for the national system for epidemiological monitoring and the monitoring of the indicators in the national programme of action.

32. The aims of the nutrition project are: (a) to reduce severe and moderate chronic malnutrition to 12 per cent and acute malnutrition to 3 per cent among children under five years of age; (b) to reduce to less than 10 per cent the proportion of children with low birth weight; (c) to reduce to 30 per cent the proportion of women suffering from anaemia; and (d) to promote the practice of exclusive breast-feeding (four to six months) and extended breast-feeding (two years). Vitamin A and iodine deficiency disorders, although not considered public health problems, will nevertheless be the subject of specific studies.

33. Project activities include training and technical support for the introduction of a system of information and community participation, the introduction of the "baby-friendly hospital" initiative in all the country's hospitals and health centres, and support for the strengthening of the nutritional surveillance system.

Water and sanitation

34. The water and sanitation programme comprises the two regional projects on the islands of Santo Antão and Santiago and the project for the monitoring of the water supply and sanitation sector at the national level. The aim of the Santo Antão project is to improve access to drinking water from 75 per cent to 90 per cent and access to proper sanitation from 20 to 40 per cent. The Santiago project will help to supply drinking water to 22,000 persons and to provide access to sewage disposal systems for 15,000 persons.

35. Activities under the Santiago and Santo Antão projects include: (a) the protection of water sources and the construction of gravity water supply systems; (b) the domestic collection of rain water; (c) the protection of water supply sources and/or wells and the use of renewable sources of energy to pump water; (d) the expansion of the public water-supply network or the development of small-scale local systems; (e) the construction of ventilated twin-pit dry latrines; and (f) the provision of technical support and low-cost equipment to improve the management of solid wastes. The activities planned under the follow-up project in this sector are support for the training of managerial personnel and for the computerization of the system for the monitoring of water resources and for the preparation of an inventory thereof; support for the establishment of monitoring structures at the national and municipal levels; and support for the carrying out of studies on the costs and price of drinking water.

Education

36. The education programme comprises a development project covering children from birth to six years of age and a basic education project. The objective of the child development project is to consolidate the services provided to children benefiting under the project. The two main focuses of the project are coverage of children under four years of age using alternative approaches, and coverage of children from four to six years of age.

37. Activities under the child development project covering children from birth to six years of age include the identification and development of alternative forms of coverage for children from birth to three years of age; technical support for the elaboration of a preschool policy; and annual training and refresher courses for professionals in the sector, from which 37,500 children benefit.

38. The objective of the basic education project is to support the extension of compulsory schooling from four to six years, while maintaining a rate of school attendance of 90 per cent. The main activities are aimed at providing refresher training courses for 600 teachers and 15 school principals, equipping 100 canteens and providing materials for 100 schools with a total enrolment of 30,000 pupils.

Children in especially difficult circumstances

39. This programme is aimed at institutionalized children and adolescents, street children, adolescent prostitutes and under-age workers. It comprises an action and research project and a project aimed at promoting social integration.

40. The former project should help to promote better awareness of the situation through the creation of a system for monitoring the children and adolescents targeted and the development of human resources. The social integration project is aimed at building national capacities in this sector through the strengthening of NGOs and literacy centres; the training of specialists and the provision of support for vocational training; and the development of income-generating activities for young people between 15 and 18 years of age.

Social mobilization

41. This programme consists of support for sectoral programmes and the promotion and defence of the rights of children and women. The aim of the former project is to help to change the attitudes and behaviour of the population towards the problems of children and women and to expand the utilization of social services. The purpose of the second project is to promote the defence and rights of children and women; to contribute to the implementation of the national programme of action and of legislation, in accordance with the Convention on the Rights of the Child and the international Convention on the Elimination of All Forms of Discrimination against Women; and to mobilize financial resources for the implementation of the national programme of action.

42. Activities under the action and research project include the definition of the social mobilization component of sectoral programmes; the training of communications technicians and field personnel; support for radio links through the provision of equipment and training; and studies on the impact of skills, attitudes and practices. The social integration project provides support for the establishment of an intersectoral committee for the elaboration, implementation, monitoring and evaluation of the national programme of action; the establishment of parliamentary groups, 15 municipal councils and community groups for the defence of the rights of children and women; the mobilization of financial resources for the implementation of the national programme of action; the production and dissemination of informational and educational programmes and of audio-visual and printed material, and technical support for NGOs involved in promoting and defending the rights of children and women.

Support for the programme of cooperation

43. This involves general support for activities under the programme, to cover the salaries of the UNICEF management, finance and supply staff, and the costs of managing and distributing the material and equipment required for programme implementation.

Monitoring and evaluation

44. A system for monitoring the sectoral objectives will be established by the Government with the support of UNICEF and will be the subject of an annual report. Annual follow-up meetings will be held between the Government and UNICEF. In addition, a mid-term review will take place in the second half of 1997. Periodic evaluations of inputs, constraints, results, coverage and programme impact might be conducted jointly by the Government and UNICEF with, if necessary, the participation of other national and international partners.

