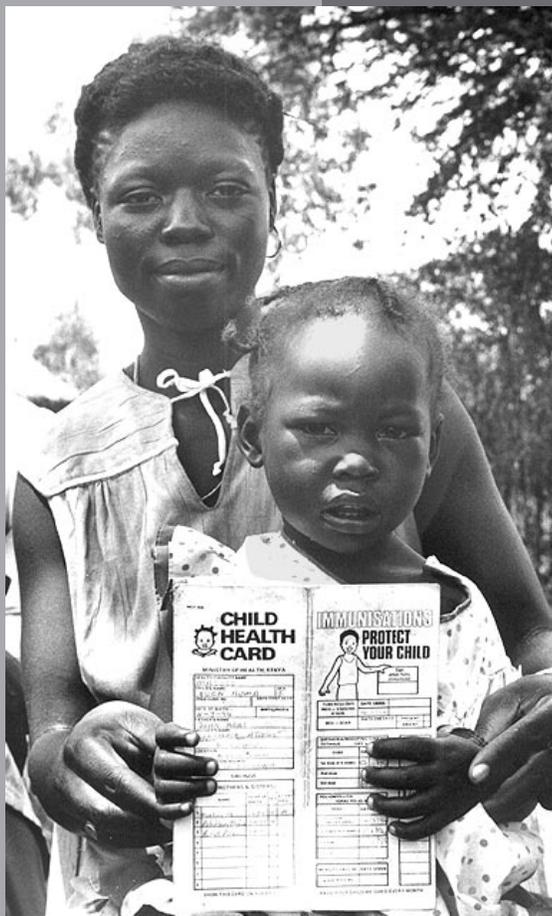




AMERICA'S PARTNERSHIP WITH UNICEF

*A report to the United States
on the impact of
its contribution to UNICEF
from 1985 to 1995*



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Foreword

I am pleased to present this special report titled ‘America’s Partnership with UNICEF’ to our colleagues in the U.S. Congress, the Executive Branch and around the country. I hope it will serve to strengthen America’s understanding of the survival, development and protection needs of the world’s children and the work of UNICEF in addressing these needs.

This report is special in at least two respects. One, it is the first time we have gone directly to the field to provide the United States with information about the impact of its annual voluntary contribution to UNICEF. We asked Terry Peel, a former Congressional staff member, to visit the children and their parents and community leaders so they could speak directly about their own lives and challenges. This human perspective is all too easily lost in much of the otherwise useful project-by-project reporting that UNICEF provides to our donors as a matter of course. I believe the voices of the children interviewed for this report speak volumes about the impact UNICEF and its partners can have and have had with the child survival and development program.

Two, this report gathers for the first time important historical information, some dating back to UNICEF’s creation 50 years ago, about American individuals and institutions that played a role in the founding of UNICEF and in the development of its major programs. UNICEF is a truly multilateral organization that has been blessed with critical financial and intellectual support from many nations, including our national partner governments throughout the developing world. Sustained funding support from the U.S. Government has helped to make possible the specific improvements in children’s lives highlighted by this report.



Carol Bellamy
UNICEF Executive Director

INTRODUCTION

Moses Omondi in Kenya, Elsy Lopez and William Gonzales in El Salvador, Tocoma Nugunfori in Uganda, Rinky in India, Monjila in Bangladesh, and 20 million other children around the world are alive today because UNICEF has led the charge in focusing the world's attention on children.

The United States and UNICEF have a long history of partnership in trying to make the world a better place for children. During the last decade the United States has contributed more than \$840 million to UNICEF and is, in the truest sense of the word, a partner with UNICEF around the globe. These voluntary contributions to the General Resources fund have provided UNICEF with the foundation to work in more than 140 countries and to maintain a global campaign for child survival. After the TV cameras have left, this funding allows UNICEF to stay on the ground to build permanent programs for the future, and to be ready if there is another Rwanda-type crisis anywhere in the world.

Having worked on various funding issues for nearly 20 years on the House of Representatives Appropriations Committee — a majority of that time as Staff Director of the Foreign Operations Committee — I was asked by Carol Bellamy, the Executive Director of UNICEF, to prepare a report that explains to the United States the importance of its contribution to UNICEF's General Resources fund.

Ms. Bellamy asked me to find a way to show in human terms the value of UNICEF's influence during the decade following the initiation of the child survival program in the early 1980s.

Benefits for children

Programs supporting children have a payoff that can be seen:

- Immunization programs now prevent the death of 3 million children each year.
- One million children's lives are being saved every year by the use of oral rehydration salts and therapy.
- Polio has been eradicated in the Western hemisphere.
- Twelve million infants are now protected annually from mental retardation, thanks to salt iodization.

In undertaking this work I was influenced by the story of Salamawit, a five-year-old girl who survived, with UNICEF's help, the 1984–1985 famine in Ethiopia. She was photographed and interviewed and her bright face and smile were seen all over the world on a popular UNICEF poster. The poster reads, "What do you want to be when you grow up?" "Alive."

Several years later, Salamawit was invited to address an OAU Summit. Now, she is soon to graduate from secondary school and hopes to be admitted to study at a university. Her story is an example of the depth of trouble facing more than a billion children in the world — children who live in poverty. She also represents the



Children in Kenya give the thumbs-up to UNICEF.

achievements for children during the last 10 years: providing children with the opportunity to survive and to lead productive lives — to have a future.

I decided that the best way to convey the value of what UNICEF does was to find out more about children like Salamawit — children who have a view of life that is different from the one most Americans take for granted. Therefore, I traveled to Latin America, Africa and Asia to directly ask children like Salamawit, and their mothers, fathers, teachers and others, about their lives and how they have been helped by UNICEF.

My goal was to try to see ‘up-close’ how UNICEF is working on the ground. How is United States’ support being used? Is the support actually reaching the children? Who are these children in need? Are their lives better than they were 10 years ago?

I met children who are alive today because they were immunized in the 1980s — and heard

stories of brothers and sisters who were not immunized and are now dead. I visited communities where children had been given up as lost causes because 10 years ago only 10 percent of their children had been immunized — whereas now more than 95 percent of children in such communities are immunized.

I talked to remarkable children who five months earlier were working six days a week, 8 to 10 hours a day, in factories. These children are now in school. They arrive there early and don’t want to leave because they are so eager to learn.

I talked to a boy named Moses in Kenya who was abandoned at age 11 and was found living under a railroad bridge. Three years later he is in a UNICEF-sponsored program for AIDS orphans. I asked him if he could be President of Kenya someday. He responded confidently, “I can do that.”

I met a girl named Mily in Bangladesh who was training other children and their mothers on how to improve their health and education. I met nurses who gave 100 immunizations that morning, but stopped for 30 minutes to deliver a baby. I saw children dying of dehydration one day, but living the next because of simple salt/sugar and water treatments called oral rehydration therapy (ORT).

I heard children in India who had formerly been working 10 hours a day in glass factories and are now in school chant their motto, “Please, give us back our smiles.”

These voices from around the world, coupled with an analysis of achievements and history from my colleague Robert Ledogar, have been the foundation for this report. My conclusion is that UNICEF, with major support from the United States, has indeed followed the wishes of the children in India and given back millions of smiles — and is working on millions more.

— Terry R. Peel

PART I. REPORTS FROM THE FIELD



Girls in Bangladesh who are in school rather than working.

Overview

Over a period of six months, from May to November of 1996, I visited five countries as part of the preparation of this report. I interviewed children, mothers, fathers, community workers, government officials, UNICEF staff and others to obtain a firsthand and personal impression of how UNICEF dollars are being used in the field.

I taped 20 hours of interviews in El Salvador, Uganda, Kenya, India and Bangladesh. I have condensed these conversations to form a picture of how UNICEF is helping children. The country reports are not an attempt to trace the use of United States dollars to these countries. Instead the reports are intended to be examples of the needs and programs for children in diverse areas around the world.

