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**1975
UNICEF
REPORT**

Meeting Children's Basic Needs

There is widespread apprehension today about a global food shortage, felt most severely in the poorer countries, and in its effects on the health and nutrition of children. That these fears are well founded is confirmed by reports coming to UNICEF from many countries showing that an already unfavourable situation is worsening for children of low-income families that have to face higher prices for food, and a recession of employment.

It is much less widely known that it would be quite feasible to reverse this unfavourable trend for children, with a moderate amount of help from the world community. This could be done through very simple "basic" services, provided at the local community level, and largely operated and paid for by the community, though with support from the national ministries dealing with health, agricultural extension and education. Such services also offer a powerful means of support for responsible parenthood. Experience in recent years has shown how they can be organized.

Hence the theme for this 1975 report on UNICEF is the practical actions that can be taken. UNICEF, for its part, is planning its future work so as to increase its promotion and assistance for basic services benefiting children, especially young children, who are the most vulnerable, and especially in the disadvantaged areas of developing countries. However, a stronger commitment to the provision of local basic services is needed, both in de-



veloping countries and in aid agencies. Also, more resources are needed from the world community to go through all appropriate channels.

Deteriorating Situation of Children

I would like now to elaborate a little on these points. I recently asked UNICEF field officers around the world to send me their personal appraisal of the situation of children in the countries where they serve; how were children affected by the current economic and other upheavals, what are the prospects for the future?

One UNICEF Representative in a large country reported that, in his opinion, the term "developing country" no longer applied in his area: on the contrary, in almost every aspect, the prospects for children were moving backward—less health services, more schools closing, increased hunger and malnutrition.

Another Representative reported "disturbing indicators of an unbearable squeeze on the principal activities benefiting children". These up-to-date appraisals of conditions prevailing in countries scattered over three continents, show a disturbing similarity of trends. Some of the most striking were:

—national development plan targets not being met, some partially abandoned;

- construction of numerous schools and health centres interrupted, some while buildings are still incomplete and not yet usable;
- salaries of teachers and health workers frozen and some unpaid for prolonged periods;
- internal road transport of supplies disrupted for lack of fuel and spare parts;
- prices of staple protein foods (such as legumes) three times higher than before;
- reappearance of kwashiorkor amongst the poorest children;
- outbreaks of chicken pox and smallpox; measles taking an increased toll because of malnutrition among children;
- drugs and vaccines extremely scarce in rural clinics and health centres;
- many families and many children living below the “poverty line”.

There is the grave danger that governments and the public will become so “hardened” to instantly televised suffering, so discouraged by one crisis or disaster after another, that they will give up the effort to overcome these problems. Then many nations will fail to develop their greatest natural resource—their children—and many children who survive into adulthood will become burdens to themselves and their societies.

Action Possible Through Basic Services

This despairing prospect is not necessary, however. A study completed this year by the World Health Organization and UNICEF recommends ways of meeting the basic health needs, with special reference to children. Both our years of experience in assisting many countries, and successful programmes studied in a number of places, convince us that this new approach gives promise of reversing the deteriorating situation of children.

The pattern of simple basic health services is described more fully later in this report. Briefly, they can be given by local people, trained locally to provide simple, specific health measures—preventive and curative—for a high percentage of the illnesses that now take a heavy toll of infants and young children. Recommendations of another study presented to the 1975 session suggest that the nutritional needs of children can be met in a similar way. Studies of education—in and out of school—led the UNICEF Executive Board in recent years to adopt assistance policies for helping countries to reach children not now receiving a basic education relevant to their real life needs. Experience in the field with village water supply, and services to improve the conditions of mothers and girls show that these services also can be provided on a similar basis. Within a reasonable time, the Government and communities together can bear the recurring costs of this type of organization.

This approach opens the possibility for establishing in villages and presently unserved urban areas the basic services essential to children in the interrelated fields of food and nutrition, clean water, health services, responsible parenthood, basic education, and women's education and advancement. Services in these fields can, in many situations, be a kind of forward echelon for development, around which more complex and comprehensive improvements can be built.

The time has therefore come for a bold step forward in our thinking and in our initiatives about development. The alarming food-resource-population problem *can* be solved before the outer limits of the world's resources are reached, if we help the rising generation to reach higher levels of productivity and responsibility.

What is required from developing countries is a stronger commitment to these

basic services and, from the better off countries, a commitment to a significantly increased level of assistance for the start-up costs. Something in the range of \$2,000,000,000 to \$3,000,000,000 annually may be needed when this approach is being implemented on a considerable scale (out of the annual \$30,000,000,000 of assistance the World Bank estimates as needed by 1980). These funds should, of course, flow through many channels: bilateral aid, the World Bank and other development banks, and many other organizations. UNICEF itself has the capacity for expanding its services to handle a significantly higher amount of funds than at present—something on the order of \$500 million a year.

But the current crisis that caused the 1974 UNICEF Executive Board to declare an “emergency for children in developing countries” demands an early response. Fortunately a good deal of the action required can constitute the beginning of basic services.

Financial Needs

UNICEF has begun a more detailed examination of what can be done along these lines in specific cases, through the preparation of a series of special assistance projects in countries where services benefiting children are most seriously affected.

UNICEF has also diverted some of its regular resources from other types of long-term project in order to start assistance related to the urgent needs of the present situation. However, we must receive special contributions if the special assistance projects are to be implemented.

For use in 1976, we are requesting pledges of \$120-140 million for general resources. We also need, as early as possible, specific contributions of some \$70 million, together with children's foods, for special

assistance, and for selected long-term projects “noted” by the Board as worthy of support, but for which general resources are insufficient. This estimate does not include specific contributions for continuing the rehabilitation of children's services in the Indochina Peninsula, where the precise needs of some parts are still under study.

A Choice to Be Made

It seems to me we are at a point in history in many ways comparable to the time when UNICEF began. After the devastation of World War II, the future of a whole generation of Europe's children hung in the balance. There were few historical precedents for meeting their needs. But a combination of an awakened collective conscience and the dedication of thousands of inspired people produced imaginative and effective solutions. An effort of unprecedented scope was mounted and a generation of European children was saved.

Today, the future of some hundreds of millions of children in developing countries hangs in the balance. Compared to what happened in post-war Europe, the global problems we have to face are of greater dimension but they are not insoluble. A choice has to be made, consciously or not. The world community can allow some of these children to starve and many to grow up stunted physically and underdeveloped mentally. Or, our societies can — all together — make a determined effort to marshal our intellectual and material resources to meet the needs of deprived children everywhere. The intention to do so has been expressed by an impressive number of Governments in recent conferences. Their voices seemed to speak for the conscience of mankind. It is time, now, to translate words into action.

Henry R. Labouisse
Executive Director
United Nations Children's Fund

UNICEF 1974

Providing aid to long-term development of services benefiting children is the heart of UNICEF's work. During 1974, UNICEF assisted projects in 112 countries. Its expenditures for the year totalled nearly \$100 million* compared to about \$72 million the year before (see table 1). This went principally for programmes in the areas of basic child health (28 per cent), responsible parenthood (6 per cent), water

supply (14 per cent), child nutrition (9 per cent), and education — both formal and non-formal (26 per cent). Other expenditure for programmes included assistance to social welfare services for children, country planning and project development, and emergency relief.

UNICEF's programme of assistance is carried on in co-operation with the United

table 1 **Expenditure* in 1974 Compared with 1973**

(in millions of US dollars)

	1973	1974
Child health		
Basic child health	18.7	22.1
Responsible parenthood (funds-in-trust from UNFPA for family planning)	1.6	4.5
Village water supply	9.7	11.0
Total Child Health	30.0	37.6
Child nutrition	4.1	7.3
Social welfare services for children	2.1	2.9
Education (formal and non-formal)	11.6	20.7
Country planning and project development	1.9	2.5
Other long-range aid	1.3	3.5
Emergency aid	3.7**	4.9**
Total Programme Aid	54.7	79.4
Programme support services	10.5	12.7
Total Assistance	65.2	92.1
Administrative costs	6.6***	7.6***
TOTAL	71.8	99.7

*Includes funds-in-trust spent for UNICEF-aided projects.

**Expenditure for rehabilitation (\$7.1 million in 1973 and \$16.3 million in 1974) is included in the totals shown for the appropriate sector of assistance.

***These costs also covered the administrative workload involved in handling special funds-in-trust, and donated foods valued at about \$14.8 million in 1973 and \$12.2 million in 1974.

*Including funds-in-trust from the UN Fund for Population Activities (UNFPA) and other sources.

Nations funding and technical agencies that may be concerned. The funding agencies with which it collaborates are: The United Nations Development Programme (UNDP), the International Bank for Reconstruction and Development (World Bank), the United Nations Fund for Population Activities (UNFPA). UNICEF participates in UNDP country programming exercises.

The agencies whose technical advice it seeks are: the World Health Organization (WHO), the Food and Agriculture Organization (FAO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the International Labour Organisation (ILO), and the Department of Economic and Social Affairs of the United Nations. In addition, UNICEF has working relations with more than 90 non-governmental organizations concerned with children's programmes.

Following are some examples of UNICEF assistance delivered during 1974. For reporting purposes they are broken down into the categories used in table 1. However this is somewhat misleading, as UNICEF has — with growing success — been encouraging countries for many years to plan various services benefiting children on a mutually supporting basis. Through national planning, integrated services, and special development zones, basic services for children are being developed in ways that increasingly complement one another.** Assistance described below under child health, for example, is often closely

related to assistance for village water supply and for child nutrition in the same area; but in this report they would appear under separate headings.

Child Health

*assisted in 97 countries
\$22.1 million in 1974*

For more than two decades a major proportion of UNICEF assistance has helped countries develop various aspects of national health services, with UNICEF aid concentrated on measures to help children and their mothers. UNICEF's assistance in the area of health is always carried on in close co-operation with WHO. The following examples illustrate the varied experiences of countries in trying to meet the health needs of their children.

Democratic Yemen. The health programme in the People's Democratic Republic of Yemen which UNICEF has been aiding since 1956 continued to develop and now has 10 health centres and 90 health units. Since the UNICEF commitment to the total country project in 1971, health components have included: training, improvement and extension of mother/child health services, and development of safe water in rural areas. There are now 800 students in training as health auxiliaries in the Health Manpower Development Institute, which is receiving support from UNDP, WHO, and UNICEF.

Guatemala is introducing simply trained rural health technicians and volunteer community health promoters to deliver specific health services to rural communities. Some 28 doctors were graduated for this purpose at the end of 1974, and the following month

**For ways in which various services benefiting children complement one another, and how UNICEF is working with governments to encourage the inclusion of integrated services for children into national planning, see last year's UNICEF 1974 Report, page 3.



WHO and UNICEF advocate the provision of very simple "basic" health services, using community health workers chosen and supported by people in the area and locally trained in simple specific techniques. One example is the "under-five clinic", such as this one under a shady tree in Zambia. In such a system the regular weighing of babies and the use of a weight card is a simple indicator of danger when the growth rate falters.

32 rural health technicians completed two years of training. They will now return to staff the rural health posts in the areas from which they were originally selected.

Increased costs due to the world economic situation constricted the budgets for all services, delaying the training of voluntary health promoters and lay midwives. During the latter half of 1974, however, their training courses got under way; a guide booklet based on the training material was prepared for their use.

Ghana. An example of a project developed to meet a special problem is the mobile health service in the Greater Accra area. This rural area close to the city has some 70,000 inhabitants, with women of child-bearing age and children making up about 40 per cent. As health services were built up in the urban area, many mothers had begun travelling long distances from the surround-

ing countryside to bring their children to the medical centres in Accra, thereby overloading them. To meet this need and the resultant problem, the Government organized mobile health teams based on existing polyclinics to serve mothers and children in the outlying rural areas.