Management of the programme of cooperation

45. The implementation of the programme remains the responsibility of the Government. With the Government's agreement, certain projects will be executed by municipalities or by national or international NGOs. The programme will be managed jointly by the Government and UNICEF, each being responsible for managing its own funds contributed to the programme. United Nations agencies and other partners could provide technical assistance to the various components of the programme.

Coordination with other agencies

46. The programme of cooperation relies on the participation of the organizations in the United Nations system and of national and international NGOs. Close cooperation will be maintained with the United Nations Development Programme (UNDP), the World Health Organization (WHO), the World Food Programme (WFP), the Food and Agriculture Organization of the United Nations (FAO), the United Nations Capital Development Fund and the United Nations Population Fund (UNFPA). Coordination with the World Bank and with the United Nations Educational, Scientific and Cultural Organization (UNESCO) will be essential to the success of the basic education programme. Assistance is expected from UNDP

and from the International Labour Organization (ILO) for the programme for children in especially difficult circumstances. The United Nations organizations will participate in the monitoring and implementation of activities aimed at achieving the objectives and sectoral aims of the World Summit for Children and those of the International Conference on Assistance to African Children.

II. EQUATORIAL GUINEA

Basic data (1992 unless otherwise stated)

Child population (thousands, 0-15 years)	166
Under-five mortality rate (per 1,000 live births)	182
Infant mortality rate (per 1,000 live births)	118
Underweight (per cent moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1987)	430
Literacy (per cent male/female) (1990)	64/37
Primary school enrolment (per cent net, male/female)	..
Percentage of grade 1 reaching grade 4 (1985)	15
Access to safe water (per cent) (1991)	35
Access to health services (per cent) (1985)	9
Gross national product per capita (1991)	$330

One-year-olds fully immunized against:

tuberculosis:	90 per cent
diphtheria/pertussis/tetanus:	71 per cent
measles:	66 per cent
poliomyelitis:	71 per cent

Pregnant women immunized against tetanus: 83 per cent

The situation of children and women

47. Following independence in 1968 until the change of Government in 1979, Equatorial Guinea suffered from a paralysed economy. Because most of the population lacked access to basic health, education and social welfare services, many of them left the country.

48. Per capita annual income, estimated at $270, continues to be among the lowest in Africa. Only 10 per cent of the eligible population are formally employed, with the rest engaged in subsistence farming or petty trade. About 50 per cent of families live in extreme poverty.

49. According to a recent government survey, the infant mortality rate (IMR) is estimated at 95 per 1,000 live births, which is lower than the current United Nations estimate of 118. The U5MR is estimated at 182 per 1,000 live births. Malaria, ARI, diarrhoeal dehydration and anaemia are among the leading causes of infant and under-five mortality. A recent government estimate puts the maternal mortality rate (MMR) at 400 per 100,000 live births as compared to the United Nations estimate of 430. Toxaemia of pregnancy, haemorrhage and infections related to pregnancy and childbirth are the main causes of the high MMR.

50. Primary education covers only 55 per cent of children between ages 7 and 14 years. There are high repetition and drop-out rates, and many children enrol

late. Of those children completing primary education, the ratio of girls to boys is 1 to 3, while for those completing secondary education, it is 1 to 55. The illiteracy rate varies between 50 and 70 per cent. Preschool education only covers 10 per cent of eligible children.

51. About 65 per cent of the population lacks access to safe drinking water, a figure that increases to over 80 per cent in rural areas. More than 80 per cent of rural dwellings lack basic sanitation systems; in urban areas, 50 per cent of the population have no such systems.

52. The living conditions of women are particularly unfavourable, with early marriage and child-bearing. Women must produce food, nurture their children, fetch and carry water and sell products in the market in order to improve household incomes. In urban areas, some women have more than one job. However, the participation of women in community decision-making and in national development is marginal. There are relatively few services for mothers and children. For example, only 50 per cent of births take place in health units and prenatal care covers no more than 30 per cent of pregnant women.

53. Despite adverse economic and social conditions, the country is making serious efforts to overcome its difficulties and there have been improvements in some social indicators: U5MR was reduced from 208 per 1,000 live births in 1990 to 182 in 1992; morbidity and mortality caused by measles, diarrhoea and diarrhoeal dehydration have been reduced sharply; almost 80 per cent of children are fully immunized; deaths from measles and neonatal tetanus have been practically eliminated; and primary school enrolment has increased from 40,000 in 1980 to 66,000 in 1990. Moreover, Equatorial Guinea has signed the World Summit for Children Declaration, acceded to the Convention on the Rights of the Child in June 1992 and prepared a national programme of action for children covering the period 1992-2000, which was endorsed by the President in October 1992.