Why were these countries chosen? El Salvador is appropriate because it was one of the first countries to embrace and achieve success in child immunization — and the fact that a war stopped there to provide children with immunizations.

Uganda in the early 1980s essentially had no programs to help children but is now a leading country in reducing child mortality and improving child health, despite the tragedy created by an AIDS epidemic.

Kenya has also achieved improvements in child survival and health. In addition, it is important to see here how programs are operating some two years after UNICEF identified problems with the mismanagement of funds by the country office.

India, with 350 million children under the age of 15, is one of UNICEF's largest programs, and one with a history of proving that sometimes the impossible can happen.

Bangladesh was chosen because of the diversity and size of the program.

To our knowledge no one was coached in what to say during any of our visits. In fact all of the children interviewed in this report were selected randomly and on the spur of the moment.

Following Part I, you will find a section of the report assembled by Bob Ledogar. This section provides for the first time information that highlights the 50-year partnership between the United States and UNICEF, with an emphasis on the 'Child Survival Decade', 1985-1995.



Interview in Valle Seco, El Salvador.

Stopping a war, saving a life: A report from El Salvador

June 6–10, 1996

Elsy Orellana Lopez survived the war in El Salvador even though she lived in the midst of intense fighting in the mostly rebel-held territory of Valle Seco, a two-hour drive southeast of the capital. “I am 11 years old and was immunized here 10 years ago,” she says. Her grandfather speaks of spending many days in the house lying flat on the floor to avoid stray bullets as each side of the conflict moved back and forth in the area. In the midst of the war, her mother took her to a makeshift clinic to be immunized through a program supported by UNICEF.

Elsy is standing near a UNICEF-sponsored water project. Her mother has brought the immunization cards for her four children — all immunized during the conflict. These cards have



Elsy Orellana Lopez with her immunization card in Valle Seco, El Salvador.

been wrapped in plastic and saved in a separate box as carefully as someone in the United States would save a valuable document in a safety deposit box. The children are proudly holding their immunization cards.

Elsy was immunized on February 10, 1985 at the school house in Samuria. On that date, when the war was stopped briefly for the immunization of children, she received polio and diphtheria vaccinations. Unlike many children her age, especially girls, she has stayed in school. She tells us, “I like to go to school.” What about your future? “When I finish school I want to go to a university.”

Maria Irene Gomez and William Amilcar Gonzales shared the same experience as the Lopez children but live in Las Cruces — a remote community near Valle Seco. Here Timoteo Lobo, a man in his late seventies, pointed to areas surrounding the local church where bombs had dropped on the day before the war was stopped so that children could be immunized. “It was a very difficult time during the war. We were desperate. During the war people would come in for work and the guns and firing would start and they would have to hide. Helicopters would be flying everywhere.”

EL SALVADOR STATISTICS

Population

5.8 million

Under 18 population

2.8 million

Under 5 mortality

1960 210/1,000 births

1995 40/1,000 births



Left: Maria Irene Gomez was immunized during the war and now wants to be a medical doctor.

Right: William Amilcar Gonzales in Las Cruces, El Salvador.

What happened on immunization day? “That day everything stopped. We didn’t hear guns, no, nothing. One day bombs are dropping and bullets are flying, the next the people are at the church and the Government is giving out immunizations.”

Maria Irene Gomez was one of those children being immunized. “I am 10 years old and in third grade,” she tells us. “I want to stay in school and be a medical doctor.” Maria’s mother describes what happened during the war. “The war was at its strongest when my little girl was born. Doctors came from Santa Elena to give shots. The war stopped during that time.” She still has her vaccination card at her house. She also tells us, “All of the projects we have in the community have been supported by UNICEF.”

On a hot sunny Saturday in June, more than 20 other children and mothers gathered to celebrate a new water project in Santa Elena. Among them is Elsa Granados, who is now 16. She was immunized at a nearby church when she was six years old — and she was one of the first children to be immunized during the war. Jean Gough with UNICEF in El Salvador reminds us, “Even at the height of the war, more children were dying each day from preventable diseases, such as measles, than from all war-related causes combined.”

Was anyone else immunized at the church? So many hands went up that we decided to go to the church where it all began 10 years ago in El Salvador, to take a picture. This started an impromptu community celebration.

Eight-year-old William Gonzales, pictured above, joined us a little late for the picture — he had stopped to pick up a sandwich almost half his size. He also was immunized during the war. He says, “I am proud that I am healthy and I want to stay in school.”

Three hours southeast of the capital in Jucuaran, another hot spot during the war, Luis Boigues, a doctor, and Edna Hernandez de Padilla, a health promotor, take us to the exact site in Jucuaran where they immunized children during the war. They describe how immunization took place while rebel combatants and government soldiers stood by holding their guns. For this brief period there was peace.

UNICEF’s inspiration for child survival caught fire here in 1985 in these remote communities of El Salvador. The older children we see today were infants immunized during the ‘Days of Tranquillity’ in the country, when the Government and combatants agreed, after urging from UNICEF, to stop fighting and allow children to be immunized. As a result, fighting in one of the

bloodiest and longest conflicts in Central America actually paused for a day and later for more days to ensure a future for children in El Salvador.

From this simple beginning, UNICEF, enabled by assistance from the United States, has developed a worldwide program to protect innocent children threatened by disease and war.

CLEAN WATER BEFORE I DIE

We found the children and families described above at the site of water projects recently developed by UNICEF in war-torn areas about a two and one-half hour drive from San Salvador. Our visit to these water projects stimulated a festival — because clean drinking water is such an important event in these communities.

One woman, who is 80 years old, tells us, “The one thing I want to see before I die is clean water at my house.” She and other members of the community have been walking an hour each time they need water — and paying a large sum for it. When asked what she will do with the savings, one mother says, “I could buy more food for my children and then my family will be healthier.”

Another woman tells us, “The water projects would not have been built without UNICEF’s help, and without UNICEF the people in the community would not have been involved.” She also tells us, “Children were hurt the most by bad water and suffered from diarrhea and worms.”

CELEBRATING IMMUNIZATION AND WATER

The water celebration also brings speeches from each of the seven individual community leaders. The chief community leader points out that sanitation is being combined with the water projects and that more than 4,000 people will be served by the project.

The local government health representative sets up a chart in front of the new water pump to show that more than 95 percent of the children in the region have been immunized. Ten years

ago, less than 45 percent of the children had been immunized. They are now working toward a 100 percent immunization level.

AFTER SURVIVAL: UNICEF AND EDUCATION

UNICEF has also been working with the Government and directly with communities to improve education in Usulután province.

We talk to Ana Iris Martínez de Jiménez, a teacher in Jucuarán in Usulután province. She tells us, “A very small percentage of children who start school complete the sixth grade.” Many children are taken out of school starting at age six to work on coffee plantations — even though school is in recess during the height of the coffee-picking season. The few books they have in schools are provided through UNICEF. UNICEF is working with the Government to strengthen education programs, provide incentives to parents to keep children in school and ensure that children who are attending school are actually receiving a quality education.

HOPE FOR CHILDREN MOST AT RISK

Maria Teresa de Mejía is the Director of the Salvadoran Institute for the Protection of Minors in the capital, San Salvador. A tireless worker, she is trying to help children who have become orphans because of the war, or have been abandoned because of physical or mental disabilities or are simply living on the streets. The purpose of the Institute is to return street and orphaned children to a safe environment as soon as possible.

Ms. Mejía tells us that the Institute’s program is possible because UNICEF, following the war, had helped the Government and the community design a ‘National Policy for Children’. Before the enactment of this policy, there was no coordinated program to help children affected by the war, or other children who need special care.

Who are the children in this Institute? Among them is a child of 12, dressed in white and playing at the top of a slide, ready to descend. When

she comes to the bottom of the slide she ignores, for the moment, a small baby in a buggy. Other children are playing with the baby, so she returns for another slide. However, she will have to return to the baby because it is hers. The young mother and her child have been abandoned by her family. A health care worker tells us, "This girl does not know if she is a woman or a child."