Each team is composed of one public health nurse and two or more auxiliary nurses. Every week they visit about six villages to advise on pre-natal and post-natal care, child care, and nutrition and family planning. Health education classes are being held and immunization given against tuberculosis, smallpox, measles, and diphtheria-pertussis-tetanus. UNICEF began assisting this service in 1974, with support from Zonta International, a women's service organization. Six vehicles have been provided, as well as refrigerators and medical supplies. The mobile health teams are performing well and, judging from the number of mothers and chil-

dren coming to each visiting session, are meeting a strongly felt need.

Indonesia. A major problem is the small number of trained health personnel in relation to the population: one doctor for 20,000 people, one paramedical for 8,000. There are also traditional health workers: one village midwife for 2,000 people. The Second Five Year Plan, which started in 1974, provides a development budget four times that of the first plan. Higher oil revenues enable the Government to step up implementation of its national health plan strategy.

More personnel can be recruited, and salaries have been increased 400 per cent. Additional funds have been made available for training. However, it will be many years before highly trained personnel are available to serve in remote areas. So the Government has begun to develop alternative delivery systems for basic health services, involving village-level workers, school teachers, village healers and midwives, and religious groups.

There are 6,800 maternal and child care centres now in operation (nearly 1,800 of these on Java and Bali provide family planning services). Staffing of maternal and child health (MCH) centres remains a major problem; many do not have midwives as full-time staff. However, 62,570 village midwives are now supervised by the MCH programme, of whom 27,000 have been given training up to the end of 1974. Of the 3,000 polyclinics, half have thus far been integrated into the health system. During 1974, an additional 12 public health laboratories were provided with UNICEF equipment and supplies.

Indonesia's measures to control communicable diseases achieved the eradication of smallpox during 1974. More than 44 million BCG vaccinations had been given in the campaign against tuberculosis by the end of 1974. Good progress was made in the consolidation of yaws control. Leprosy control is being integrated into the health centre programme.

*Assistance to family planning services with UNFPA funds-in-trust, not including the more numerous projects of assistance to responsible parenthood through raising the standard of family life, as explained in the text.

Responsible Parenthood

*assisted in 14 countries**
\$4.5 million in 1974

The World Population Plan of Action, approved by the World Population Conference last year, included a number of provisions advocated by UNICEF: that priority be given to reducing infant and maternal mortality, improving the nutritional status of vulnerable groups, and improving the literacy and status of women.

These recommendations confirm UNICEF's policy that responsible parenthood should be approached not as a separate activity but as a component of broad services — health, nutrition, etc. — aimed at improving the quality of life of children and their families.

When nutritional and health services help families overcome conditions of poverty so that high infant and child mortality decline, then parents are encouraged by this to make personal decisions spacing births and regulating the number in their family. This, in turn, benefits family life and improves the condition of children. Thus, the situation of children will be improved if family planning services are made much more widely available to those who want them. It is also important to teach responsible parenthood to young people.

Hence, UNICEF's assistance to health services, nutrition, household water supply, and women's programmes help build the conditions necessary for responsible parenthood. Assistance for family planning services as such is provided by the United Nations Fund for Population Activities (UNFPA), within the limits of its

resources. Such services are usually offered as part of health services. In many cases where UNICEF is assisting the extension of maternal and child health (MCH) services, it also administers funds-in-trust from UNFPA for related family planning services. This was the case, during 1974, in 14 countries where health services are being assisted; UNICEF administered \$4.5 million of UNFPA funds. UNICEF also spent about \$270,000 of its general resources to support training in family planning of health personnel in two of these countries. These are some examples of assistance:

Algeria and Tunisia are concentrating on development of MCH centres that include programmes for responsible parenthood. During 1974, Algeria integrated family planning services within the general health services available from 25 centres. In Tunisia, progress was made in preparing such centres in Nabeuel, Sousse, Lefek and Bizerte.

Indonesia. Responsible parenthood is promoted through basic health services. In Java and Bali, 2,100 family planning clinics were established in health centres, polyclinics, and MCH centres. They reached two million out of 15 million fertile couples in Java. The expansion of MCH services reported above under "Child Health" will make it possible to reach more acceptors.

A family-life education programme for out-of-school girls and mothers, now being extended to all provinces, complements the promotion of responsible parenthood by the health services.

Thailand. Family planning activities are linked with development of basic health services. More than 3,000 nurses and midwives were provided with motorcycles to increase home visiting. Efforts were made to accelerate development of combined MCH and family planning services in four Northeastern provinces. Staff in four hospitals and two MCH sub-centres received training in both these subjects. Training in family planning services was also given to health workers in urban health centres in Bangkok.

Safe Water

*assisted in 73 countries
\$11 million in 1974*

Safe water, in adequate supply and easily accessible, is of particular benefit to infants and children, as they are most often the victims of dysentery and diarrhoea transmitted by lack of cleanliness and sanitation. Village water projects meet an evident need and are being given high priority in government requests for UNICEF assistance. Even in 1974, when economic pressures caused many countries to cut back their development activities, most sought to avoid any reduction in water supply programmes, because they are a cheap and effective way to improve village health. Training should be an important component of rural water supply programmes. UNICEF is assisting with training grants, stipends and materials for engineers, sanitarians, health educators, and drillers. Some of the major operations receiving UNICEF aid are in the following countries:

Bangladesh. By the end of 1974 approximately two-thirds of the target figure of 160,000 shallow wells had been sunk, and the target should be reached by the end of 1975. This is the largest village water-supply undertaking that UNICEF is assisting. In spite of the rise in costs this past year, unit costs for sinking a shallow well in Bangladesh were approximately \$135. Local production of a shallow-well hand-pump is well under way. In a second phase, a further 160,000 wells will be sunk, starting in early 1976 and ending late 1978. Including wells existing previously, there would then be 500,000 wells in rural areas, serving 50 million people.

Ethiopia. Piped water supplies to 13 relief camps and adjacent villages in Wollo province benefit a population of over 100,000. UNICEF provided pipes, cement, pumps and spare parts. In 1975 UNICEF will provide two rigs for the lowland areas of Wollo and Tigre, inhabited by some 300,000 nomads.



In many areas of the developing world women and young girls must spend hours each day carrying water long distances, and frequently the water is not even safe. UNICEF has provided increasing assistance in recent years to help provide an adequate

supply of clean water to rural villages, as it is vital to the health as well as nutrition of young children. Easily accessible water also frees a mother from the drudgery of hauling water each day, thereby, leaving her more time for the care of her children. For these

reasons, village water supply is one component of basic services for children UNICEF is advocating that governments adopt as part of their long-term development planning and programmes.

Sahel Region of West Africa. As one response to the five-year drought, the seven affected countries now have water programmes under way. UNICEF is co-ordinating its assistance (\$1.3 million spent in 1974) with that of UNDP and the World Bank. Teams of well-diggers ("brigades d'eau") are digging open face, shallow wells to an average depth of 30 metres; water is drawn up by rope and bucket. Light mechanical well drills are being supplied for areas where the water must be sought deeper underground.

Child Nutrition

*assisted in 63 countries
\$7.3 million* in 1974*

1974 was a year of grave concern about the nutritional situation of children in many poorer areas of the developing countries. The World Food Conference and other efforts to counter worsening malnutrition are discussed below. The follow-

**An additional \$4 million (approx.) UNICEF expenditure relating to child nutrition is included in health and education projects. The value of donated food used in supplementary feeding was \$12 million, which is not included in the UNICEF accounts.*

ing are some examples of the kinds of project UNICEF regularly assists to help governments improve food and nutrition for children — national food and nutrition policies, applied nutrition programmes, nutrition education, village level technology, and supplementary feeding.

UNICEF continued this past year helping ministries to develop national food and nutrition policies, so as to take account of the special needs of children, in co-operation with other United Nations agencies. Chile, Ecuador, and Paraguay; Indonesia, Malaysia, and the Philippines; Algeria and Iran were among the countries doing this.

Bangladesh. During 1974, chronic nutrition problems were made worse by the most severe floods in 20 years and the rise in the cost of food and fertilizer.

UNICEF collaborated with governmental and non-governmental agencies in a number of activities, including the introduction of fast-spawning fish and a programme to encourage production of soya beans, with part of the production being used for young children. Bangladesh has open ponds or "tanks" in most villages. In late 1974, UNICEF imported 500,000 fish fingerlings (donated by Thailand). This fish — the tilapia — is tasty and, beginning at three months of age, spawns three times a year. Within nine months, the fish grows to two kilogrammes. Ducks are also being raised on the ponds as part of the nutrition project. "Food for work" is being used to support the clearing out and preparation of the ponds.

During 1974, agriculture became a prescribed course of study in all primary teachers' training institutes and will progressively be taught in all schools, with emphasis on cultivation of legumes, vegetables and fruits. A handbook on agriculture was produced by the ministries of agriculture and education, with UNICEF support, and is in use in all teacher-training and rural development institutions. To complement this training, UNICEF distributed a package of hand tools

and seeds to 16,000 schools for the development of gardens. The package includes soya beans of a variety already successfully tested in Bangladesh. To assist in the training of teachers and in local nutrition training programmes, UNICEF is sponsoring the compilation of a handbook on nutrition by local authors to be printed in 1975.

Sanitarians continued the six-monthly distribution of Vitamin A capsules during their house visits, and reach approximately half the children aged 0-5 in a campaign to reduce eye lesions and blindness due to lack of Vitamin A.

A school meal programme came to an end in April 1974 when surplus foods from outside the country were no longer available. Some 142,000 metric tons, donated to UNICEF by the United States through USAID, were distributed through the schools during 1972 to April 1974, to 2½ to 3 million children.

Burma. Nutrition education is one of the main activities of the nutrition project UNICEF has been assisting in Burma since 1971. All health workers receive instruction in nutrition as do social welfare workers and other students. Among topics covered are the diet of pregnant and nursing mothers and nutrition for infants and young children.

Lesotho. An "applied nutrition" programme UNICEF has been assisting in Lesotho since 1962, is a long-term educational project aimed at teaching adults and youth, in and out of school, improved nutrition practices through use of locally produced foodstuffs. Its main activities include production of vegetables, poultry and fish; young farmer clubs; youth training; dairy development, and nutrition education. Vegetable production consists of commercial gardens and young farmers' club gardens. During 1974, a total of 240,000 dozen eggs were sold through co-operatives, and 210 schools with approximately 10,000 students benefited from the project through the school feeding programme.

In **Morocco**, the programme "Improving the Condition of Women" is one of the best channels for providing nutrition education to women, and is increasing their awareness

of their own and their children's nutritional needs. Some 140,000 women and girls are being reached through its centres.

Village-Level Technology

Allied to applied nutrition activities is the village-level technology being developed in a number of countries with help from UNICEF's Food Engineering and Technology Section. The world food shortage has lent urgency to UNICEF's efforts to help countries to develop new village-level technologies that will improve the level of nutrition of children in rural areas, and relieve their mothers of some of their daily drudgery. Among some of the approaches UNICEF is assisting are:

- improving traditional methods of crop storage to reduce losses in quality and quantity (sometimes running as high as 30 per cent);
- developing manually operated cereal and legume grinders and millet threshers (field testing is under way);
- devising the use of wind and water power for pumping water, grinding cereals and legumes and small-scale production of electricity;
- improving cooking arrangements to re-

duce fuel consumption and dangers to children;

- seeking ways to use solar radiation for heating and purifying water, cooking food and drying crops and food;
- designing new equipment for water supply;
- developing manually operated oil extraction presses to enable communities to extract oil from their locally produced oil seeds.