Programme cooperation, 1991-1993

54. The past programme of cooperation was approved for the period 1991-1995 in the amount of $2,500,000 from general resources (E/ICEF/1991/P/L.20). However, with the authorized increase in annual expenditure from $500,000 to $750,000 beginning with 1991, the funds provided for five years were utilized over a three-year period. Thus, the objectives of some of the components (immunization and preschool education) of the country programme were achieved before the end of the period. Consequently, the proposed programme for the period 1994-1998 was prepared.

55. In health, implementation of the Bamako Initiative strategy was begun. The percentage of infants fully immunized increased from 30 per cent in 1989 to almost 80 per cent in 1993. The vaccination of pregnant women with two doses of tetanus vaccine (TT2) was also high at 95 per cent in 1993, up from 40 per cent in 1989. Cases of measles decreased from 15,000 in 1988 to 250 by the end of 1992, and deaths from measles, which in 1988 numbered in the hundreds, amounted to only three in 1993.

56. The current oral rehydration therapy (ORT) use rate is estimated at 40 per cent. Thus, a strong initiative will be needed to achieve the mid-decade goal of 80 per cent use of ORT.

57. Community-level diagnosis and treatment of malarial fever in children under five years old increased in 1993 to almost 50 per cent of the cases. The coverage of chemical prophylaxis administered to pregnant women also increased significantly. With centres established in 1991 for the impregnation and sale of mosquito nets, their use is increasing rapidly.

58. Similarly, 40 communities of the continental region were provided with drinking water through the installation of 13 hand-pump wells and the protection of 36 water fountains serving 14,000 rural inhabitants. Two hundred and fifty demonstration latrines were installed in communal locations (schools, health posts, meeting places) and related health, hygiene and nutrition education activities were carried out.

59. Health education, as well communication and social mobilization activities in support of the health activities, reached an unprecedented level nationwide. Local production of graphic printed material for the education of mothers and dissemination through the mass media of educational messages in Spanish, the official language, as well as in local languages, promoted immunization, exclusive breast-feeding, use of oral rehydration salts (ORS), use of mosquito nets and safe water management.

60. Thirty-eight rural women's associations comprising 564 women were provided with technical assistance and received training and credit in the form of tools and seeds to improve the production and marketing of agricultural products. Nutrition and hygiene education also were carried out to help women to improve their production, preparation and use of foods.

61. An innovative programme of non-formal, preschool education for the development of young children was consolidated and then expanded. From 1990 to 1993, 127 rural preschool education classes covered 4,500 children, with strong community participation and management. The "centre for preschool education" also serves as a community centre where adult education can be promoted and supported.

62. In all these achievements, capacity-building has enabled concerned ministries, mainly the health and education sectors, to define, implement, follow up and evaluate their annual plans of operations with increasing capabilities.

Lessons learned

63. Community participation and empowerment were essential elements in achieving the programme objectives. With the introduction of micro-planning, it was possible to achieve or even surpass the objectives of the cooperation. Communication and social mobilization also played a vital, catalytic role in generating the participation of key groups. Appropriate choices of the available communications technology, the organizations to be supported and the

trained personnel assigned to the programmes, were vital for successful capacity-building, social mobilization and programme delivery.

Recommended programme cooperation, 1994-1998

Estimated annual expenditure

(In thousands of United States dollars)

	1994	1995	1996	1997	1998	Total
General resources						
Primary health care	276	276	245	245	186	1 228
Early physical and intellectual development of the child	120	120	130	130	150	650
Support for women	90	160	160	160	160	730
Rural water supply and sanitation	50	60	80	80	100	370
Communication and social mobilization	164	69	70	70	74	447
Programme support	50	65	65	65	80	325
Subtotal	750	750	750	750	750	3 750
Supplementary funding						
Primary health care	412	362	297	287	281	1 639
Early physical and intellectual development of the child	40	40	40	40	40	200
Support for women	45	45	45	45	40	220
Rural water supply and sanitation	350	350	350	300	280	1 630
Communication and social mobilization	48	58	63	73	69	311
Subtotal	895	855	795	745	710	4 000
Total	1 645	1 605	1 545	1 495	1 460	7 750

Programme objectives

64. The objectives of the proposed programme of cooperation are (a) to reduce IMR from 95 per 1,000 live births to 80; (b) to reduce U5MR from 182 per 1,000 live births to 165, if current trends continue; (c) to reduce MMR from 400 per 100,000 live births to 250; (d) to expand access to drinking water and environmental sanitation in the continental region to 55 per cent of the rural

population, about 117,000 people; (e) to expand coverage of activities for early physical and intellectual development and growth promotion for children under six years old, to reach 16,500 children from three to six years of age and 26,000 children under three years of age; (f) to assist 3,500 women in family food production, marketing, organization and training; and (g) to strengthen the managerial capacity of the Ministry for the Advancement of the Status of Women and Social Affairs to improve coordination of efforts.