In one dark but clean and well-cared-for room are 10 newborn babies that were found abandoned.

In another area of the Institute is a child who has been intentionally scalded by his parents. Another had been cut by his mother with a knife. Several three-year-olds had been found on the street. The seven- and eight-year-olds were street children who had been surviving by sniffing glue. Most children are here because it is their only hope.

Ms. Mejia tells us, "Without this program the children would be in the streets and they would either be abused or abandoned: there wouldn't be any alternative."

We ask the Director what would have happened to these children if they had been left on the street? Her reply: "Those who even survive would get into drugs — the others would just die."

A SUCCESS STORY

There are positive stories at the Institute. We met Efrain Rios Montt, a young man of 17, who named himself after the former President of Guatemala. Efrain came to the Institute when he was 11 years old after a life on the street sniffing glue and participating in a gang. He had been abandoned at age eight by his family.

Efrain tells us that if he had not been at the Institute and received help, "Things would have gone wrong. Now I like studying, and I would like to go to the university. I want to work in what I have learned at school. I want to have a title." He goes to high school and is working — and if he can find the money he will go on to a university.

UNICEF has provided the seed money for the opening of 12 such centers. The Director of the

Institute leaves us with this thought: "The Institute is a success because it has bridged a gap for children in the country."

This Institute and others like it in El Salvador are clearly the only hope for the children who face a life of abuse and/or death on the streets.

A MATTER OF LIFE OR DEATH

UNICEF's major role in El Salvador is to support changes that will give younger children opportunities for the future. We stopped in the outskirts of San Salvador to visit a community program aimed at keeping children as young as 10 out of gangs. One 15-year-old who is in the program tells us, "Before I was involved in this project I spent most of my time going around getting in fights with rival gangs. I know if I don't do this program I will end up dying, that's what happens to you when you are in a gang."

GRACIAS UNICEF

After leaving the gangs and talk of death we drive two hours south of the capital to the rural city of Santa Cruz Porrillo and a brightly painted preschool. It is a meaningful contrast, because here UNICEF, the Government and the community are working to prevent the situation that results in the gangs we had witnessed.

The walls of the school are painted with the hands of children. On the wall the teacher has painted, "Gracias UNICEF."

The preschool brings poor children in this rural area into school and keeps them there. The goal of the program is to take children at an early age, interest them in learning and provide them with healthy food and a clean environment. The school gives mothers the chance to spend more of their time during the day working.

DEMINING: A COMMON GOAL

Our day of visiting gangs, preschools and immunized children ended with a rendezvous with a truckload of Salvadoran police. These



A school in Santa Cruz Porrillo. Early education for children, especially girls.

police make up one of the 10 demining units in the country. They tell us that 60 percent of the injuries caused by land mines and other explosives in the country are inflicted on children.

Although virtually all traditional land mines in the country have been cleared, there are thousands of small explosives — many of which look like baseballs or small playthings — that are of equal danger to children. The head of the unit explains that two children within a mile of where we are standing “were killed when they tried to open an explosive with a machete.”

The composition of the demining crew itself is remarkable. The eight-member crew is made up of four Salvadoran military and four FMLN (the former armed rebel militia). The crew is working on two things. First, they try to find and destroy explosives and any of the few remaining mines. Second, they are working with UNICEF on a mine/explosives awareness program that teaches children and adults what the mines and explosives look like and the dangers of touching them or picking them up. The program also advises people what to do if they spot an explosive.

The head of the demining crew tells us the fatal story of some children who had picked up an explosive that looked like a baseball. “It is truly sad. Most of these explode as they are being touched or played with. The results are fatal.”

We asked one of the FMLN combatants how he liked working with the military. “At first everyone was really, really cold. No one started to talk or say anything. Finally UNICEF started talking about helping children by clearing mines. Then we had something in common to talk about.”

THE GOVERNMENT, FMLN AND CHILDREN

The next morning we talked to two very dissimilar people who were in charge of the original mine clearing for the country. Roberto Arturo Giralt is a captain in the Salvadoran military, and Mario Mijango was a former rebel military commander in charge of operations for the FMLN in the eastern areas of the country.

They described their early relationship as being one of mutual suspicion. However, the goal of making the country safe for children brought them together. Within 90 days of the war's end, mine clearing began, and the country is now free of all land mines.

The Captain worked as an infantry company commander for 10 years. "The group that was put together to clear land mines included UNICEF. They were on the Committee because the majority of the people being injured by mines were children ages six to nine years old.... I saw many children hurt by mines. Their arms or legs had been blown off, if they were lucky enough to be alive."

The FMLN member of the team tells us, "People were shocked to see us working with the military. We each still wore our own uniforms, and people were surprised to see us, because we would always be traveling together." The Captain mentions that it set an example for the rest of the country. "It showed people we could do it — after 12 years of fighting, three months later we were working together."

The Captain and the FMLN regional commander were both fighting during the war in the eastern part of the country. Army Captain Roberto Giralt tells us, "We never knowingly fired at each other, but it could have happened from a distance. Now we are friends."

CHILDREN BEING CHILDREN: REGAINING THEIR DIGNITY

Our next visit takes us to see people who had been involved with programs for child survival during the war. First, we speak to Bishop Gregorio Rosa Chavez. Bishop Chavez worked with UNICEF, the Government and the FMLN to bring about cease-fires during the war so that children could be immunized. He tells us, "We like UNICEF because it focuses on getting the Government to make children a priority."

The Bishop tells us that in El Salvador, "Children opened the road for peace, because three times a year, beginning in 1985, the war was stopped for children. At first it was for a day, and

it worked so well we went for a week. People began to wonder — if we can stop it for a week, then maybe we can stop it for good."

What was the role of UNICEF? "With UNICEF we were able to meet with both sides. Both sides at first thought it would be an advantage to the other. But once they looked at the proposal they agreed. That is because children are victims of war and have the right to live." What was the condition of children in El Salvador at that time? "More than 43 percent of the children were dying of preventable diseases in the war zones; in some areas it was even higher."

We ask the Bishop why it is said that child survival began in El Salvador. Many countries, he tells us, "think that they are in a trap and nothing will work. People looked at El Salvador and said, 'If they can do it in El Salvador during the war, then it can be done here'. They saw that there is hope."

The Bishop ends with a compliment for UNICEF: "The people who work for UNICEF are rewarded because they help children regain their dignity. The best reward is to see children going back to being children. The people who work for UNICEF are very special. They go out and work with people, they do not sit in air-conditioned offices."

BEATING THE SUMMIT GOALS

Next, we visit the former President of El Salvador, Alfredo Cristiani. He had been involved with the cessation of fighting for immunization during the war, and his wife had played a major role in establishing programs for children. We asked him about the effect of stopping the war for several days for immunizations. He tells us, "It felt so good, we decided to see if we could do it for a longer period."

Former President Cristiani also says, "My experience at the World Summit for Children was a life-changing experience. I left there determined to exceed the 80 percent target for immunization — and in fact we did." Although Mr. Cristiani stated that immunization and demining had the most measurable results in the country, UNICEF also played a critical role in

promoting policies relating to children and brought about within the Government an awareness and emphasis on children.

The former President tells us that the Government was able to save thousands of children's lives simply by following UNICEF's lead to move forward. He tells us, "The Government complained about a lack of money for programs — but UNICEF convinced us to move forward anyway. Now I am glad that we took the risk and proceeded."

President Cristiani left us with this message: "I'm now convinced that any country that wants to succeed has no choice but to think of the children, because they are the future. If you don't think ahead and think of the problems of the children, then there will not be a bright future. That's why UNICEF is important, it works with the future."