Protein-Calorie Advisory Group

UNICEF continued its share of support for the "Protein-Calorie Advisory Group of the United Nations System" (PAG). This inter-disciplinary group of experts advises the agencies on questions referred to it, or to which it draws attention, in the fields of food and nutrition policy, assistance to projects, and scientific and technical developments with a bearing on the manufacture of weaning foods, applied nutrition, etc.

Follow-up of World Food Conference

In addition to the activities mentioned above, meetings have been held to facilitate co-ordinated follow-up action on various recommendations of the World

Refresher Training for Services Benefiting Children

More than 219,000 personnel took short training courses with UNICEF assistance during 1974; normally the courses were one month or less. Primary school teachers made up the largest number, with more than 85,000 taking refresher courses with UNICEF stipends. Fifty-four thousand field nutrition workers were the next largest group.

A total of 28,000 health personnel of all categories received orientation or refresher training. This included doctors; medical/health assistants; nurses, auxiliary nurses, mid-wives and traditional birth attendants; and sanitary engineers and health inspectors.

In the field of family and child welfare, 35,000 received some training, including child welfare workers, community and youth leaders, and women. Among the others trained with UNICEF assistance were instructors for pre-vocational preparation, planning and administrative personnel, and transport maintenance workers.



Food Conference, Rome, November 1974. UNICEF, with FAO and WHO, participated in a consultation on nutrition and food surveillance, convened by WHO in Geneva in February 1975. Countries can now be assisted in setting up monitoring systems such as that UNICEF is assisting in two provinces of Ethiopia. UNICEF participated in an inter-agency meeting on intersectoral food and nutrition planning convened by FAO in Rome in March 1975. UNICEF joined other concerned United Nations agencies and non-governmental organizations in discussions of selective supplementary feeding as a component of broader programmes of basic services at WHO Headquarters, Geneva,

in February 1975. Other meetings in which UNICEF participated last year were concerned with iron and folate deficiency anaemias, in Geneva in October, and Vitamin A to combat blindness, in Jakarta in December. UNICEF is providing assistance in both areas. These meetings were sponsored jointly by WHO and USAID.

Education

*assisted in 91 countries
\$20.7 million in 1974*

In the last few years, UNICEF has been concentrating education assistance on innovative projects aimed at reaching boys



Among the basic services for children being advocated and assisted by UNICEF is basic education—either formal or non-formal. Aid is being concentrated on helping programmes for children of primary school age and young adolescents who would not otherwise be reached. Formal schooling places emphasis on learning relevant to the real life prospects of the children, preparing them for a future productive role in their own surroundings. A considerable part of UNICEF's assistance goes for the training of personnel, such as this teacher in Botswana receiving her re-training course by one of the radios provided by UNICEF. Last year, some 96,000 teachers and other education personnel received short training courses with UNICEF stipends.

and girls in rural areas and shanty towns which would otherwise remain unserved. Formal and non-formal approaches are being used to help reach such children, both of primary school age and young adolescents. In addition, UNICEF aid is encouraging the use of schools for health and nutrition education, and for instruction of parents about child rearing.

Fifteen countries of East Africa were represented at a seminar on "basic education" convened by UNICEF and UNESCO in Nairobi in 1974. Senior officials including heads of Planning and Education Ministries attended. There was a consensus on a number of important points: where at

all possible, the national language should be used in basic education; basic education must prepare an individual for adult life by giving him a positive attitude towards work; agriculture, home economics, and crafts should be included in the curriculum; basic education should be the first phase of life-long education. The seminar has stimulated the countries to work more closely together on education, especially on the infrastructure for national networks of formal and non-formal learning.

During 1974, UNICEF provided assistance for aspects of primary education in 88 countries, and for various kinds of non-formal learning or training in 64 countries. As always, education assistance projects are prepared in close consultation with UNESCO, and non-formal ones with UNESCO, FAO, WHO, or ILO. A major area of activity is re-training under-qualified teachers. Other areas receiving assistance are curriculum reform, development of textbooks and audio-visual materials, and re-orientation of educational programmes to prepare children to deal with their real-life prospects. Emphasis is being given to extending the education of young girls.

Among the many different educational services aided during 1974 were:

Burma represents the kind of extensive educational reform programme UNICEF is assisting in a number of countries. UNICEF-assisted projects were evaluated by a UNESCO mission in May-June 1974. As part of the Government's policy of "Basic Education for All" the number of primary schools has increased from 12,851 to 18,299 during 1961-1974; the number of students from 1,681,918 to 3,424,418. Quality improvement is being achieved by curriculum revision throughout the school system, major changes in teacher training, and local development and production of education materials. Against these achievements, the wors-

ening economic situation is having negative effects.

To overcome deficiencies of the earlier education system, 37 technical handicraft and agricultural schools have been set up. Non-formal learning/training centres have been established on a pilot scale for handicrafts, carpentry, cookery, general repairs, preservation of foods, leather tanning, printing, book-binding, fish breeding and metal work.

The Government has conducted a literacy campaign over the past decade; over one million people have learned to read. The successful organizational structure of this programme is now being applied to other types of non-formal education.

Seven hundred and four youths were trained in tailoring and cooking to enable them to make a livelihood through self-employment; 399 youths were trained in various handicrafts and 86 in repair of watches, bicycles, sewing machines, locks, typewriters and electrical appliances.

Eastern Mediterranean. Numerous countries in UNICEF's Eastern Mediterranean region are using a multi-media approach developed by the UNRWA/UNESCO Institute of Education in Beirut for in-service training. Jordan was the first country in the region to use this approach, with emphasis on the national radio network. UNICEF aided an eighteen-month pilot phase and is now assisting a five-year extension phase which began in 1973. A 24-month in-service training programme for teachers comprises: residential training during summers; guided self-study through work assignments; weekly seminars; and field training carried out by qualified field tutors and subject specialists.

Five hundred and sixty teachers have already completed training, and 1,200 more are now enrolled in the two-year programme.

Multi-media approaches are now being used in Bahrain, Democratic Yemen, Iraq, Oman, the Syrian Arab Republic, the Sudan and Yemen.

El Salvador. Television is being used country-wide for sciences, language, English and

mathematics in grades four to seven. In addition there is a night programme for primary school, and a "free school for adults" for which guides and teacher's assistance are available. UNICEF is assisting the El Salvador Educational Television Network to produce educational films that will be used throughout Central America for non-formal education of out-of-school youths, especially in rural areas. Educational ministries have expressed interest in films dealing with nutrition, youth activities, applied sciences, sex education, vocational and professional orientation for youth, and education for family life. These subjects are being produced as a series of 8 to 10 programmes, each 25 minutes long.

Development Zones

*assisted in 32 countries**

This section, and the next on shanty towns, give examples of ways that services relating to health, water, food, education, etc., can be developed in order to reinforce each other in meeting basic needs according to their priority. The creation of development zones or areas within countries offers growing opportunities for this policy. In recent years, UNICEF has been helping government planning for this purpose by providing advisory services and subsidizing training of national planners, and has been helping in the extension of the services. Among the countries where this assistance is being given are:

Indonesia. The current five-year plan puts considerable emphasis on regional development, and on development of ten rural and four urban areas which will be used to try out patterns of organization suitable to their region. UNICEF is giving assistance for training personnel for surveys aimed at identifying the needs of children, and for preparation of corresponding services.

Mexico. A pilot zonal development in the highlands of Chiapas, covering roads, agri-

*The funds being used for assistance to development zones are reported under the various sectors.

cultural production, social services and community participation, has led to the decision to use this approach in the underdeveloped areas of twelve states.

Pakistan is developing "growth centres" by providing economic and social infrastructures to strategically located small towns so as to help develop the surrounding rural areas. UNICEF is supporting one such area-planning approach by funding a study of needs of children in Northwest Frontier Province.

Paraguay. The integrated rural development project in Eje Norte has led to planning the rural development of the Alto Paraná region, both of which UNICEF is assisting. Success with community health workers in Eje Norte is encouraging their use for expanding the delivery of health services.

Shanty Towns

*assisted in 8 countries**

Following a decision of the Executive Board in 1971, UNICEF began to help develop services benefiting children in slums and shanty towns. This kind of assistance is given with the technical support of the United Nations Centre for Housing, Building and Planning, as well as other agencies. UNICEF assistance is being developed on the assumption, which to some is controversial, that the environmental needs of the urban poor in developing countries cannot be met or even substantially reduced in the foreseeable future through conventional approaches, such as public housing, or core housing schemes. Hence resources would be better spent on an improvement programme including technical support for a much larger number of poor families who are willing and able gradually to build their own housing; and provision of clean water, sewage disposal, health services and schools. As UNICEF involvement is fairly

recent, the experience thus far is principally in aiding project preparation. Among the areas being assisted are:

Colombia. In the coastal city of Cartagena, four multi-purpose neighbourhood community development centres provide co-ordinated basic services in health, education, nutrition and recreation. They also provide vocational training and loans to enable participants to buy tools and materials for improving their dwellings.

Egypt. An encouraging start is being made toward providing integrated services for children in Boulak Eddakroun in the Giza Governorate, Shubra El-Kheima on the outskirts of Cairo, and Darb El-Ahmar in the inner city. Citizen participation has been encouraging in dealing with evident physical needs like water and sewerage installation, and less successful in dealing with women's activities and youth affairs.

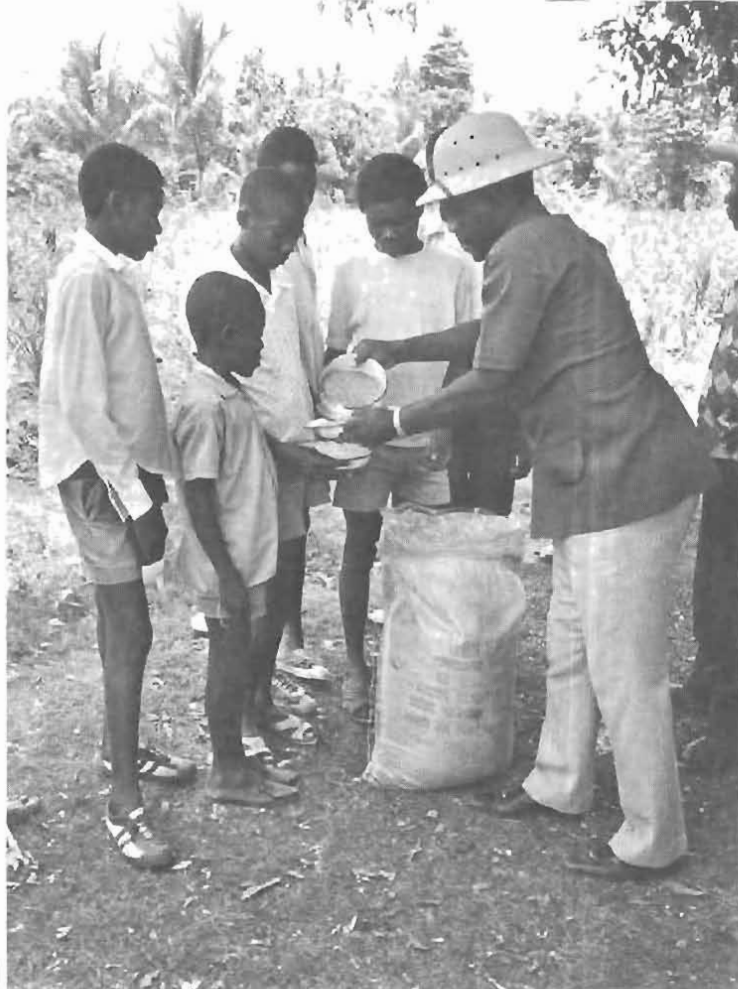
India. An effort to introduce co-ordinated services for children into pilot areas of twelve cities was not successful, so a revised and simpler approach is being proposed in the new five-year plan. It focuses initially on such specific activities as supplementary feeding of young children, immunizations, the education of mothers in health, nutrition and child care.