Programme strategies

65. The programme strategies aim to (a) promote the participation of community organizations in programming, implementation, management, monitoring and evaluation of activities; (b) develop communication and social mobilization activities to facilitate the participation of government technicians, "political circles", NGOs, donor agencies, private organizations and communications media; (c) improve intrasectoral and intersectoral coordination capacity to strengthen the combined results or synergism of programme activities; (d) encourage harmonization of programmes with those supported by other donor agencies; and (e) promote the use of simple and appropriate technologies as a more effective strategy for capacity-building and sustainability.

Programme structure

66. Four interlinked programme areas will contribute towards reaching the objectives of the country programme by 1998: (a) strengthening PHC; (b) early physical and intellectual stimulation of the young child; (c) enhancement of women's capacity; and (d) development of rural drinking water and sanitation.

67. Primary health care. The priority objective of the Ministry of Health is to establish and promote relevant PHC activities, with the major focus of the programme on the education of families; prevention of major health problems; and the provision of PHC services, including the supply of essential drugs, the promotion of improved nutrition and access to basic sanitation and hygiene.

68. Immunization coverage will expand through 33 fixed vaccination posts using an outreach strategy. The objectives of the immunization activities are (a) to achieve and sustain at least 80 per cent coverage for infants with anti-tuberculosis vaccine, three doses of oral polio vaccine (OPV3), three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) and measles vaccine; (b) to achieve and sustain 95 per cent coverage of pregnant women with TT2; (c) to achieve 95 per cent coverage of women of child-bearing age with tetanus toxoid; (d) to eliminate neonatal tetanus by 1995; (e) to eliminate polio by 1995; and (f) to eliminate deaths caused by measles in 1995.

69. The control of diarrhoeal diseases and the promotion of ORT will continue to rely primarily on home management of diarrhoea cases. However, for more serious cases, referral to health centres will be promoted. All centres will have "ORT corners". In addition, distribution of ORS will be expanded through community self-management and financing. Simultaneously, the proper use of water and hygienic habits will be promoted at the community level. Likewise, improvements in child nutrition, mainly through the promotion of exclusive breast-feeding for infants from 0 to 4 months of age and prolonged

breast-feeding combined with appropriate supplemental foods, also will be priorities. The aim of these actions is to reduce mortality by 25 per cent among children under five years old as recorded by hospitals and clinics, and also to reduce morbidity rates by 25 per cent.

70. The main objective of ARI control activities will be to reduce under-five mortality due to ARI by 30 per cent. More emphasis will be placed on adequate treatment of ARI cases at health facilities; educating parents on the prevention and care of ARI; improving nutrition in children under five years old, including good nursing habits; and maintaining vaccination coverage rates above 80 per cent for infants.

71. Malaria control objectives are to reduce mortality of children under five years old by 25 per cent and to reduce the incidence of malaria in pregnant women. Activities will continue to focus on prevention and providing early and adequate treatment at the community level; ensuring the adequate handling of malaria cases at health facilities; providing chemoprophylaxis for malaria control to all pregnant women; and improving community-level knowledge, attitudes and practices related to malaria control. Towards this end, the use of impregnated bednets will continue to be promoted.

72. Maternal health and nutrition activities seek to (a) reduce MMR to 250 per 100,000 live births; reduce low birth weight cases to less than 10 per cent; (b) reduce protein-calorie malnutrition in children under five years of age by 25 per cent; (c) reduce disorders caused by micronutrient deficiencies, particularly vitamin A, iodine and iron; (d) maintain high breast-feeding indices; and (e) achieve exclusive breast-feeding through the first four months. Towards these ends, prenatal care of pregnant women will be expanded and strengthened to include supplements of ferrous sulphate, folic acid and malaria chemoprophylaxis. In addition, hospitalization will be provided for high-risk births, and trained traditional birth attendants will be incorporated into the national health system as a capacity-building strategy. The dissemination of information aimed at improving community attitudes and practices towards safe births and the spacing of births also will be expanded. In addition, coverage will be expanded for growth monitoring of children under five years, with a stronger emphasis on improving parental knowledge, attitudes and practices related to child nutrition, particularly the female child, and also for pregnant women. National policies will be promoted to ensure the availability and access to essential drugs to at least 80 per cent of the population by 1998.

73. Early physical and intellectual development of the child. Launched in 1990 to meet the development needs of rural children between the ages of three and six years, the non-formal, preschool education programme will extend the outreach of its services from 4,500 children (14 per cent) in 67 communities to 16,500 (46 per cent) by bringing 300 new communities into the programme. The centre further provides a place of learning for the parents in nutrition education, food preparation, hygiene, preventive health and community development.

74. In 1994, it is proposed to develop community-level actions for the physical and intellectual stimulation of 25,000 children under the age of three years by educating their mothers. Strategies will continue to focus on increasing the

capacities of community organizations to provide services for children using simple teaching techniques, and these organizations also will provide training and assistance to community leaders to ensure programme sustainability.