The Government of El Salvador, at the urging of UNICEF, established a Social Investment Fund to help children impacted by the war. Roberto Murray Meza, the former Director of the Fund, tells us in a separate meeting that, "UNICEF was willing to work with all groups under the social investment fund — not just for their own grants — and brought all sides to recognize the vulnerability of children."

Girls in Santa Cruz Porrillo preschool.



PROGRESS MADE AND PROGRESS TO BE MADE

Dr. Eduardo Interiano is the Minister of Public Health in El Salvador. He tells us that the country has made impressive progress in the last decade: "Immunization rates have nearly doubled since 1985." Their goal is now 100 percent coverage. Child mortality and malnutrition rates have dropped significantly. The Government is proceeding on a new program for healthy schools and continuing programs for children who have been victims of the war.

Our meeting also revealed that there is still much to do in El Salvador. Rural education and education of the poor in San Salvador are only now beginning to improve. Also, UNICEF and others have raised concern over legislative action that would treat some children — who have been accused of crimes or who are under investigation — as adults and take away some of their rights.

**UNICEF IN EL SALVADOR:
THE STORY OF DAVID AND GOLIATH**

The war and other factors in El Salvador have created a large population of children who are at risk. The war resulted in more than 70,000 deaths, 500,000 people displaced within the country and another 1 million refugees outside its borders. The current population of El Salvador is about 5.8 million — of which 2.8 million are children under the age of 18. Approximately 60 percent of the population live in poverty. More than 40 percent of families are headed by women.

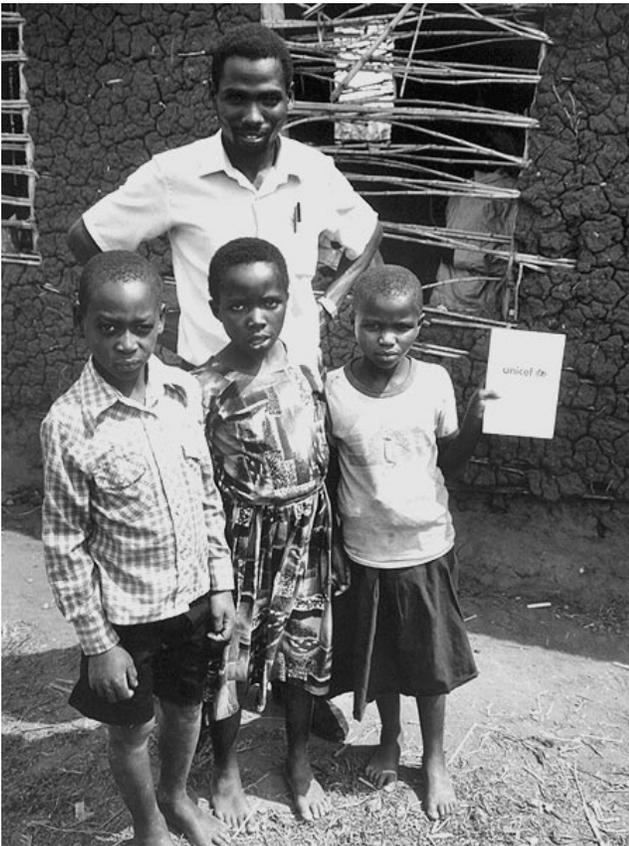
We were impressed, given the problems in El Salvador, by what UNICEF has been able to do with a budget of less than \$4 million per year and a very small staff. As UNICEF project officer Jean Gough tells us, "We're amazed when we look back on the year and see how far we've stretched our money. It shows you how positive influence can get countries and people to do things." It also shows what a staff of highly motivated professionals can do, especially when they are directly involved with projects in the field and issues surrounding children.

Progress against all odds: A report from Uganda

August 5–14, 1996

Bushenyi is a rural area in western Uganda, almost four hours by four-wheel drive vehicle from Kampala, the capital of Uganda. To get there, we cross over the equator and through hundreds of thousands of banana trees — the main crop and staple for this area. Bushenyi has a population of 600,000, of whom 380,000 are

Tocoma, Tiegra and Dejeness with their teacher at a COPE school near Bushenyi.



school-age children — and of these only 120,000 are attending school.

Tocoma Nugunfori lives in western Uganda and, although he is 10 years old, this is his first year of school. He is at a UNICEF-sponsored COPE (Complementary Opportunities for Primary Education) school in Kirera, Uganda near the border with Zaire. Without the COPE school, which provides education for poor children who have missed the opportunity to go to school, he would not be in school and would have continued his life as a goat herder.

Now Tocoma tells us, “I want to be a teacher. Teaching is good.” His favorite subject is mathematics. Tocoma knows many other children who are not in school because “they have no money to afford the school.”

Tiegra also lives in western Uganda and is 12 years old. She tells us, “I want to be a nurse.” Next to her is Dejeness who is 11 years old. They have been digging potatoes since they were age seven, but may have a chance for something else, now that they are in the COPE school. This school helps children who, although they are 10 to 12 years old, have received no education — providing one last chance for schooling.

UGANDA STATISTICS

Population

21.3 million

Under 18 population

11.8 million

Under 5 mortality

1960 218/1,000 births

1995 185/1,000 births

These children are now being treated as children, something they appear to like very much. In fact, they like it so much that many students walk six days a week barefoot from as far as an hour away to attend the school.

Nuwamanya is not as lucky. He is a small boy standing outside of the school with a cow and a herder's stick. We ask how old he is. "I don't know." We ask his father when was he born? "I don't know."

Nuwamanya, however, looks about the same age as the 10-year-olds inside the school. He watches the other children inside. We ask if he wants to go to school? "Yes."

Hopefully his curiosity and the program initiated by UNICEF will pull him into this school. He will have to overcome obstacles such as parents who may not see the advantage, considering the cost and the lack of teachers and facilities. Nuwamanya is not alone, because for every child who is in school in this region there are three who are not.

Children under the age of 16 account for six of every ten people in Uganda, or 10 million children. Even though birth rates are declining, the percentage of children as a portion of the

population has increased to as much as 60 percent. This is partially a result of the number of adults dying from AIDS.

VACCINATING AGAINST DEATH

At the clinic in Bushenyi we meet nine-month-old Moses Aineomugisha. He has arrived at the health clinic in Bushenyi after a three-hour trip on his mother's back.

The infant's mother tells us, "My baby is sick with fever. I came here because I know there is help." Has the baby received the second immunization for measles? "I will bring him back in three weeks." This means she will make another six-hour round-trip in order to have his measles immunization on the right date. She was taught by the community health workers to bring her child back for the nine-month shot. These health workers had been trained by the local municipality, whose staff were trained by UNICEF.

Another child at the Bushenyi clinic, recently born Annochi (the child's name means 'a blessing for the future') is here for a first measles shot. Ten years ago, the chances for survival for Annochi and Moses would have been very low. Although almost a million people live in this area, the regional health director, Kimomo Joy Ntamuhira, tells us, "After the civil war ended in 1981, we found that very few children had been immunized. At that time most of the children who came to the clinic would die from measles."

The district health supervisor tells us, "Ten years ago many children were dying of measles, and the clinics were filled with children. Then the immunization campaign began. Now there are seldom any cases of measles."

National Immunization Days reach 4 million children over two days each year. We



Immunization Day in Iganga District, Uganda.

were part of a massive immunization program in the Iganga District, about four hours from Bushenyi. In a very orderly procedure, children were being registered, weighed and given polio and other immunizations.

Community health workers had spent weeks in local villages telling about the immunization day. Obviously this has paid off, and the community workers, in traditional dress and accompanied by drums and other instruments, perform for all of those present. They move through the crowd singing songs about the dangers of various diseases. Their singing and the baby's crying about their immunizations mark an important accomplishment in this remote area of Uganda.

UNICEF estimates that less than 10 percent of the population in Bushenyi District had been immunized by 1985. The coverage for immunization has now reached 80 percent. District health director Ntamuhira echoes our thoughts when he tells us, "Working with UNICEF, we have saved a lot of lives, and plan to do more in the future."