Emergency Aid and Rehabilitation

*Emergencies in 17 countries
\$4.9 million in 1974*

As 1974 began, UNICEF was deeply involved in the international effort to bring relief to victims of the famine caused by prolonged drought in the Sahelian Region of West Africa and in Ethiopia. While providing emergency relief, UNICEF began assisting long-term rehabilitation measures in the affected areas: well-drilling (along with UNDP) to find new sources

*The funds being used for assistance to various kinds of project in slums and shanty towns are reported under the appropriate sectors.



Among basic services for children which UNICEF is urging countries to develop are practical activities at the village level that help families and communities produce foods suited for improving child nutrition. These boys, members of a young farmers club in Haiti, are learning modern methods of farming that will increase food production, such as the use of fertilizer. UNICEF is advocating the use of "village extension" workers, similar to the primary health workers chosen and supported by the community, to teach both local food production and nutrition needs of children.

of fresh water; nutrition education of the affected peoples, many of whom were nomads; assistance for mobile health teams and for other health services for children; and help to governments in their attempts to adapt their education systems to the changing conditions of life for the nomads now in sedentary areas.

During 1974, the most devastating floods in many years hit Bangladesh, Burma, and following "Hurricane Fifi", Honduras. As well as helping with immediate relief needs, UNICEF began aiding rehabilitation measures related to long-term development of children's health, nutrition and other services.

Warfare in a number of areas created emergency situations gravely affecting children. Aid continued to the victims of the conflict in the Middle East, with UNICEF giving assistance for reconstruction of health and social welfare services for children and schools in the Suez Canal Zone. Later in the year, the fighting that broke out on the island of Cyprus created numerous refugees on both sides who needed immediate relief in the form of children's food, shelter and medical supplies. Relief and rehabilitation in the Indochina Peninsula is discussed below.

During 1974, UNICEF spent \$4.9 million on emergency aid, and \$16.3 million on

rehabilitation of services benefiting children. The latter sum is included in the various sectors reported on above. These amounts were provided by special contributions to UNICEF (see below "UNICEF Finances", table 8, item 4).

More General Emergency for Children

At its session in May 1974, the Executive Board declared an emergency for children, drawing attention to the serious deterioration in the situation of children of low-income families because of the economic crisis. Though less visible, this is more extensive than the effect of natural disasters and war. The UNICEF Board expressed

"fears that many countries will be in danger of having to reduce already minimal basic services for children, affecting not only their nutrition but also their health, education and, more generally, their prospects of life".*

As an advocate for children of the developing countries, UNICEF went on in the course of the year to draw attention to this situation — at the Economic and Social Council and the United Nations General Assembly, at the World Population Conference in Bucharest, and the World Food Conference in Rome, and through a special colloquium in Geneva for the press.

The World Food Conference in October 1974 called upon international agencies and others to

"provide assistance to Governments who will request such aid in order to introduce in the period 1975-76 emergency programmes for supplementary feeding of a substantial number of malnourished children, with due attention to basic health and other essential services for the welfare of all children at risk."

The World Food Conference further recognized the need

"to increase the resources of UNICEF to enable it to play a greater role in meeting the food needs of children in emergency operations."

The Secretary-General of the United Nations has been listing the countries "most seriously affected" in their balance of payments by the current economic crisis: the list now stands at 42. Since 1970, UNICEF had been giving more than normal assistance to projects in 28 countries listed as "least developed", and many of these same countries are among those now classified as "most seriously affected".

In light of these greater needs, UNICEF began preparing special assistance projects for children in those countries "most seriously affected" where not only the balance of payments but also services benefiting children needed special assistance. Beginning with 1975, all these needs are dealt with under the heading "Special Assistance", of which the former "emergency relief and rehabilitation" is one component. Special assistance projects, some of which began in 1974, are reported on below in the 1975 section.

Liberation Movements

Assistance to mothers and children associated with liberation movements in Africa, who had sought refuge in Congo, Tanzania, Zaire and Zambia, continued during 1974 in accordance with General Assembly resolutions, and reached a total value of \$1.7 million pledged and committed to projects by the end of the year. In the course of the year, some of these displaced groups began to return to their

*The full text is given in the 1974 Report.

countries, and UNICEF began assisting governments in preparing programmes of services for mothers and children in Angola, Cape Verde, Guinea-Bissau, Mozambique, and Sao Tomé and Príncipe.

Indochina Peninsula

UNICEF assistance activities during 1974 in the Indochina Peninsula are referred to below (pages 31, 32) in connection with measures approved for 1975 and 1976.

Supplies Purchased

Supplies and equipment are the major form of UNICEF material assistance. During 1974, UNICEF made 6,988 purchases, world-wide, with a total value of \$77.6 million, including reimbursable procurement for governments and other agencies. Some of the major commodities supplied include:

drugs and dietary supplements
water pipe, pumps, drilling rigs, well-screens
hospital and laboratory equipment
jeeps, Landrovers, trucks, motorcycles, buses
disease eradication campaign materials
bulk paper and paper products
pre-fabricated school buildings
audio-visual equipment
blankets
garden tools
tents and tarpaulins

weaning food processing equipment
textiles, knitting and sewing equipment
hand tools
cement and corrugated roofing sheets
vaccines and sera
art and craft materials
chalkboards and classroom equipment
science teaching equipment
kitchen equipment
play materials
sanitation equipment and supplies

1975 Executive Board

Appeal to the General Assembly

The Executive Board, meeting in its annual session in May 1975, found that the emergency for children to which it had called attention in 1974 had been contained to some extent by the assistance given by the international community for the maintenance of essential imports and food supplies. However, these general measures did not prevent the condition of children from continuing to deteriorate in many areas, and the task remained of taking long-term measures through which the developing countries could deal with the new situation. For this task, the patterns of basic services were available for much wider application.

The Board therefore appealed to the VII Special Session of the General Assembly in September 1975 to give consideration to the measures necessary to meet the needs of children. The Board recommended that:

“attention be focused on the constructive possibilities inherent in the rapid enlargement of basic services for children in the interrelated fields of food and nutrition, clean water, health measures, family planning, basic education and supporting services for women . . .”

The UNICEF Board urged a

“deeper commitment by the developing countries concerned to the support of these services”

and a parallel commitment by industrialized countries and other potential contributors

“to provide an adequate level of external assistance bilaterally or through the organizations . . . of the United Nations system”.

Basic Health Services for Children

One of the major items on the agenda of the 1975 session was a report by WHO and UNICEF on basic health services, with special regard to children. Many countries have thus far modelled their health services on those of industrialized countries, creating relatively sophisticated hospitals with personnel at professional level. The intention was to extend these services, as resources became available, until the entire population was covered. This has not occurred. Services have become predominantly urban-oriented, mostly curative in nature, and accessible mainly to a small, privileged part of the population. Over-all, less than 15 per cent of rural and poor people have access to health services.

Expansion of such health services to meet the basic health needs of all people requires human, physical and financial resources too great to be available in the near future. Further, conventional health services are too remote, psychologically as well as physically, to be accepted and used by many people in the rural or neglected communities.

Observations such as these led the World Health Organization and UNICEF to study alternative ways to meet basic health needs. They studied in a number of coun-

tries* new ways being used to provide simple health measures, preventive, curative, promotional and educational.

In technical language, these all involve greater orientation of the health services towards primary care of the population (as opposed to the elaboration of secondary referral and higher level services).

Simple Primary Health Care

Based on the recommendations of this study, the Executive Board agreed that UNICEF assistance should be used to help the development of health services oriented towards the primary care of children and mothers. The 28th World Health Assembly, also meeting in May 1975, adopted a resolution** on "Promotion of national health services relating to primary health care", urging Member States to develop plans of action.

In this approach, the peripheral delivery of services can be satisfactorily entrusted to "primary health workers" or "community health workers" with limited, task-oriented training. This is made possible by re-orienting the conventional health services to become their supporting system through referral, continued training, advisory supervision, logistical support, and other complementary functions. The most important aspect of the primary care approach is that it enables countries to expand more rapidly than in the past the provision of essential health services, particularly to the largely neglected rural areas and deprived urban slums.

The system is designed to provide adequate immunization; assistance to mothers during pregnancy and at delivery; young child care; family planning advice and supplies (in countries with a policy to provide these services); health and nutrition

education; diagnosis/treatment of simple diseases, using simplified and standardized medical technology; first aid; and facilities for the referral of more serious cases. Simple primary health care services cannot — and are not meant to — deal with all health care needs, but they cover either directly or through referral a high proportion of the needs of populations presently unserved. More elaborate primary care can be offered as resources grow in personnel and finance, to reach progressively higher levels of medical technology. The report gives three illustrative stages of health services adapted to different levels of resources in developing countries. It is noteworthy that industrialized countries also are increasingly making use of these principles of "managerial medicine" in order to make services widely available at a bearable cost.

Most preventive measures, and a large number of medical procedures, are simple and do not require extensive professional training. Hence primary health workers can be recruited from the community and can be trained more rapidly, less expensively, and in greater numbers, than doctors and nurses, to perform a limited number of priority tasks, as well as to recognize and refer to the secondary level of care those cases or problems which exceed their competence. Training courses can be short and given as close as possible to the future work place. Refresher training and on-the-job training are given frequently.

The community is involved in its primary health care, which is not planned and organized only from the top down. The community participates in the selection of its health workers. Traditional health workers, village midwives and healers for example, may be drawn into the system.

*Bangladesh, China, Cuba, India, Niger, Nigeria, Tanzania, Venezuela, and Yugoslavia.

**Res. W.H.A. 28.88

The community pays the whole or part of the costs of the local unit.

Primary health care services are recognized as forming part of over-all development. In rural areas they are a most useful component of rural development projects. They function in close co-ordination with other services that have a bearing on health status, such as those dealing with household water supply, agriculture, and education.

The report came to the Board with the recommendations of the UNICEF/WHO Joint Health Policy Committee for a simultaneous priority effort by both WHO and UNICEF to help countries extend primary health care, where there was a national decision to proceed along this path, a potential for change, or local endeavours that could lead to a national policy at a later stage. WHO and UNICEF should inform, educate and orient their staffs to these policies.

Concerning UNICEF expenditure on assistance, the new approach involves support of a new policy orientation through much the same kinds of assistance provided at present — training stipends and supplies for local health units. It may require more assistance for local expenses during an initial period in each area while the community contribution is being built up. Support for the wide extension of health services oriented towards primary care of children and mothers will also require an increase in the approximately \$20 million that UNICEF has spent annually in helping child health services. Bilateral aid will certainly be required in addition to all that UNICEF can hope to mobilize.

The Executive Board endorsed the recommendation made by the Joint Health Policy Committee and welcomed the strength-

ening of UNICEF and WHO assistance along the lines proposed.

Expanded Programme of Childhood Immunizations

Another interesting development in the health field was discussed at the JCHP meeting and later endorsed by the Executive Board for strengthened UNICEF participation and support: the WHO expanded programme on immunization, the further implementation of which was supported by the 28th World Health Assembly.

This programme is complementary to the primary health care approach, due to its high priority coupled with efficiency and relative simplicity of the measures proposed. It aims at expanding significantly immunizations against the following diseases: diphtheria, measles, pertussis, poliomyelitis, tetanus, tuberculosis and smallpox. Both WHO and UNICEF have a long history in aiding immunization campaigns, and a number of measures can be taken to increase their coverage.