75. Support for women. The majority of women engage in food production on farms and in trading agricultural surpluses. Since 1991, experience has shown that technical support and credit, as well as training of women's groups, have increased women's incomes, and helped them to acquire and use skills that facilitate their work and raise their productivity. As a result, 3,400 women will be organized into 200 groups to engage in the production and marketing of farming and animal husbandry products. In addition, they will be encouraged to participate in literacy, numeracy and basic accounting, hygiene, nutrition and environment management activities to make them more self-sufficient.

76. Assistance through the Ministry for the Advancement of the Status of Women and Social Affairs will help to establish a technical group with expertise in the assessment of the situation of women and women's participation in the development process. The Ministry's capacity to train technicians and personnel from other ministries also will be enhanced.

77. Rural water supply and sanitation. The objective of this programme is to provide drinking water and basic sanitation to 117,000 people in the continental region (55 per cent of the rural population) by building 90 wells equipped with hand-pumps, establishing 200 protected springs and building 1,000 ventilated pit latrines to be installed on communal premises. These facilities will serve as models for replication by other communities.

78. Communication and social mobilization. Communication and social mobilization strategies in support of the programme will give priority to achievement of the national programme of action goals and implementation of the Convention on the Rights of the Child. Mass media, e.g., radio, and television, will continue to be principal channels for reaching all communities with messages in Spanish and in local languages. A major effort will be made better to identify priority audiences and more effective messages to stimulate their support of programmes.

79. Monitoring and evaluation. Monitoring and evaluation plans are integral parts of all programmes and involve the participation of relevant actors. Inputs, services provided and programme impact will be monitored and evaluated at each administrative level, using appropriate indicators.

Coordination with other agencies

80. Coordination with UNDP, WHO, FAO and WFP was highly effective in the preparation of the NPA. UNICEF works with WHO in the implementation of the Bamako Initiative, malaria control, control of AIDS and basic sanitation; with WFP in child development, particularly in the provision of food to preschool centres, and other nutritional improvements; with FAO in support of women in agricultural production, the organization of rural women and the use of appropriate technologies and environmental management; and with UNDP in drinking water supply and sanitation in rural areas and for the establishment of a joint strategy of cooperation between the United Nations system and the country. The

partnership between UNICEF and NGOs is very important in promoting child survival, protection and development.

III. GUINEA-BISSAU

Basic data (1992 unless otherwise stated)

Child population (thousands, 0-15 years)	436
Under-five mortality rate (per 1,000 live births)	239
Infant mortality rate (per 1,000 live births)	141
Underweight (per cent moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1986)	700
Literacy (per cent male/female) (1990)	50/24
Primary school enrolment (per cent net, male/female) (1988)	58/32
Percentage of grade 1 reaching grade 4 (1988)	8
Access to safe water (per cent) (1991)	41
Access to health services (per cent)	..
Gross national product per capita (1991)	$180

One-year-olds fully immunized against:

tuberculosis:	100 per cent
diphtheria/pertussis/tetanus:	66 per cent
measles:	60 per cent
poliomyelitis:	65 per cent

Pregnant women immunized against tetanus: 35 per cent

The situation of children and women

81. Guinea-Bissau ranks among the 10 poorest countries in the world. In 1991, the gross domestic product was estimated at $200 per capita. After five years and two structural adjustment programmes (SAPs), the macroeconomic indicators show an increasing dependence on external assistance. Rapid inflation, heavy balance of payments and government budget deficits, a credit squeeze and a lack of qualified human resources (with few professionals and poorly trained middle- and lower-level workers), are serious problems.

82. The population (approximately 1.1 million) is very young (50 per cent under 15 years of age and 16.3 per cent under five years of age) and mostly rural (about 80 per cent). Owing to rural-urban migration, the rural population is expected to decrease by 55 per cent by the year 2000. The country has over 20 ethnic groups, Balanta and Fula being the largest 2, and 8 main languages.

83. IMR is one of the highest in the world, estimated in 1992 at 141 per 1,000 live births. The real rate is probably higher, but it cannot be determined for lack of accurate data, incomplete registration of births and deaths, and measles epidemics that still occur every two years. One child in four dies before reaching the age of five years. Diarrhoea, malaria, ARI, measles and malnutrition-related diseases are responsible for 70 per cent of the deaths of children under five years of age. Neonatal tetanus is responsible for

30 per cent of perinatal deaths. It is estimated that only 40 per cent of the population has access to health services.

84. Children are breast-fed for up to two, and often three, years. A national survey in 1988 revealed that moderate and severe malnutrition affect 40 per cent of children under five years of age, with significant regional variations.