HELPING CHILDREN IMPACTED BY AIDS

You may never have heard of Father Steve Collins, a Catholic priest who has been working in Uganda for 37 years, but thousands of children are alive today because of his efforts. He is working with UNICEF to try to help children affected by the AIDS epidemic. We met Father Collins at a hospital in Kampala that was helping 3,000 people who were dying from AIDS. He took us to a nearby center where older children are receiving education and technical training. This program will help them sustain their families when their parents die.

Why is this necessary? Father Collins explains, "Girls who are without a family have few options unless they can be trained and educated for future employment. Cultural customs place girls in this situation, since they have no family endowment. Their only option in many cases is either to become a second wife or to go into prostitution."

The smallest children in the family, Father Collins explains, are severely affected because "without assistance to the older children, in most



An AIDS orphan who is being raised by his older sister.

cases the younger children would be split among other families, ending up in an orphanage or on the street."

Our visit takes us to a number of families in this program. On the outskirts of Kampala, Father Collins takes us to meet Katherine Nambudye. Both her parents died of AIDS two years ago. She is 20 and is raising two sisters and three brothers ranging in age from 5 to 15. Because of the training program she has graduated from school and is studying to be a teacher.

Katherine also runs a chicken business, makes sure her brothers and sisters are in school and cares for her 14-year-old brother who has polio. This brother is also working through the center to get a certificate in graphics.

He goes to the center daily with the help of his brothers and sisters who push him more than a mile in a wheelchair.

On an unpaved street in another area 10 minutes from the center of Kampala, we went to see Grace Sanyu, a 17-year-old whose father died of AIDS. Grace's home is also a center to train girls in tailoring. The mother in the home is in charge of the program, but she is also dying of AIDS. Her daughter is learning to take over so that she will have a way of making a living and taking care of her four brothers and sisters. "Without this program I would have nothing, I would not have a job." The girls in the class sing to us, "Thank you, donors, for your dollars. Thank you for your support."

UNICEF COUNTRY OFFICE IN UGANDA

In Kampala we met with the UNICEF Country Representative, Kathleen Cravero, an American from Queens, New York, and with a number of Ugandans who have been involved with UNICEF during the past 10 years. Lukya Muzi-Mbidde, who has been with UNICEF since 1983, tells us, "Thirteen years ago no one knew for sure how many children were dying of preventable diseases." This was because all government services had broken down completely during the civil war. UNICEF began a program that, 10 years later, has brought the immunization rate to over 80 percent.

Mr. Mbidde goes on to tell us, "The presence of UNICEF gave hope to the people. In 1983 there were no rights for children, but today in every village you hear about the rights of the child."

The man considered to be the 'father of immunization' in Uganda, Joseph Morinzi, observes that, "At first all health programs for children were being funded by UNICEF 100 percent. One of UNICEF's achievements has been to get the Government to every year increase the amount of funds they are providing for children."

Ms. Cravero tells us that they are looking for new ways to help children sustain their lives in Uganda. "UNICEF has been involved primarily in service delivery. Although we will stay very much involved, it is now time for the Government to take over more of these roles."

For example, the Country Representative points out, "In our new program we are not just looking at a dietary situation but the whole health situation of the child." When asked how many children in Uganda are at risk, Ms. Cravero



Children answer questions at a COPE school in Basin, Uganda.

responds that based on the economic and social conditions in the country, "basically all the children in the country are at risk."

In a 10-year period, UNICEF has helped bring Uganda from the bottom of the child survival list to be an example of how to make programs work. This has occurred despite the overwhelming obstacles created by the HIV/AIDS epidemic in Uganda. Ms. Cravero tells us, "HIV/AIDS underlies everything that we do. It would be difficult to find a family in Uganda that has not been touched by the epidemic. It reflects every aspect of their lives, from the lack of doctors to the loss of their parents, aunts and sisters."

The task ahead seems very uphill. However, faced with the AIDS problem (already there are 1.5 million AIDS orphans in Uganda), it is heartening to see that UNICEF has been able to improve the lives of so many children.

A member of the Parliament in Uganda, David Polkol, may have put it best when he tells us that the "U" in Uganda represents looking up and looking positively toward the future, and that "the U in UNICEF represents the same thing to people in Uganda."

Yes, somebody cares: A report from Kenya

August 5–14, 1996



An AIDS orphan at the Kibera self-help center in Nairobi, Kenya.

“Who am I? I run the streets, needing and displaced. No one seems to notice. Tired, neglected, hopeless. I sit and wonder: Who am I? Doesn’t anybody care?” Bonifus Isayi, age 11, recites his poem for us at a center for AIDS orphans in Nairobi. It is a poem about children lost to the streets in Kenya because of poverty or AIDS.

Fortunately for Bonifus, someone does care. He is part of the more fortunate group of displaced children that are receiving help from a UNICEF-sponsored program.

Like many other UNICEF-assisted projects in Kenya, the emphasis here is on self-help. The program mostly prepares children whose parents have died of AIDS by teaching them how to care for themselves. Some children are living with other families but use the center to go to school and receive two meals a day. Many of the instructors in this program are graduates of the school.

We saw Bonifus and hundreds of other children at the Kibera self-help orphans’ project in the slums of Nairobi. The 1 million people who live here without sanitation or clean water could be a thousand miles, rather than one, from the plush homes and tourist areas of Nairobi.

Ann Owiti, the Kibera self-help director, tells us, “Without this program these children would be in the streets, with no one to protect them. They would be walking naked. They would be forced into child labor — where they could be sexually abused. They would get into crime. When we see children alive, it makes us think we have done work that has paid off.”

KENYA STATISTICS

Population

28.3 million

Under 18 population

15.5 million

Under 5 mortality

1960 202/1,000 births

1995 90/1,000 births

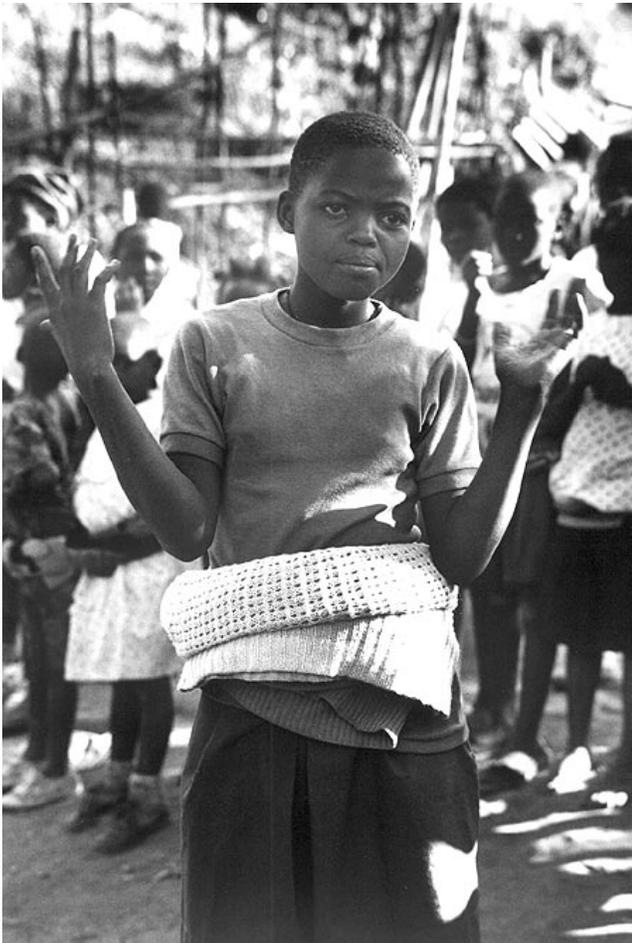
One graduate of the center, Teramina Omondi, tells us, "Without this program I was thinking of myself as a dead person."

We asked Teramina, what do you think of yourself now? "I think of doing great things in the future — and of helping my sisters and brothers who are still learning. I would like to be a social worker or a counselor."