To achieve this, the programme envisages a series of actions in the areas of vaccine production, conservation and administration; in campaign planning, organization and management; as well as in practical research to resolve problems usually encountered in the field or to simplify field methodology. The Board agreed that UNICEF should expand its aid, particularly for vaccines and refrigerators and other elements of the cold-chain.

Child Nutrition

A second main agenda item was a study on "Priorities in Child Nutrition in Developing Countries" prepared by Professor Jean Mayer and associates of the Harvard School of Public Health, and contributors



The smallest children are more susceptible to malnutrition than adults or even their older brothers and sisters who eat the same foods. Lack of proper food weakens the smallest children, turning childhood diseases into child killers. Many infant and child deaths would be prevented with improved nutrition. UNICEF is encouraging national food and nutrition policies and programmes that promote family and village production of nutritious foods, nutrition education of parents and young people, and special feeding and treatment where necessary to overcome malnutrition.

in many developing countries. The nutrition and health services reports were complementary, the extension of basic health services offering a major channel for dealing with child malnutrition. Analogously to the primary health worker, a village person, supported by the agricultural and home economics extension services, can help the village increase food production and storage for family use.

The report recommended that UNICEF should concentrate assistance on five priority areas where modest expenditures could bring the greatest possible return for children in vulnerable groups:

—advocacy of child nutrition with offi-

cial at all levels and with the informed public;

- assistance in the development of food and nutrition policies that include meeting the needs of mothers and children in vulnerable groups;
- support of primary health care with the aim of increasing awareness of nutritional needs and prevention, treatment and rehabilitation of malnutrition;
- assistance for those programmes of nutrition education that seem most likely to be successful at the local level;
- assistance in preparing for and dealing with mass nutrition emergencies.

The Board agreed that UNICEF should increase its advocacy of the improvement of child nutrition, including support of the effort to arrest the decline in breast feeding. UNICEF should expand its assistance to help countries plan the application of measures for improving child nutrition, using the opportunities offered by rural development schemes. The Board would be glad to see a higher proportion of UNICEF assistance going to this field. It directed that UNICEF's assistance should be well co-ordinated with that of other agencies, and that UNICEF should play its role in furthering wider co-operation among them.

Information

The Board reviewed UNICEF's information programme, on the basis of a report by the Executive Director, which had been prepared with the help of two panels, one of "users" of UNICEF information among the media, and one of National Committee representatives. The Board approved the objectives of information as follows:

- to help developing countries carry out the aims proclaimed in the Declaration of the Rights of the Child, and create a real awareness of the potential of children to contribute to their community;
- to focus international attention on the situation and the needs of children and adolescents in the developing countries; and the possibilities for action;
- to provide information on UNICEF policies and activities in order to:
 - increase government awareness and contributions; and encourage public participation as the basis for greater financial support both from Governments and private sources; and
- to give information and communication support to help implement UNICEF-assisted projects.

This involves an expansion of UNICEF's role as an international spokesman for children of the developing countries (the nutrition report mentioned above urged UNICEF to assume the role of "advocate" for the world's children). This includes general advocacy for children's services as well as advocacy where specific situations require food relief or health measures, etc. Project support communication (PSC) is to be strengthened; UNICEF now has a small PSC unit at headquarters providing support to five PSC officers in regional offices. Some projects are beginning to be provided with project personnel or volunteers for PSC.

The report also proposed increased co-production with various media; closer co-ordination between the Secretariat and the UNICEF National Committees; and co-operation with government development information services and non-governmental organizations.

The Executive Director believed that consideration should be given to a gradual expansion of information staff. A moderate expansion in field staff, and additional resources for efforts to focus attention on the potentials of basic services for children, is the next step as soon as budgetary provision can be made.

Management Survey

Following a decision of the Board in 1973, a management survey was carried out in UNICEF, with participation of the staff, by the Scandinavian Institutes of Administrative Research (SIAR). The report was discussed in the 1975 session, together with the recommendations of the Executive Director, which were approved. The SIAR report constituted a set of general directions along which UNICEF should work, rather than a "blueprint" to be imposed on the organization immediately.

The objective was to complete the various changes proposed over the next three years. Among the improvements decided on were:

- UNICEF representatives in the field are to be more directly responsible to the Executive Director in preparing and implementing assistance (reducing the number of subjects for which the line of command goes through regional directors). This will facilitate the work of field staff who are dealing directly with government ministries of developing countries;
- a trial is to be made of some “knowledge networks” (groups of programme officers specializing in a particular field). Over the next few years a number of centres and networks of advice for programme officers will be developed among various offices in the field that have a large workload in the subject matter. This approach also offers an alternative to developing new assistance policies and procedures primarily out of Headquarters. Such networks offer important means to improve the professional quality of the UNICEF staff;
- field staff are to participate more fully in decision making meetings in Headquarters;
- senior staff are to make more thorough visits to field offices; one of the objectives is to reduce paper reporting;
- co-ordination in headquarters is to be strengthened;
- personnel management and supervision is to be improved, under a director responsible directly to the Executive Director. More attention is to be given to career planning and staff training;
- participation of qualified women, especially from developing countries, is to be increased in UNICEF senior profes-

sional positions in both Headquarters and the field.

A report on progress in implementation is to be submitted to the 1976 and following sessions.

International Women's Year

At its 1974 session, the Board had recommended further efforts by UNICEF to help improve the status and condition of women and girls as an important means of improving the over-all welfare of children. They would include more help for literacy and education of women and young girls, and for lightening the excessive burden of women's daily work. There was also general agreement that UNICEF should participate in the programme for the International Women's Year beginning in 1975.

At the 1975 session, the Board noted that in many ongoing projects there was an increased emphasis on activities in favour of women and girls, including those affecting maternal and child health care, food and nutrition, and formal and non-formal education. It also approved assistance for a number of new projects involving and helping women, which centred on training and women's education at the village level, together with the use of simple labour-saving technology.

The Board also approved assistance of \$800,000 to three regional projects extending into 1977:

- In UNICEF's region of East Asia and Pakistan, after a seminar to be held in 1975, pilot projects will be undertaken in countries at different economic levels, with different cultural and religious backgrounds, to develop models for action on behalf of rural and urban women at low income levels. This pro-



During International Women's Year UNICEF has been emphasizing anew the importance of raising the status of women and girls for improving the over-all welfare of children.

Among programmes being assisted in various countries are literacy and education of women and young girls. Stress is also being placed on the importance of measures that lighten the burden of

women's daily work. Basic services for children, being advocated by UNICEF to governments, include measures of health, nutrition and education that will improve conditions of life for women.

gramme is designed to complement the Asian Plan for the Integration of Women in the Development Process, which was prepared by the Economic and Social Commission for Asia and the Pacific (ESCAP), and it will be fully co-ordinated with that plan.

—In the Eastern Mediterranean, earlier studies and two regional seminars prepared the way for a number of projects with the objectives, within the framework of Islamic values, of: opening the way for women to participate more in development projects; enhancing their status; and promoting their role in their

families. UNICEF will give some support to the Centre of Studies on Women and Development at Al-Azhar University; to the Centre for Information and Communication on Women of the League of Arab States; and to the training of workers for women's programmes. A number of projects will also be undertaken at the county level.

—In Africa, UNICEF will contribute to the Pan-African Training and Research Centre and the African Women's Volunteer Task Force, being developed together by the Economic Commission for Africa (ECA).

New Assistance Approved at Session

The 1975 session of the Executive Board approved new commitments totalling \$112 million as shown in table 2. Out of this total, \$74 million was for material assistance to projects, \$24.5 million for programme support services, and \$13 million for administrative services. The projects for which assistance was approved are in 52 countries (approximately half the countries having projects currently assisted), and there are 18 regional projects.

Half of the projects will provide assistance to the end of 1976, the other half for longer periods up to the end of 1977, 1978, or 1979. The four projects in which assistance was approved through 1979 are located in Democratic Yemen, Guatemala, Nepal, and Surinam. This will carry assistance up to the end of the country's current development plan in the first three countries.

In the majority of cases, assistance will continue along the lines described above in "UNICEF 1974", but some projects reflect new emphases flowing out of the Board's discussion of assistance policies in recent years. More UNICEF assistance is being requested for the development of children's services in "development zones", which frequently cover less developed areas and therefore the children most in need. The projects in Guatemala, Egypt, Indonesia, Philippines and the United Republic of Tanzania reflect this. In 1974, the Board considered its assistance policy for projects particularly benefiting the young child. Increased assistance to services for this age group was reflected in the recommendations for Egypt, Indonesia, Nepal, Peru, the Philippines and Zambia. The project in Tanzania provides a good example of efforts to develop mu-

Summary of Commitments	
Child health	
Child nutrition	
Social services for children	
Education (formal, non-formal, pre-vocational)	
Country planning and project preparation	
Other	
Emergency aid*	
Total Programme Aid	

GRAND TOTAL COMMITMENTS

*Does not include \$5,685,000 special assistance

tually supporting social services for children at the village level. The project in Nepal includes measures to stimulate community participation, based upon the *panchayat* or village council system. The project in Guatemala is an interesting example of a non-formal education programme aimed at developing basic skills of rural youth outside the reach of the formal school system, in the Central Western Highland Region. It is in line with assistance policy for non-formal education discussed in 1973 and 1974.

The Board also endorsed a number of

Approved at the May 1975 Board Session, by Region and Type of Programme

(in thousands of US dollars)

Africa	East Asia and Pakistan	South Central Asia	Eastern Mediterranean	The Americas	Inter-regional	Total	Per cent
6,423	15,079	4,498	1,962	2,495	—	30,457	41.0
1,076	3,367	1,273	783	1,728	85	8,312	11.2
2,439	3,771	—	1,867	1,141	—	9,218	12.4
3,663	6,305	2,079	2,247	2,259	800	17,353	23.4
379	728	—	70	765	1,500	3,442	4.6
407	1,985	736	100	772	—	4,000	5.4
—	500	—	—	—	1,000	1,500	2.0
14,387	31,735	8,586	7,029	9,160	3,385	74,282	100.0
						Programme support services	24,483
						Total assistance	98,765
						Administrative services	13,478
							112,243

which is included in the appropriate categories of assistance.

projects for special assistance and "noted" projects, which will become commitments only to the extent that special contributions are received for them. These projects are described below under "Special Assistance".

Delivery of Assistance in 1975

Earlier sessions, like the 1975 session, approved of assistance to projects extending into future years. At the beginning of 1975 there was a balance of \$139 million of assistance to be called forward for projects during 1975-1978, to which are

added the \$74 million approved at the 1975 session extending over the period 1975-1979. Out of this total of \$213 million for project aid approximately \$90 million would be called forward during 1975, plus special assistance made possible by specific contributions.

The projects being assisted during 1975 are in 109 countries, listed in table 3. Projects in a number of better-off countries were completed in 1973 and 1974. On the other hand five countries have been added which were formerly Portuguese territories.

Special Assistance

UNICEF, as a result of Board decisions going back more than a decade, seeks funds for specific projects for which financing is not available from its regular resources. These can be either "noted" projects for long-term development (as described on page 32) or for special assistance, including emergency relief and rehabilitation. Contributions for special assistance in 1974 amounted to \$25 million or 21 per cent of the annual revenue available for meeting commitments of the Board. The Board recognized the great value of specific contributions, and asked that a report be prepared for its next session to review its procedures for handling special assistance projects. The Board also expressed the hope that more funds would be given for general resources, available for use wherever the need and potential return were greatest.

The declaration of an emergency for children at the 1974 session was accompanied by a decision to have projects prepared for special assistance to help countries alleviate some of the children's problems, and to seek special contributions for them. These projects represent in some countries an expansion of existing UNICEF supported projects. In others, they are initiating a new range of activities on behalf of children, such as selective supplementary feeding to young children as part of health services. A natural link therefore exists between efforts various countries are now making to relieve current deprivation, and their efforts to develop long-term services for children. As economic conditions improve, it will become possible to upgrade the quality of these services and extend their range.