85. Primary education enrolment shows a regressive trend, falling from 59 to 40 per cent between 1980 and 1990. Only 8 per cent of children complete six years of primary education. Girls' enrolment in basic education is much lower than that of boys (28 and 51 per cent, respectively), with significant disparities between regions. In 1993, the system was able to accommodate only 95,000 of a total of 213,000 school-age children owing to a lack of infrastructure and a shortage of teachers. Secondary school enrolment is among the lowest in Africa at about 4 per cent, of which only one third were girls. The drop-out rate was 15 per cent in 1989.

86. Adult literacy is about 36 per cent, 50 per cent for men and only 24 per cent for women. However, it is estimated that only 10 per cent of the population read and write Portuguese fluently (the official language of the country). Only 23 per cent of the teachers are professionally qualified.

87. Access to safe drinking water in rural areas was estimated at only 47 per cent in 1992. Only 18 per cent of the rural population and 30 per cent of the urban population have access to sanitary facilities. Water-borne diseases continue to cause a large number of deaths, especially among children.

88. Accurate and reliable data on children in especially difficult circumstances are lacking. However, the number of street children is increasing, and child delinquency, child prostitution and alcoholism are on the rise. Some cases of infanticide have been reported.

89. Women constitute 56 per cent of the population. According to Guinea-Bissau's Constitution, men and women have equal rights, but in practice women have few real rights over resources despite their central role in agricultural production and trade. The main causes of maternal deaths are delivery-related complications often due to early pregnancy, premature delivery and inadequate birth spacing. These causes are often aggravated by anaemia and malaria. The main risk factors are lack of prenatal care, precarious delivery conditions, illiteracy, sexual mutilation and sexually transmitted diseases. Only 27 per cent of women giving birth are attended by trained health personnel.

90. Infection with the strain of the human immunodeficiency virus known as HIV-II among those over 15 years of age is high and growing, from 8.9 per cent in 1987 to 10.6 per cent in 1992, placing Guinea-Bissau among the countries at highest risk in West Africa. In 1991, 165 cases of AIDS (HIV-II) were reported. There is little difference in HIV-I infection between the sexes and ethnic groups, but it is rising, especially among males.

Programme cooperation, 1989-1993

91. The past programme of cooperation encompassed four programme areas: (a) strengthening of PHC, including maternal and child health (MCH), immunization and essential drugs; (b) water supply and sanitation; (c) social communication; and (d) planning, monitoring and evaluation.

Strengthening primary health care

92. The expanded programme on immunization (EPI), the backbone of the health programme, made significant progress in mobilizing communities to utilize vaccination services. The fully immunized infant population rose from 34 per cent in 1988 to 60 per cent in 1992. The cold chain has been reinforced; the supply vaccines, fuel and equipment have been improved; and storage, distribution and control systems have been strengthened. In 1992, immunization coverage for DPT3 and OPV3 for infants up to the age of 11 months reached 66 per cent. Coverage for women of child-bearing age for TT2 increased from 22 per cent in 1988 to 35 per cent in 1992.

93. UNICEF assisted the essential drugs programme in management, logistics and supply of drugs needed to cover 75 per cent of the population. The project introduced a standardized system for treatment and prescription ("ordinogrammes"), using WHO methods. At present, the central warehouse has good management and stock control systems. Beginning in 1992, the MCH and essential drugs components were integrated into one programme to strengthen PHC through the Bamako Initiative strategy.

Water supply and sanitation

94. UNICEF cooperation to the water supply and sanitation sector supported two projects. The first, rural sanitation in the Eastern Province, covered the Gabù and Bafatà regions, but suffered from a lack of supplementary funding for three consecutive years, thus limiting its activities in health and hygiene for approximately 50,000 people. Information on appropriate water utilization practices and proper treatment and CDD was disseminated through social mobilization activities.

95. The second project, the training of well-diggers and construction of wells and latrines in the Northern Province, was implemented in the São Domingos and Bigene regions. Currently in its fourth and last phase of implementation, 286 wells were constructed benefiting 34,000 persons, and a total of 75 well-diggers were trained. Fourth phase activities focus on building a hydraulic training centre in São Domingos that will be upgraded to a national training centre.

Social communication

96. This programme began as a component of the health programme in support of universal child immunization. A mass communication strategy was developed to help to increase immunization coverage. Periodic radio and television programmes broadcast messages about child survival and development and the rights of the child and promoted the participation of women. A weekly

publication, O Comunitário, has spread messages to promote the well-being of children and women and reaches 2,500 readers.

Planning, monitoring and evaluation

97. Training in planning and programming constituted vital elements of this programme, through which the preparation of an NPA was undertaken. Forty government employees in the social planning sector were trained.

Lessons learned

98. A mid-term review carried out in July 1991 concluded that while the strategies implemented in addressing the problems of the health, water supply and social communication sectors were adequate, the 1989 situation analysis had underestimated the serious effects that structural adjustment would have, such as severe reductions in public expenditure that further weakened management and implementation capacity and increased demand among the population for better social services and a more equitable distribution of national resources. The mid-term review recommended that: (a) children and women be placed at the centre of social and economic policies; (b) the management of programmes and projects be improved for better use of resources; (c) the information system and the use of data be improved; (d) a process towards increased sustainability through co-financing and cost recovery mechanisms be promoted; and (e) more attention be given to the education sector, particularly to the education of girls to reduce prevailing gender gaps.