CLEAN WATER TO THE RESCUE

A large portion of the population of Kenya lives in the Kisumu District, 500 miles west of Nairobi. In the Kisumu area of Kenya there are 4.5 million children. Kisumu is on Lake Victoria, and is known for its agriculture and fishing.

An hour's drive from Kisumu we visited a number of Bamako Initiative projects. Bamako is



the name of a community-initiated, community-managed and community-sustained program for improving health.

In order to understand the Bamako Initiative, we have come to see a water project that has stimulated the development of a school, which has led to other developments in the community that are self-sustaining.

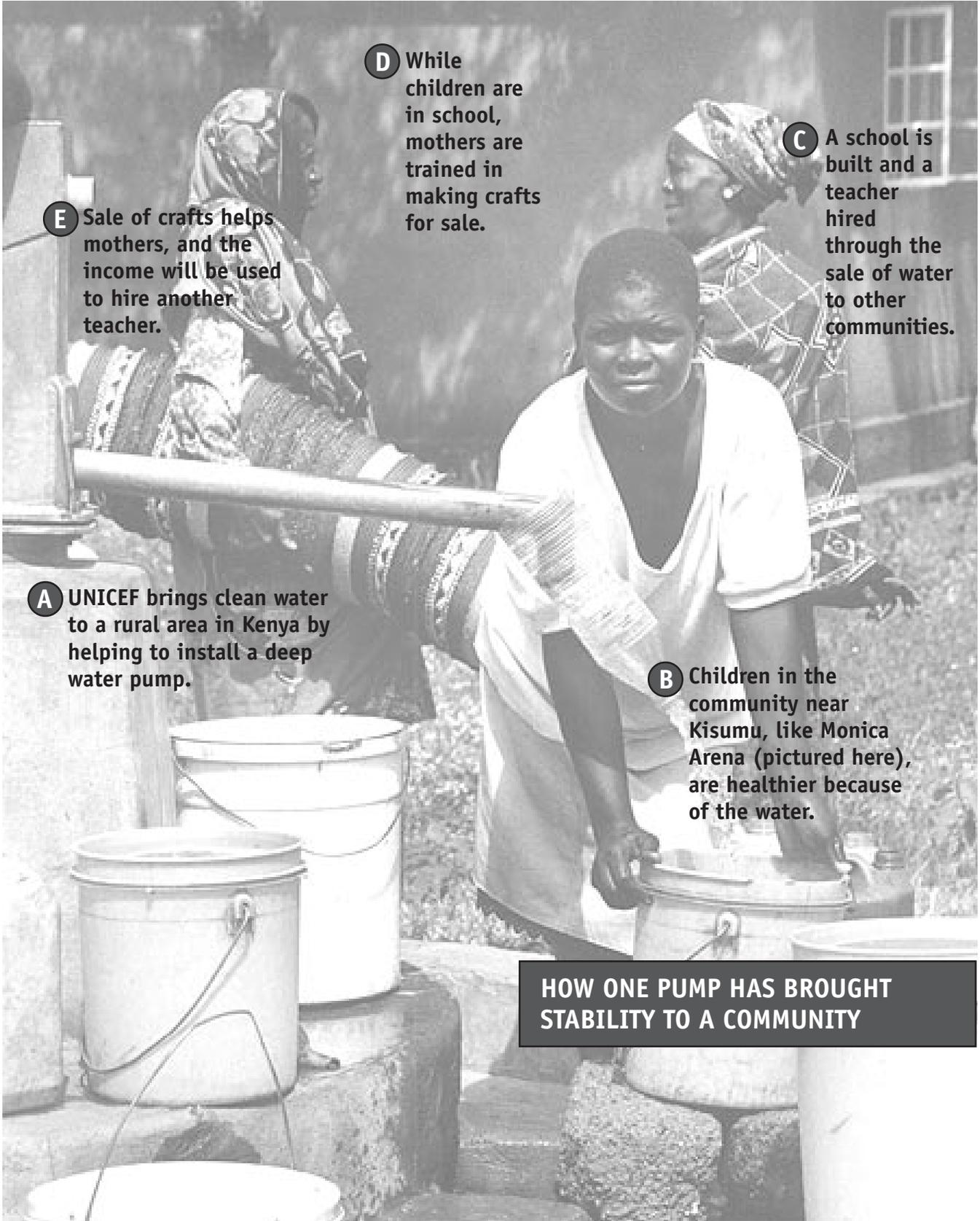
A new water well and pump in the Kibigori community has brought clean water to this area. A leader at the Kibigori water project tells us that before a water pump was installed, "children died because of bad water, and others were always having to be treated."

Now the children in this area have clean water, and not only are children not dying, but the water project has become a source of income for the entire community. In fact, the funds from the sale of water have helped to finance a school next to the pump for 72 preschool students (but only one, apparently very patient, teacher). While the children are in school, mothers have the opportunity to learn new skills, such as basket weaving, that give them additional economic independence. They are planning to use some of the funds from their craft sales to hire a second teacher and possibly expand the school.

The preschool teacher tells us, "UNICEF helped to train me so I could be a preschool teacher. Thank you." By starting children at the preschool level — four- and five-year-olds — UNICEF believes there is a better chance that parents will want to keep them in school, and that students will not drop out.

At the Kibera self-help center for AIDS orphans, 11-year-old Agnes Akina presents her poem on AIDS:

***"Welcome.
I prepared them before I killed them.
Selection, I make none.
Rich or poor, young or old,
I get them all.
AIDS is my name."***



E Sale of crafts helps mothers, and the income will be used to hire another teacher.

D While children are in school, mothers are trained in making crafts for sale.

C A school is built and a teacher hired through the sale of water to other communities.

A UNICEF brings clean water to a rural area in Kenya by helping to install a deep water pump.

B Children in the community near Kisumu, like Monica Arena (pictured here), are healthier because of the water.

HOW ONE PUMP HAS BROUGHT STABILITY TO A COMMUNITY

At another village, Kyakabusi, a Bamako Initiative project is based on the development of a pharmacy. The pharmacy has been set up for the treatment of minor ailments, and it generates income for the health and immunization center. This community is three hours from the nearest health clinic or medical center. "Without UNICEF's help people would have died many years ago — because we are very far from any health facility. Our children would have died," a community leader tells us.

As with many development projects, the long-term effect of this center needs to be watched. It appears that the actual use of the pharmacy is not enough to fund the health care center, and dependency on this source of funding for immunization alone needs to be monitored in the future.

LOOKING BACK 10 YEARS

"I had two children who died from measles." Were they immunized? "No." Mara Talalac tells us



this at the Kamswa Health Center, near Kisumu. She has brought her son Vincent and his immunization card to the Kamswa Center to show us how he had been immunized eight years ago for measles. He was lucky, for he would likely have suffered the fate of his brother and sister if the Center had not brought immunizations to this community.

We asked some of those gathered at the Kamswa Health Center what the community was like 10 years ago, before UNICEF became more involved in this area. One health worker tells us, "Malaria and measles were killing our children. Until UNICEF came there was no health center."

Another woman at the Center says, "There were many children dying 10 years ago, at least four a week. Now there are very few deaths per year."

MINISTER OF HEALTH

The Minister of Health, Mr. Joshua Angatia, tells us that he had been immunized by UNICEF



Left: Luon Auma and mother at the Kamswa Health Center.

Right: Polio victim outside the Kisumu Health Center. Polio drives are preventing this affliction.

more than 30 years ago and still has two marks on his arm to prove it. However, most of the progress on immunization has occurred in Kenya since 1986. During that time immunization rates have increased from below 40 percent to more than 80 percent.

“We are trying to get to 95 to 96 percent — a level that would prevent transmission.” Reaching the new plateau will be hard, the Minister admitted, and they are looking to a broader approach in order to meet that level. “UNICEF not only played a role in immunizing and protecting children but also became a partner in informing the Government on how we can proceed to take the program over ourselves.”