Twenty-three special assistance projects have been prepared (table 4); some others are in preparation. Approximately \$60

million, along with children's food, is being sought as early as possible, from governmental and non-governmental donors. Substantial procurement should be made in 1975, and the implementation in the field would extend in most cases through 1976 and 1977. These needs do not include the separate programme for the Indochina Peninsula which is described below.

Some examples of special assistance projects for which contributions are being sought are:

India. Compounding the effects of the global economic situation, floods and drought have affected children in a wide belt across the country. Special assistance is sought to make possible expansion of emergency relief already under way. Since the beginning of 1975, some 370,000 children and mothers have been receiving aid in 13 districts in the States of Assam, West Bengal, Orissa, Madhya Pradesh, and Uttar Pradesh. This consists of simple health and nutrition rehabilitation services, including selective supplementary feeding and well digging for the provision of safe drinking water. These relief measures are planned to lead into the integrated child development services that in the VIth Plan should meet basic longer-term needs of children in the areas covered. These steps have been financed, to the extent of some \$5 million, by diversion from UNICEF assistance to regular projects in India, some of which have been delayed in implementation by the financial stringency in the country.

An additional \$21.5 million is being sought, together with donations of children's foods, to make possible the continuation and expansion of these measures to reach 2 million beneficiaries of supplementary feeding, and about ten times that number with simple health services, and the improvement of village water supply.

Somalia. Similar conditions of drought and high prices for essential imports brought on a situation requiring special assistance in Somalia, but the specific needs are different. UNICEF helped respond initially to the

Countries Having UNICEF-Assisted Projects in 1975

AFRICA (45)

Algeria
 Angola
 Botswana
 Burundi
 Cape Verde Islands
 Central African Republic
 Chad
 Comoro Archipelago
 Congo
 Dahomey
 Equatorial Guinea
 Ethiopia
 Gabon
 Gambia
 Ghana
 Guinea
 Guinea-Bissau
 Ivory Coast
 Kenya
 Lesotho
 Liberia
 Madagascar
 Malawi
 Mali
 Mauritania
 Mauritius
 Morocco
 Mozambique
 Niger
 Nigeria
 Rwanda
 São Tomé & Príncipe
 Senegal
 Seychelles
 Sierra Leone
 Somalia
 Swaziland
 Togo
 Tunisia
 Uganda
 United Republic of Cameroon
 United Republic of Tanzania
 Upper Volta
 Zaïre
 Zambia

**EAST ASIA
 AND PAKISTAN (21)**

Bangladesh
 British Solomon Islands
 Burma
 Cambodia
 Democratic Republic
 of Viet-Nam
 Fiji
 Gilbert and Ellice Islands
 Hong Kong
 Indonesia
 Laos
 Malaysia
 New Hebrides
 Pakistan
 Papua, New Guinea, Terr. of
 Philippines
 Republic of Korea
 Republic of South Viet-Nam
 Singapore
 Thailand
 Tonga
 Western Samoa

SOUTH CENTRAL ASIA (7)

Afghanistan
 Bhutan
 India
 Maldives
 Mongolia
 Nepal
 Sri Lanka

THE AMERICAS (23)

Belize
 Bolivia
 Brazil
 Chile
 Colombia
 Costa Rica
 Cuba
 Dominican Republic
 Ecuador
 El Salvador
 Guatemala
 Guyana
 Haiti
 Honduras
 Jamaica
 Mexico
 Nicaragua
 Panama
 Paraguay
 Peru
 Surinam
 Trinidad and Tobago
 Uruguay

**EASTERN
 MEDITERRANEAN (11)**

Bahrain
 Cyprus
 Democratic Yemen
 Egypt
 Iraq
 Jordan
 Lebanon
 Oman
 Sudan
 Syrian Arab Republic
 Yemen Arab Republic

EUROPE (2)

Turkey
 Yugoslavia

emergency of severe drought in 12 out of 15 regions by flying in drugs and dietary supplements from the UNICEF Assembly and Packing Centre (UNIPAC) in Copenhagen, beginning at the end of November 1974. The special assistance programme now under way serves both for rehabilitation and to assist the Government's efforts to continue basic children's services in the face of the current world economic situation.

Large numbers of nomadic families, displaced by the drought, require long-term rehabilitation. The existing health services need considerable strengthening. Priority is being given to establishment of village dispensaries, small district hospitals, mother and child health centres and midwifery services. As part of the planned special assistance programme, UNICEF proposes to assist the development of simple water supply systems

table 4

Special Assistance Projects for Which Funds Being Sought in 1975

(not including the Indochina Peninsula)

Country	Total assistance requested (in millions of US \$)	Amount still required June 1975	Estimate of children's food required Amount still required June 1975 (in thousands of metric tons)
Angola	0.6	0.6	5.0
Bangladesh	15.2	10.6	33.0
Burundi	1.4	1.4	
Cape Verde	0.2	0.1	
Central African Republic	1.3	1.3	2.0
Dahomey	1.9	1.9	3.0
Egypt: Canal Zone	2.9	2.3	
Ethiopia	8.5	3.4	8.0
Guinea-Bissau	0.3	0.3	2.0
Honduras	1.5	0.2	
India	25.8	21.4	98.0
Mozambique	1.2	1.2	8.0
Rwanda	2.0	2.0	
Sahel (7 countries*)	13.6	6.0	3.0
Somalia	2.0	0.5	2.0
Sri Lanka	2.0	1.4	
United Republic of Tanzania	3.0	3.0	16.0
	83.4	57.6	180.0

*Chad, Gambia, Mali, Mauritania, Niger, Senegal, Upper Volta.

for hospitals and health institutions and of both water and sanitation projects for villages. A number of training projects would be supported for people chosen from their communities, in teaching, basic rural development skills, basic home economics, nutrition, hygiene and child care.

The Executive Board approved \$958,000 from general resources at its 1975 session and \$2 million of special contributions are sought for the full implementation of the above proposed assistance.

Sri Lanka. A drought in 1974 and large increases in the cost of imported cereals have contributed to malnutrition among young children and pregnant and nursing mothers, which had not previously been considered

a serious problem. The special assistance project is designed to help meet both present and longer-term nutritional needs through:

- nutrition rehabilitation services through 21 hospital and outpatient clinics;
- expansion of supplementary feeding to 100,000 young children in tea estates and urban low-income areas;
- local family food production and village processing of weaning foods;
- training of nutrition workers; and
- production of intravenous rehydration fluids.

The Board at its 1975 session approved a commitment of \$845,000 from general resources, to begin training of nutrition work-

ers and other activities that need to be begun as soon as possible. Specific contributions are sought for a further \$2 million to provide for the proposed extension of the services, and to maintain them through 1977.

Indochina Peninsula

Long-term rehabilitation assistance for children's services in areas throughout the Indochina Peninsula continued to increase during 1974. Apart from emergency aid provided in the first months of 1975, the bulk of UNICEF assistance was used for the rehabilitation of health and education services.

In Laos, for example, UNICEF assisted with the physical rehabilitation of district hospitals and rural health centres, and provided educational supplies and equipment for primary school classrooms. A project aimed at providing safe drinking water to 240 villages was developed. With a view to longer-term programme preparation, UNICEF provided the services of a consultant to the Central Planning Commission to help analyse the needs of children and possibilities of action.

Similar assistance was provided to Cambodia. By the end of 1974, however, with the intensification of hostilities, UNICEF activities shifted to emergency needs. Shelter material, cloth and mosquito netting was provided for distribution to displaced families. Assistance was also given for dispensaries, child nutrition centres and maternity and paediatric wards. This assistance ceased when the new government took over, and no other assistance has so far been requested from UNICEF.

Due to the extensive damage to schools in the Democratic Republic of Vietnam (DRVN) the Government requested UNICEF assistance for classroom reconstruction. With advice from UNESCO

staff, assistance was begun for the reconstruction of 1,000 classrooms starting with 20 prefabricated school buildings. A project aimed at upgrading 8,000 day-care centres was also developed. These activities continue and other types of UNICEF assistance are under discussion.

The rehabilitation of health and education services received high priority in South Vietnam during 1974. In addition, however, a start was made to implement a programme aimed at providing safe water and sanitary facilities to 450 rural schools and 358 maternities. UNICEF also helped upgrade six home economics centres to train adolescent girls from the less developed Montagnard area in home and child care.

In response to the emergency in early 1975, UNICEF airlifted shelter material to the country for use by displaced families and provided supplies for medical field teams, and skim milk powder and cloth for emergency feeding and clothing young children. UNICEF's ability to respond quickly to this situation was enhanced significantly by generous contributions made by governments to the special appeal for funds for Indochina made by the Secretary-General of the United Nations in March 1975.

Funding

After the cease-fire agreement of January 1973, UNICEF began assistance to projects in all parts of the Indochina Peninsula, and the Board session of May 1973 noted a tentative estimate that \$30 million would be required for the period 1973-1974, much of this to depend on specific contributions. At the May 1974 session, this estimate was raised to \$44 million, to extend assistance through 1975.

The necessary funds for this programme were provided. At the date of the Board

"Noted" Projects for Which Contributions Sought

Afghanistan	health services	\$ 566,000
India	rural water	4,500,000
Mali	education	1,300,000
Nepal	services for children	3,239,000
Pakistan	education	2,000,000
Senegal	women's training	240,000
Sudan	education	1,125,000
		<u>\$12,970,000</u>

session in 1975, specific contributions had been received in the amount of \$33 million, and the Board had also committed \$11 million from UNICEF's general resources. Contributions in kind of food and air transport were valued at an additional \$4 million.

Following the cessation of assistance in Cambodia, and the need for reprogramming in South Vietnam, there remained approximately \$8 million uncommitted for further use. Some of this has since been called forward for the delivery of various emergency supplies (cloth, medical supplies, textbook paper) to South Vietnam through Danang. Meanwhile discussion is beginning of assistance for long-term rehabilitation.

The Executive Board at its 1975 session approved of extending the assistance programme in the Peninsula as a whole through 1976, and committed a further \$5 million from general resources. As the specific assistance requirements for reha-

bilitation of services benefiting children are defined in South Vietnam, a need for further substantial specific contributions is expected.

"Noted" Projects

The Board's decision that UNICEF should seek contributions for specific purposes included long-term projects for which sufficient general resources are not available, as well as relief and rehabilitation and special assistance referred to above. Because long-term projects can be prepared sufficiently in advance for submission to the Board, they are examined and "noted" by the Board as qualified for support. In general "noted" projects meet the same criteria as those assisted from general resources, of which very often they are an extension. As a result of notings approved at the 1975 session, and some remaining from earlier sessions, contributions totaling nearly \$13 million are currently being sought from either governmental or non-governmental donors for the "noted" projects shown in table 5.

UNICEF Finances

Earlier sections have reported on UNICEF expenditure (table 1) and on assistance approved by the Board in 1975 (table 2), which regulates expenditure. This section gives information about revenue and contributions, preceded by an overview of the relation between these various elements of UNICEF's finances.

UNICEF'S expenditure is made to fulfil commitments approved by the Board. These commitments are made in advance of the receipt of the revenue necessary to fulfil them. Thus, each year's expenditure has to be substantially covered by the year's revenue. It follows that contributions received are put to use almost immediately.

Since UNICEF is not holding resources, in investments or bank deposits, corresponding to the commitments it has undertaken for future assistance to projects, it needs a revolving fund of working capital. This is shown as "funds in hand at year end" in the third line of table 6 above. Funds in hand allow for delays in the expenditure of currencies of restricted use, and for differences between revenue and expenditure arising from the degree of

forward planning required by this system: the volume of commitments approved has to be based on estimates of expenditure for each year, and of the revenue likely to be received in that year. This forward planning is reviewed by the Board at each session, and a financial plan approved for the current and next two years.