Recommended programme cooperation, 1994-1997

Estimated annual expenditure

(In thousands of United States dollars)

	1994	1995	1996	1997	Total
General resources					
Health	300	300	300	300	1 200
Basic education	240	250	300	400	1 190
Water supply and sanitation	100	100	100	100	400
Advocacy and social mobilization	80	80	80	80	320
Planning, monitoring and evaluation	50	50	50	50	200
Programme support	80	170	120	70	440
Subtotal	850	950	950	1 000	3 750

	1994	1995	1996	1997	Total
Supplementary funding					
Health	650	650	650	650	2 600
Basic education	280	280	280	280	1 120
Water supply and sanitation	700	500	500	500	2 200
Advocacy and social mobilization	50	50	50	50	200
Planning, monitoring and evaluation	20	20	20	20	80
Subtotal	1 700	1 500	1 500	1 500	6 200
Total	2 550	2 450	2 450	2 500	9 950

99. The proposed country programme has involved a close partnership between the Government, United Nations agencies and UNICEF. The four-year cycle will allow for the harmonization of the programme cycles of UNDP, UNFPA and UNICEF.

100. Adopted in 1992 in response to the World Summit for Children and covering the period 1993-2000, Guinea-Bissau's national programmes of action provides the framework for the pursuit of the goals and objectives set out in the proposed country programme. It supports the attainment of the mid-decade goals proposed by the Consensus of Dakar; implementation of the Convention on the Rights of the Child, ratified by Guinea-Bissau in August 1990; and the recommendations of the World Conference on Education for All. It also takes into consideration the recommendations of the multi-donor evaluation of UNICEF (E/ICEF/1993/CRP.7).

101. The new country programme also takes into consideration the following government priorities: (a) to reinforce, on a sustainable basis, the national public health system, particularly PHC; (b) to improve the quality of health, education and water supply services; and (c) to seek alternatives for basic community-level education in order to increase access to primary education, particularly for girls, and to raise the literacy rate of women. It aims to (a) ensure the survival of children and women, thus contributing to a reduction in child and maternal mortality; (b) improve living conditions through education, protection and the development of children and women; and (c) strengthen the capacity of institutions and communities to ensure maximum utilization of available services and resources.

Programme strategies

102. Programme strategies include (a) nationwide coverage of selected interventions to achieve the mid-decade goals, with a regional focus where wider coverage for underserved communities has been achieved; (b) promotion of actions in both rural and urban areas through various sectoral services; (c) consolidation of previous UNICEF-supported programmes; (d) promotion of more cost-effective and low-cost local initiatives; (e) reinforcement of government and community capacities through training, technical assistance and support to management, monitoring and control; (f) decentralization of activities through intersectoral collaboration at the local level; (g) use of social mobilization

and mass communication to disseminate messages and knowledge to promote changes in the living conditions of children and women and of information, education and communication (IEC) techniques to encourage community participation, especially in the comanagement and cofinancing of basic services; and (h) harmonization of programming cycles with other United Nations agencies, promotion and reinforcement of United Nations joint strategies and strengthening of cooperation in programming, monitoring and evaluation.

Programme structure and objectives

103. The 1994-1997 country programme comprises three priority areas of cooperation: health; water supply and environmental sanitation; and basic education. These are reinforced by two cross-sectoral support programmes: advocacy and social mobilization; and planning, monitoring and evaluation.

104. Strengthening primary health care. PHC will be strengthened through integrating EPI, MCH and essential drugs into one programme with phased-in nationwide promotion and implementation of the Bamako Initiative strategy. This programme seeks to:

(a) Increase access to PHC to 80 per cent of the population, emphasizing preventive care and health education, and establish a government/community cost-sharing system at the health centre level to revitalize existing structures. Particular attention will be given to training, increasing access to and the quality of services, monitoring and supervision;

(b) Expand and sustain the availability, utilization and rational management of essential drugs and supplies in 90 per cent of the health centres through the establishment of a co-financing and co-management system;

(c) Reinforce and expand immunization activities at all health centres to expedite achievement of the mid-term goals.

105. A total of 131 health centres will be revitalized through the Bamako Initiative. The programme will start with interventions in three regions and then expand to cover the entire country by 1997. The development of immunization activities at the national level will continue. Vitamin A deficiency will receive particular attention in locations where it has been identified, while universal salt iodization will be pursued.

106. Along with FAO and WHO, UNICEF will support the development of a national food and nutrition plan of action to achieve priority food and nutrition goals for the 1990s and assist in the development of a nutrition surveillance system. Growth monitoring, nutrition education, the prevention of nutritional deficiency disorders and exclusive breast-feeding for the first four months will be promoted.