UNICEF KENYA: REFORMS AND CORRECTIONS

Two years ago UNICEF’s own auditors discovered and reported on the mismanagement and loss of funds in the UNICEF Kenya country office. In all, UNICEF’s audit and subsequent investigation revealed that UNICEF suffered losses nearing \$1 million due to misappropriation and fraud by staff members. Up to an additional \$9 million was identified as wasted due to gross mismanagement of resources. This sent a shock wave through UNICEF.

UNICEF has taken the problem in Kenya very seriously. Twenty-three members of the Kenya country office staff were dismissed and their cases referred to Kenyan authorities. Six staff members are currently under active criminal investigation. The actual prosecution of individuals is now under way with the first court case. More court cases will follow.

“I would like to tell donors that UNICEF and the Government of Kenya are taking the audit investigation very seriously. The Government of Kenya has now assigned six officers for the final preparation of charges leading to taking offenders to court,” UNICEF’s new Country Representative, Crispin Wilson, tells us.

Mr. Wilson has focused on implementing improved internal financial controls and an accountability system, office restructuring and

staff training. The number of staff is a fraction of its level two years ago, and many of the professional staff have been replaced. Mr. Wilson told us, “No one in this office is able to say that they do not know the correct procedures.”

In part, the Kenya country office problem arose from its unexpected handling of almost \$250 million in assistance for refugees from Ethiopia, Somalia and Sudan, and for Kenyans internally displaced because of the drought in the northern portion of the country. It is clear that the country office did not have the supervisory capacity to manage effectively the rapidly increased number of staff required by the higher funding levels. Of the \$10 million originally specified by the audit as “funds in question,” about \$1 million is now identified as being involved in criminal abuse. Of that amount, UNICEF has recovered approximately \$300,000 to date.

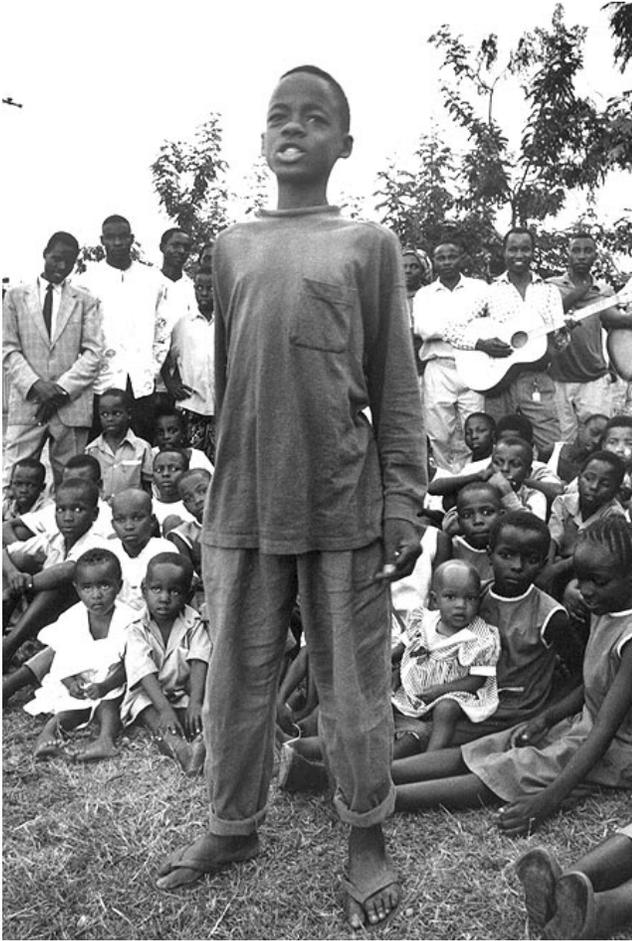
During my travels elsewhere, I have seen the effect the Kenya country office audits has had throughout UNICEF. In addition to the reform occurring in the country office, UNICEF’s newly instituted Management Excellence Program has directed that UNICEF regional offices exercise oversight of all field offices, and internal controls have been strengthened to implement that program. We were told at the regional and headquarters level about the importance of internal controls and how lines of authority have been sharpened.

Despite the serious problems created by a small group in the Kenya country office, the basic program and service delivery for children has proceeded — and the office has put the needs of Kenya’s children above any internal problems. We asked Mr. Wilson to look beyond the problems of the audit in Kenya and tell us what he thinks the future holds. He responds, “The signs are good, there is hope.”

THE NEXT PLATEAU

In Uganda and Kenya a great amount of progress has been made in the area of immunization. Ten years ago less than 40 percent of the children in either country were immunized and fully 20 percent of those were dying of prevent-

able diseases. Now more than 80 percent of the children are immunized. Moving from the 80 percent level to the 100 percent level will require going to a new plateau and addressing other problems such as education, child labor and child protection.



Moses Omondi at the Overcomers Center in Kisumu, Kenya.

AN OVERCOMER AT THE OVERCOMERS CENTER

“I may be President someday, it could happen,” Moses Omondi, age 14, tells us. Three years ago, however, he was an abandoned child with no hope, living under a viaduct in Kisumu, Kenya. He was brought to the Overcomers Center in Kisumu, a program supported by UNICEF for AIDS orphans and street children. “My mother is alive but she has no education and can’t survive with seven children.” If he can’t be President he would like to be a doctor. “I’m doing very well in school.”

After visiting children in Uganda and Kenya, there comes a point when the problems seem overwhelming. Then you meet Moses Omondi and realize the potential that is possible when opportunities are given.

In addition to his seeing the real possibility of going from street child to President, Moses gave us this poem:

“I have a dream. Welcome.
I have a dream that one day
all the little girls and little boys
in this country will be great men
and great women, governing this
country in a spirit of love.
I have a dream that a day will come
when all of the little children will
walk on the street singing songs
of joy, of love.
Yes. My little kids, please.
Let my dreams come true.
Thank you.”

Giving back smiles: A report from India

October 21–28, 1996

“Give our childhood back to us!” More than 100 children who had been toiling in glass factories and other jobs chant this at a rally in Firozabad, India. The children are between 8 and 12 years old. They continue, “Give back our smiles to us. Father, my hard-earned money is bringing TB and asthma with it. Give back our childhood to us.”

These children are members of the Child Labor Welfare Society, and until they enrolled in a school program promoted by UNICEF, they were working full shifts in factories in the Firozabad area — a city of about 2 million people which is four hours south of New Delhi. Although it is only an hour from the Taj Mahal in neighbor-

ing Agra, it is centuries away from areas of India visited by tourists.

Majri and Moni, two girls at the rally, are 10 and 11. “I was working in the bangle industry at home,” Moni tells us. Bangles are steel and glass bracelets that are produced by the hundreds of thousands in Firozabad. How long per day did they work? “Ten to twelve hours,” they reply.

A boy named Sudhir, who is 10, tells us, “I worked in a factory shoveling coal. Now I am studying.” How many hours a day did you shovel coal? “Eight hours a day, and sometimes overtime.” What age were you? “Eight and nine. At the factory I would sieve through the coal with my

Children march against child labor in Firozabad, India.



INDIA STATISTICS

Population

935.7 million

Under 18 population

384.9 million

Under 5 mortality

1960 236/1,000 births

1995 115/1,000 births



Above: Shabana and Sudesha are in school instead of working in a glass factory.

Right: Dharmendra (in 'discover' shirt) and his friend at a children's rally in Firozabad.



bare hands. My hands would get black and I did not like it.” What subject do you like most at school? “Mathematics,” he states.

“My parents would take me to the factory and pick me up five hours later,” Nadeem, another boy at the rally, tells us. Not knowing how old he was at the time, he shows us a boy the size he was when he worked hour after hour shaking bangles to see if they were broken. The boy was five. Nadeem is not sure how old he is now, maybe 9 or 10. He is in school and likes poetry. He wants to become a teacher and perhaps a principal.