Table 7 below shows the approval and fulfilment of commitments. As explained above in connection with table 2, commitments are approved for assistance to projects for a number of years, because assurance of continuity makes the aid more effective, and often enables it to support the country's development effort for its services benefiting children.

Because commitments often extend over several years, only about one-third of the total of outstanding commitments is fulfilled through expenditure in any one year. The financial plan approved at the 1975 session is based on the assumption that the balance of outstanding commitments has reached a ceiling in relation to current financial prospects, and in 1976 they will show little increase over their level at the end of 1974 (last line, table 7).

table 6 **UNICEF's Annual Revenue, Expenditures and Funds in Hand**

(in millions of US dollars)

	Actual		Planned	
	1973	1974	1975	1976
Revenue (table 8)	96	115	133	137
Expenditure (table 1)	72	100	129	144
Funds in hand and receivables at year end ^a	54	61	65	58

^aNot including funds-in-trust.

Approval and Fulfilment of Commitments

(in millions of US dollars)

	Actual		Planned	
	1973	1974	1975	1976
Balance of commitments 1 January	152	170	236	253
New commitments approved	90	166	146	132
	242	336	382	385
Expenditure	72	100	129	144
Balance of commitments 31 December	170	236	253	241

UNICEF Revenue

UNICEF revenue for 1970-1974 and an estimate for 1975, is shown in table 8. Revenue for general resources and specific contributions for long-term projects reached \$91 million in 1974, and is expected to reach \$103 million in 1975. Funds for special assistance including relief and rehabilitation reached \$24 million in 1974, and a planning figure of \$30 million is shown for 1975, although UNICEF is seeking a much higher sum in view of the current needs for special assistance.

Specific contributions for special assistance are a response to current and largely unforeseen needs. Therefore, UNICEF's financial planning is anchored on regular contributions received for general resources, plus specific contributions for long-term projects. In 1970 the Board set as a goal that this regular income should be doubled by 1975, reaching \$100 million.

The estimate shows that it is expected to reach \$103 million in 1975. Unfortunately however, inflation and the economic events that have overtaken so many developing

countries make this increase misleading. A total of some \$180 million would be needed now to equal the general resources expected when the goal was set. The \$103 million UNICEF expects to have available for regular assistance and general expenses in 1975 is the equivalent of only \$57 million in 1970 prices.

Pledging Conference

UNICEF'S first pledging conference was held in November 1974 and the pledges made then and subsequently have resulted in an estimate of \$72 million for general contributions from governments (table 8). The General Assembly subsequently approved the holding of annual pledging conferences. Governments are therefore being asked to make pledges in November 1975 for regular contributions in 1976, for which \$120-140 million is requested. They are also invited, so far as they are able to do so at that time, to pledge specific contributions for special assistance and "noted" projects for which some \$70 million is being sought, not including needs still being examined for special assistance for children in the Indochina Peninsula.

table 8

UNICEF Revenue During the Period 1970-1975

(in millions of US dollars)

	1970	1971	1972	1973	1974	1975 (est.)
1. For general resources						
Regular contributions from governments	34	38	45	52	58	72
General contributions from non-governmental sources	7	7	7	6	7	6
Greeting card operation	4	5	6	7	7	8
Other income	<u>3</u>	<u>3</u>	<u>4</u>	<u>8</u>	<u>10</u>	<u>7</u>
	48	53	62	73	82	93
2. For specific long-term projects						
Specific contributions from govts. and non-gov'tl. sources*	1.4	3	6	6	5	
Funds-in-trust from UN system (UNFPA)	<u>.6</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>4</u>	<u>—</u>
	2	4	7	8	9	10
3. Total revenue for general resources and specific long-term projects*	50	57	69	81	91	103
4. For special assistance including relief and rehabilitation*	<u>9</u>	<u>7</u>	<u>12</u>	<u>15</u>	<u>24</u>	<u>30</u>
5. Total revenue available for meeting commitments by the Executive Board*	<u>59</u>	<u>64</u>	<u>81</u>	<u>96</u>	<u>115</u>	<u>133</u>
Breakdown of total						
From governments	42	43	55	66	80	
From non-gov'tl. sources	14	16	18	18	19	
Funds-in-trust from UN system and other income	3	5	8	12	16	

*Includes funds-in-trust received for UNICEF-assisted projects.

Contributions

Table 9 lists, by country, government contributions in 1974 for general resources (\$58 million) and for specific projects, both long-term and special assistance including funds-in-trust (\$22 million).

Table 10 lists by country non-governmental contributions received in 1974, including proceeds from greeting card sales. After deducting the costs to UNICEF of supplying the greeting cards, the net

Text continued on page 41

table 9

1974 General and Special Governmental Contributions

(in thousands of US dollar equivalents)

	General Contributions	Special Contributions (Including funds-in-trust)	Total
Afghanistan	25.0		25.0
Algeria	57.7		57.7
Antigua	0.3		0.3
Argentina	100.0		100.0
Australia	1,039.6	714.3	1,753.9
Austria	214.1	100.0	314.1
Bahamas	3.0		3.0
Barbados	4.5		4.5
Belgium	512.8	103.2	616.0
Belize	0.6		0.6
Bhutan	1.0		1.0
Bolivia	8.1		8.1
Botswana	1.1		1.1
Brazil	100.0		100.0
British Virgin Islands	0.1		0.1
Brunei	7.8		7.8
Bulgaria	25.6		25.6
Burma	60.9		60.9
Byelorussian SSR	72.3		72.3
Canada	2,577.3	478.7	3,056.0
Chile	120.0		120.0
Colombia	371.3		371.3
Congo	17.8		17.8
Costa Rica	30.0		30.0
Cuba	92.8		92.8
Czechoslovakia	63.9		63.9
Democratic Yemen	1.0		1.0
Denmark	1,509.7	5,093.7	6,603.4
Dominica	1.9		1.9
Egypt	140.6	38.3	178.9
Ethiopia	21.9		21.9
Fiji	2.0		2.0
Finland	625.1	669.4	1,294.5
France	1,743.6		1,743.6

table 9 (continued)

	General Contributions	Special Contributions (Including funds-in-trust)	Total
Gabon	32.9		32.9
Gambia	4.6		4.6
Germany, Federal Republic of	3,179.9	4,555.1	7,735.0
Ghana	20.9		20.9
Greece	90.0		90.0
Grenada	0.8		0.8
Guatemala	15.0		15.0
Guyana	5.4		5.4
Holy See	1.0		1.0
Honduras	20.0		20.0
Hong Kong	12.6		12.6
Hungary	8.0		8.0
Iceland	19.4	7.2	26.6
India	1,096.8		1,096.8
Indonesia	150.0		150.0
Iran	350.0		350.0
Iraq	101.3		101.3
Ireland	178.6	374.6	553.2
Israel	45.0		45.0
Italy	458.0		458.0
Ivory Coast	10.4		10.4
Jamaica	13.1		13.1
Japan	1,771.0		1,771.0
Jordan	12.9		12.9
Kenya	19.7		19.7
Kuwait	33.0		33.0
Laos	4.0		4.0
Lebanon	30.0		30.0
Lesotho	3.6		3.6
Liberia	20.0		20.0
Libyan Arab Republic	35.2		35.2
Liechtenstein	2.0		2.0
Luxembourg	13.2		13.2

table 9 (continued)

	General Contributions	Special Contributions (Including funds-in-trust)	Total
Malawi	1.2		1.2
Malaysia	82.3		82.3
Maldives	0.9		0.9
Mauritania	7.9		7.9
Mauritius	4.0		4.0
Mexico	120.0		120.0
Monaco	3.3		3.3
Morocco	51.8		51.8
Nepal	2.4		2.4
Netherlands	1,509.4	2,038.6	3,548.0
New Zealand	589.8	327.6	917.4
Nigeria	97.6		97.6
Norway	3,215.8	5,368.9	8,584.7
Oman	20.0		20.0
Pakistan	75.1		75.1
Panama	20.0		20.0
Peru	100.0		100.0
Philippines	202.0		202.0
Poland	301.2		301.2
Republic of Korea	28.0		28.0
Republic of Viet-Nam	26.0		26.0
Romania	11.1		11.1
Rwanda	2.0		2.0
St. Kitts-Nevis-Anguilla	0.8		0.8
St. Lucia	2.9		2.9
St. Vincent	0.7		0.7
Saudi Arabia	487.0		487.0
Senegal	10.7		10.7
Sierra Leone	23.2		23.2
Singapore	13.0		13.0
Somalia	10.2		10.2
South Africa	50.0	200.0	250.0

table 9 (continued)

	General Contributions	Special Contributions (Including funds-in-trust)	Total
Spain	168.9		168.9
Sri Lanka	18.1		18.1
Sudan	30.0		30.0
Swaziland	2.9		2.9
Sweden	11,235.9		11,235.9
Switzerland	1,709.6	628.8	2,338.4
Syrian Arab Republic	13.7		13.7
Thailand	512.5		512.5
Trinidad and Tobago	11.4		11.4
Tunisia	33.8		33.8
Turkey	240.7		240.7
Uganda	41.1		41.1
Ukrainian SSR	144.6		144.6
USSR	780.8		780.8
United Kingdom of Great Britain and Northern Ireland	3,081.7	1,190.5	4,272.2
United Republic of Tanzania	14.3		14.3
United States of America	15,000.0		15,000.0
Upper Volta	11.9		11.9
Venezuela	250.0		250.0
Yemen	5.3		5.3
Yugoslavia	228.0		228.0
Zaire	23.6		23.6
Zambia	27.7		27.7
TOTAL	57,968.5	21,888.9	79,857.4

NOTE:

In addition to general and special contributions, UNICEF received also contributions from 38 governments toward the local costs of UNICEF offices; these contributions totalled \$1,225,600 in 1974.

1974 Non-Governmental Contributions

(in thousands of US dollars)

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

Algeria	21,640	Luxembourg	33,176
Argentina	206,969	Mexico	31,963
Australia	825,550	Netherlands	905,938
Austria	152,906	New Zealand	146,003
Belgium	723,173	Nigeria	15,389
Brazil	494,048	Norway	417,792
Canada	1,950,292	Pakistan	17,182
Cayman Islands	209,495	Peru	69,863
Chile	96,917	Philippines	17,330
Colombia	27,743	Poland	20,425
Denmark	230,074	Romania	79,804
Egypt	16,757	Spain	366,453
Finland	261,912	Sri Lanka	10,685
France	1,724,287	Sweden	580,220
Germany, Federal Rep. of	3,911,036	Switzerland	541,649
Greece	41,030	Thailand	16,999
Hungary	20,332	Turkey	60,725
India	143,653	USSR	104,646
Indonesia	15,691	United Kingdom	481,734
Iran	16,685	United States of America	8,194,766
Ireland	104,474	Uruguay	14,372
Italy	280,271	Venezuela	14,266
Ivory Coast	10,806	Yugoslavia	67,177
Japan	357,747	Contributions under \$10,000*	<u>230,321</u>
Lebanon	17,543		
		Total	24,299,909
		Less costs of Greeting Card Operations**	<u>6,445,276</u>
		Net available for UNICEF assistance***	17,854,633

*Details of non-governmental contributions under \$10,000 are given in UNICEF document E/ICEF/637, Chapter III, Annex III.

**Costs of producing cards, brochures, freight, overheads.

***In addition \$1.5 million were received as funds-in-trust, making the total of \$19 million (approximate) shown in table 8.