107. Basic education. This programme seeks to increase access to primary education from 40 to 50 per cent, adult literacy from 32 to 46 per cent and preschool coverage from 1 to 5 per cent. Particular attention will be paid to preschool education through the training of mothers and girls and support to

local initiatives as alternatives to formal basic education and to adult education, for girls and women in particular.

108. Coverage of early childhood care and development skills among mothers and girls through supporting low-cost community initiatives will be promoted and extended. The aim is to promote the integral development of the child in his or her socio-cultural environment, increase primary education enrolment and completion and reduce gender disparities through combining formal primary education with community and religious efforts not yet recognized by the formal system.

109. Adult education methodologies will be developed to increase community awareness and involvement in the management and financing of basic services. Research on the education of girls and women will be carried out to develop approaches that help to stimulate education for girls and promote activities to reduce illiteracy among women. Adult education will be promoted to increase literacy in areas where the Bamako Initiative is implemented.

110. Water supply and sanitation. This programme seeks to (a) increase access to potable water from 47 to 85 per cent and access to sanitation facilities from 18 to 50 per cent in the Cacheu, Oio and Gabú regions; (b) expand the hydraulic training centre in São Domingos; (c) contribute towards the maintenance and correct use of existing water supply and sanitation facilities; and (d) strengthen national capacities in planning, management and monitoring of goals in the context of the Water Master Plan for the Decade.

111. The programme comprises two projects: expansion of activities at the São Domingos Hydraulic Training Centre; and support to the Extension Department of the Ministry for Natural Resources and monitoring of the Water Master Plan for the Decade. The São Domingos project will continue ongoing efforts to maintain and expand the number of wells to increase water supply coverage from 60 to 85 per cent. Special attention will be given to monitoring the correct utilization of the water supply and ensuring community involvement, particularly of women, in the maintenance, control and utilization of the existing water points. Technical assistance will be provided to train the well-diggers team with the aim of reducing the cost of well construction.

112. UNICEF support for the Extension Department and for monitoring of the Water Master Plan for the Decade will seek to increase community participation and improve the maintenance, control and use of water and sanitation facilities. Training, reinforced by the production of appropriate teaching materials, will be provided.

113. Advocacy and social mobilization. This programme aims to (a) promote society-wide compliance with the Convention on the Rights of the Child and implementation of the national programmes of action through advocacy and mobilization of the society's resources; and (b) contribute towards positive, sustainable changes in community behaviour and practices so that there is greater and more effective use of basic services through community participation and the empowerment of women.

114. The programme encompasses advocacy and social communication in support of the sectoral programmes. The participation of NGOs, leaders, the private sector, churches, donors, artists and intellectuals in the achievement of the mid-decade goals through the implementation of the national programme of action will be promoted. Communities benefiting from Government-UNICEF cooperation will have social communication activities with wide outreach, particularly for women, through proven informal channels of communication.

115. The programme also will contribute to the formulation of a national communication strategy for cost-effective approaches to IEC activities nationwide. Particular attention will be given to upgrading the mass media through training and technical assistance in the production of audio-visual and promotional materials using Facts for Life messages.

116. Planning, monitoring and evaluation. The objectives of this programme are (a) to strengthen capacities in planning, data gathering and analysis at all levels for cost-effective monitoring and evaluation of the NPA and its decade goals; and (b) to improve data collection for the ongoing analysis of the situation of women and children, particularly of children in especially difficult circumstances, and of gender disparities and the urban poor.

117. The above objectives will be achieved through (a) training in programming, monitoring and evaluation to reach the mid-decade goals, as well as the implementation of the Convention on the Rights of the Child; and (b) establishing a database on children and women by reinforcing the capacities of existing national institutions in collecting, analysing, disseminating and using information.

118. The programme also will facilitate data collection and analysis to improve project management and control by strengthening existing systems and coordinating mechanisms, particularly at the community level, and to expand community involvement, particularly of women, in management and control. Logistical support also will be provided.

Collaboration with other agencies

119. Coordination and collaboration among donor agencies is helping to make progress towards social development goals, including those of the national programmes of action. More systematic exchange of information and joint consultations will be a priority in order to prevent duplication of efforts.

120. Various components of UNICEF cooperation complement those of other United Nations agencies, such as UNDP, UNFPA, FAO, the United Nations High Commissioner for Refugees, UNESCO and WFP. In addition, the World Bank provides financial and technical support for health staff training, IEC projects, water supply and sanitation and the social dimension of structural adjustment. The African Development Bank is promoting an enhanced quality of primary education, upgrading teacher education and reinforcing national capacities in programme planning and management.

121. Currently, the Governments of Denmark, France, the Netherlands, Portugal and Sweden and the European Community support programmes in health, education, water supply and sanitation, women in development and community and rural development. National and international NGOs and religious and community groups participate in various development projects.