1974 Contributions in Kind Made Through UNICEF

(estimated value in thousands of US dollars)

	Commodities	Freight Services
I. From Governments		
For relief and rehabilitation:		
Germany, Federal Republic of		23.8
Jordan and Lebanon	1.6	
United States of America	7,827.2	1,971.2
For on-going UNICEF-assisted programmes:		
United States of America	136.6	
II. From non-governmental sources		
For relief and rehabilitation:		
Bangladesh		.95
Denmark		1.4
Ethiopia		2.2
France	15.6	
Mali		6.
New Zealand	79.1	
Panama	1.	
Somalia		31.
Sweden		16.
Switzerland	10.	
United Kingdom	1.75	
United States of America	4.	

contributions made available for UNICEF assistance to projects was \$18 million. In addition to proceeds from the sales of greeting cards, these contributions come from Halloween campaigns in North America, television appeals in Europe, and other collections by national committees or non-governmental organizations including those for specific projects they "adopted."

Table 11 lists contributions in kind made through UNICEF in 1974. These consisted mainly of children's foods, medicines and freight. The estimated value placed on these items by the donors was \$8 million for commodities and \$2 million for freight. These amounts are not included in the UNICEF accounts, and are additional to the \$100 million expenditure recorded.

Further information about UNICEF and its work may be obtained from UNICEF offices and UNICEF National Committees

UNICEF Offices

UNICEF Headquarters, United Nations,
New York 10017

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

UNICEF Regional Office for East Africa
P.O. Box 44145, Nairobi, Kenya

UNICEF Regional Office for Nigeria and Ghana
P.O. Box 1282, Lagos, Nigeria

UNICEF Regional Office for West Africa
P.O. Box 4443, Abidjan Plateau, Ivory Coast
UNICEF Fondo de las Naciones Unidas para la
Infancia Oficina Regional para las Américas,
Avenida Isidora, Goyenechea 3322, Casilla-
13970, Santiago, Chile

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

UNICEF Regional Office for the Eastern
Mediterranean, P.O. Box 5902, Beirut, Lebanon
UNICEF Regional Office for South Central Asia
11 Jorbagh, New Delhi 3, India

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

UNICEF Office for Japan
Shin Ohtemachi 2-Chome, Tokyo 100

Or the UNICEF area or country office nearest you

UNICEF National Committees

UNICEF National Committees play a vital role in the work of the Children's Fund by helping to inform the public about the needs of children and UNICEF's efforts to meet those needs. Through the sale of greeting cards, and fund-raising activities, aimed at young as well as adult audiences, the Committees contributed some \$17 million net to UNICEF resources in 1974 and provided a means for hundreds of thousands of individuals in many countries to participate directly in an activity of the United Nations. The work of the Committees assumes a special importance in building public support on behalf of the world's children. The names and addresses of the 30 National Committees are listed below.

Australia

The UNICEF Committee of Australia
1st Floor
36 Grosvenor Street
Sydney 2000

Austria

Osterreichisches Komitee für UNICEF
Volksgartenstrasse 1, corner Hansenstrasse
1010 Vienna

Belgium

Comité belge pour l'UNICEF
1 rue Joseph II
1040 Bruxelles 4

Bulgaria

Bulgarian Committee for UNICEF
c/o Ministry of Public Health and Social Welfare
5 Place Lénine
Sofia

Canada

Canadian UNICEF Committee/
Comité UNICEF Canada
443 Mount Pleasant Road
Toronto
Ontario M4S 2L8

Cyprus

United Nations Association of Cyprus
Sub-Committee for UNICEF
P.O. Box 1835
Nicosia

Czechoslovakia

Ceskoslovenské Komitétu Pro Spolupráci s
UNICEF
c/o Ministerstvo Zdravotnictví CSR
Vinohrady, Trida Wilhelma Piecka 98
120 37 Praha 10

Denmark

Dansk UNICEF Komité
Billedvej 8, Frihavnen
2100-København

Finland

Suomen Yksin Lastenapu UNICEF/
FN:s Barnhjälp i Finland UNICEF
Kalevankatu 12
SF 00100 Helsinki 10

France

Comité français pour le Fonds des
Nations Unies pour l'Enfance
35 rue Félicien David
75787 Paris Cedex 16

German Democratic Republic

Deutsches Komitee für UNICEF
108 Berlin, Thalmannplatz 8/9

Germany, Federal Republic of

Deutsches Komitee für UNICEF
Steinfeldergasse 9
5 Köln 1

Hungary

Az Énsz Gyermekalap Magya Nemzeti
Bizottsága
V, Belgrad Rakpart 24
Budapest

Ireland

Irish Committee for UNICEF
9b Lower Abbey Street
Dublin 1

Israel

Israel National Committee for UNICEF
10 Rehov Alharizi
Yerushalaim/Jerusalem

Italy

UNICEF Comitato Italiano
Via Sforza 14
00184 Romo

Japan

Japan Association for UNICEF, Inc.
12 Iikura-Katamachi
Azabu, Minatu-Ku
Tokyo

Luxembourg

Comité luxembourgeois pour l'UNICEF
5 rue Notre-Dame
Luxembourg

Netherlands

Stichting Nederlands Comité UNICEF
Bankastraat 128
(Postbus 1857)
's-Gravenhage/The Hague

New Zealand

New Zealand National Committee for
UNICEF, Inc.
10 Brandon Street
Wellington

Norway

Den Norske UNICEF-Komité
Egedes gate 1
Oslo 1

Poland

Polski Komitet Wspolpracy z UNICEF
00-640—Warszawa
ul. Mokotowska 14 p. III

Romania

Fondul Natiunilor Unite Pentru Copii
Comitetul National Român
6-8, Onesti Street
Bucharest I

Spain

Asociación de Amigos del UNICEF
Joaquin Costa, 61. 3º dcha 2ª
Madrid 6

Sweden

Svenska UNICEF-Komittén
Skolgränd 2
S-104 65 Stockholm 15

Switzerland

Swiss Committee for UNICEF
Werdstrasse 36
8004 Zürich

Tunisia

Comité tunisien pour l'UNICEF
Escalier D, Bureau No. 127
45 avenue Habib Bourguiba
Tunis

Turkey

UNICEF turkiye milli komitesi
c/o hacettepe university
ankara

United Kingdom

United Kingdom Committee for UNICEF
99 Dean Street
London W1V 6QN

United States of America

United States Committee for UNICEF
331 East 38th Street
New York, New York 10016

Yugoslavia

Jugoslovenski Nacionalni Komitet za UNICEF
104 Bulevar Avnoja Siv II
11070 Novi-Beograd

Liaison Offices**Greece**

PIKPA
5 Odos Tsoha
Athenai 602

Union of Soviet Socialist Republics

Alliance of Red Cross and Red Crescent Societies/
Sojuz Obshchestv Krasnogo Kresta i Krasnogo
Polumesiatsa
1 Tcheremushkinski Proezd
Dom. No. 5
Moskva B-36

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

Report of the Executive Board on its 1975 session
C, E, F, R, S (Doc. No. E/ICEF/639)

Annual Progress Report of the Executive Director
E, F, R, S (Doc. No. E/ICEF/637)

Special Assistance Programmes, Volumes 1 and 2
E (Doc. No. E/ICEF/MISC. 241 and 244)

Les Carnets de l'Enfance/Assignment Children,
a quarterly review published by UNICEF

UNICEF News, published quarterly by UNICEF
Financial Report and Statements for the year
ended 31 Dec. 1974

E, F, R, S (Doc. No. E/ICEF/AB/L. 154)

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

Basic Facts about UNICEF

Legal basis. The United Nations Children's Fund (UNICEF) was created by a resolution of the General Assembly at its first session (Resolution 57(1), 11 December 1946), Taking account of the effect of subsequent amendments, UNICEF is a continuing Fund to help advance the welfare and development of children in developing countries.

Executive Board. UNICEF is governed by an Executive Board of 30 countries, ten of which are elected each year by the Economic and Social Council for a term of three years, which is renewable. The Executive Board determines UNICEF's assistance programmes and commits its funds. The Board meets once a year. Its report is considered by the Economic and Social Council and, through it, by the General Assembly.

The Membership of the Board for the Period 1 August 1975-31 July 1976

Bolivia	Guinea	Thailand
Bulgaria	India	Uganda
Canada	Indonesia	Union of Soviet
Central African Republic	Italy	Socialist Republics
Colombia	Japan	United Kingdom
Cuba	The Netherlands	of Great Britain and Northern Ireland
Dahomey	Pakistan	United States of America
Egypt	Peru	Yugoslavia
Finland	Philippines	
France	Poland	
Germany, Federal Republic of	Rwanda	
	Sweden	
	Switzerland	

The officers of the Board for 1975-1976 are:

Chairman (Executive Board): Dr. Hans Conzett
(Switzerland)

Chairman (Programme Committee): Mr. P. N. Luthra
(India)

**Chairman (Committee on Administration and
Finance):** Mr. M. Sriamin (Indonesia)

First Vice-Chairman: Dr. Kamal Mahmoud
El-Hasany (Egypt)

Second Vice-Chairman: Dr. Boguslaw Kozusznik
(Poland)

Third Vice-Chairman: Dr. Roberto Rueda-Williamson
(Colombia)

Fourth Vice-Chairman: H.E. Mr. Callixte Habamenshi
(Rwanda)

Secretariat. The Executive Director, Mr. Henry R. Labouisse, heads a secretariat, with headquarters at United Nations, New York, an office in Geneva and field offices in developing countries.

Revenue. The revenue of UNICEF comes from voluntary contributions by governments and individuals.

Assistance policy. UNICEF assistance supports services and projects benefiting children and mothers which are planned and undertaken by the national authorities concerned. The material support UNICEF can offer takes the form of supplies and equipment as well as stipends for training; UNICEF can also offer programming and planning advice. Patterns of co-operation are based on each country's own priorities of children's needs, and possibilities of action. Among the potential fields of co-operation are services for the improvement of maternal and child health, child nutrition, family and child welfare and basic education.

Technical advice. The advice of the specialized and technical agencies of the United Nations system is available to UNICEF and to the countries concerned for technical aspects of the assisted projects, and UNICEF does not duplicate their professional services.

Control of expenditure. The Board approves "commitments" to projects for assistance, usually extending over several years. The field office serving the country concerned "calls-forward" annual requirements within the commitment, in accordance with the progress of the assisted project. Supplies are then procured and shipped to the country, where the field office helps and observes their delivery and use. UNICEF's internal audit checks the delivery of UNICEF assistance. UNICEF's accounts are audited by the external auditors of the United Nations and the financial report goes to the General Assembly.

National committees may be set up in contributing countries in accordance with their laws and practices, in most cases, on the initiative of private citizens. They accept the obligations, defined by the Executive Board, of a "UNICEF National Committee." They spread information about the needs of children in developing countries, and the possibilities of action through UNICEF. Usually they are also responsible for the distribution and sale of UNICEF greeting cards, and they may arrange other fund-raising campaigns. In their activities they usually benefit from widespread voluntary help.

Non-governmental organizations are often leaders in providing services to children in the developing countries. They offer UNICEF information and advice on the basis of their experience and some have become partners in projects of mutual interest. Many co-operate with UNICEF in information and fund-raising work. An NGO Committee for UNICEF comprises 88 member organizations having consultative status with the Executive Board.

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Colombia	Japan	Republics
Cuba	The Netherlands	United Kingdom
Dahomey	Pakistan	of Great
Egypt	Peru	Britain and
Finland	Philippines	Northern
France	Poland	Ireland
Germany, Federal Republic of	Rwanda	United States of
	Sweden	America
	Switzerland	Yugoslavia

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United Nations, New York, N.Y. 10017