Nadeem was lucky to work only five hours a day. Another boy tells us that he would shake bangles “from eight in the morning to five at night. I did this for four years. I am either 9 or 10 years old now.” What do you think of working in the bangle industry? “I like school better than listening to bangles.”

“Go to discover more.” That is what is on Dharmendra’s T-shirt. He bears the same name as a famous film star in India, but he wants to be a teacher. Dharmendra is in school and therefore he is discovering more. “I used to shake bangles from eight to six every day. Now I am studying

hard and like school more.” He is 11 and, although he claims he won’t follow the path of his namesake, he does perform a song for us:

“Children, walk on the path of justice.
You are the future of the country.
You are the future of tomorrow.
You should pave the way for others....”

A nine-year-old girl named Lakshmi was a glass sorter in a factory at the age of seven. She shows us the cuts on her hand. She is safe now, in school, and has chosen a profession to help others with injuries. “Now I want to be a nurse,” Lakshmi tells us.

Shabana is 11 and informs us, “I want to be a doctor.” She and another girl the same age named Sudesha were working in the bangle industry but are today wearing buttons that read ‘Child Labor Welfare Society’. Shabana put gold paint on bangles for years, until she started school at age 11. “I worked from seven in the

morning to six at night.” How many years did you do this? “Five years, from age 6 to 11.”

As the children march away carrying banners and signs, they sing, “Don’t exploit children. Don’t let us wither away.”

FROM THE FACTORY TO SCHOOL

Near the factories in Firozabad we visit with two teachers at a school for children who have been working in factories and other occupations. The teachers inform us, “The students are very conscientious children, and they tell us, ‘Teacher, we like to study rather than work.’”

We point out to the teachers that many students in India don’t attend school regularly. What about these children? “Unless they have a health problem, they come every day.”

At the school we asked the children what they might like to do with their lives when they grow up. Their faces brighten with the prospect of opportunity. We ask who wants to be a teacher or a lawyer or a pilot. One child, Sonu, who is 12, raises his hand for all occupations. Sonu tells us, “I was cutting glass and separating glass with my bare hands before I started school. These are the cuts on my hands.” He shows us the scars on one hand, and then on the other.

Sonu continues, “Hindi is my favorite subject. I will stay in school and I will be the first to finish school in my family.”

In a class for girls’ education at the same school, 11-year-old Santosh tells us, “When we get married and go to our in-laws we will not bow our heads — we will be proud women. My father tells me to work, but I will study.”

FIFTY MILLION CHILDREN WORKING AS ADULTS

There are still 50 million children in India who are working instead of going to school. As many as 70 percent of that number are working in rural areas.

We saw one child who at age six was beginning her life as a worker. While adults do other jobs she separates bangles one by one.

Jeroo Master from UNICEF explains that child labor begins in a subtle way like this: “‘Here, help your mother separate the bangles. Then help pour the kerosene. And sort the broken glass or carry the bangles.’ Before too many years they are working full time.”

JOYFUL LEARNING

“I like learning,” Lena tells us at the Vijaynagar Colony Joyful School. Although she is 11 years old, this is the first time she has been to school. “Before I started school I spent the day

A six-year-old girl starting work in the bangle industry at her house in Firozabad.



sweeping, cooking and taking care of my brothers and sisters.” Now she is writing on a chalkboard at the Joyful school. She is writing the alphabet in Hindi.

Four-year-old Heena is also at the chalkboard. She nods yes, “I like school. I like to sing and I want to be a teacher.”



Mina and Rupa with new slates at the Joyful Learning School near Firozabad.

Why do less than half of all students (almost 100 million children) who begin school in India fail to finish fifth grade? After visiting a typical government school and a new Joyful school, we knew the answer to that question. Many classes in India consist of 50 to 70 pupils studying in rooms that have no light or decoration with teachers who may have little training. UNICEF has worked with the Government of India to develop a far-reaching program called Joyful schools — reaching 200,000 classrooms throughout India.

Our visits to four Joyful schools emphasized the difference. The classrooms have chalkboards at children’s heights, brightly painted pictures on the walls, and teachers with imagination. Children were acting out plays, singing and learning.

At the Vijaynagar Primary School a 13-year-old boy named Sono tells us that he likes school and will go on in school, “I cannot say now what I will be when I am older, it is what my fate will bring me. But studying will help my fate.”

Unlike children at a typical Indian school, children at the Nagla Joyful School are acting in a play and wearing animal masks. Amit is wearing a bird mask. Kartar and Kumar Pal are wearing rabbit masks. Kumar is not sure how old he is but appears to be about 10. Before coming to school he spent two years working full time in an automobile shop cleaning cars. “I would rather study in school than work in the auto shop. My favorite subject is mathematics.”

IMMUNIZATION MIRACLE

A health clinic near Firozabad is busy on this Thursday giving monthly immunization shots. A baby girl named Rinky is here for her measles shot. Her mother tells us, “All of my four children have been immunized because community workers have visited my house to tell me to come to the clinic.” How do you know when to come here for immunizations? “Immunizations are on the same day each month.”

Rinky and her brothers and sisters are lucky, because 10 years ago in this area only about 10 percent of the children were being immunized. The child mortality rate was one of the highest in India — making it one of the highest in the world. Now, according to community leaders, the immunization rate in this area is close to 100 percent.

Polio has been a particular problem in this area and in India in general. Prateek is eight years old and contracted polio when he was a child. His father is working in the community to make sure that other children have their full polio immunization. “When Prateek was a baby we had to go far to get shots — now we can receive them right here in the village.”

Ten years ago, a community worker explains, people had to go 50 miles to Agra. Now there is a cold chain system which allows serum for vaccines to be transported and stored through refrigeration in the community. UNICEF has taken

the lead in this process and has been assisted by Rotary International, based in the United States, in its successful effort to immunize children against polio.

100 MILLION MALNOURISHED CHILDREN

“I fed my child, but she didn’t grow,” a mother tells us at a Community Development Health Project in New Delhi. Her one-year-old, Vichitra, weighs less than five pounds. But because of the ORT treatment (oral rehydration therapy that saves lives threatened by diarrheal dehydration) and health instructions for the mother, the nurse at the center tells us, “The baby will live and will grow.” Like many other babies in this country, Vichitra suffers from diarrhea which has resulted in severe malnutrition.

At the clinic we also meet a 12-year-old girl named Nirmal. The clinic is trying to help Nirmal, who only weighs about 50 pounds.



Nirmal tells us, “Before leaving for school I have tea. At noon I have tea and vegetables. I have nothing in the evening. I only eat one meal a day.” What about your brothers and sisters? “My brothers eat more than me.”

Nirmal at the Community Health Clinic in New Delhi. The 12-year-old only eats one meal a day.



Chandini and other girls at the Balwadi school in New Delhi.

A community worker at this clinic tells us that UNICEF is working with mothers at this clinic to prevent girls from being discriminated against.

More than half of the children in India under the age of 10 are malnourished. The total number approaches 100 million children.

PREVENTIVE EDUCATION

Balwadi means ‘garden for children’. Our visit to 30 children in a Balwadi school program in the slums of Delhi was not in a garden but in a small 15 by 12 foot room that was built from funds raised by women in the community. These schools are preschools, places where children are brought in to stimulate their interest in education and to show their parents that there is a reason the children should go to school rather than to work. UNICEF has been striving to expand these programs throughout India. UNICEF has been responsible for training each and every one of the 400,000 Anganwadi workers that run the Balwadis.

Chandini doesn’t know her age but people think that she is between four and five. She recites a poem, “If we eat good we will have healthy cheeks and they will be the color of a tomato.” The classroom is filled from back to front with only a two-foot space left for the teacher. “We could fill many more of these schools if we had the resources,” a community worker tells us.

Outside of the school we talked to Rajuchaman and his brother. When they were younger they attended the Balwadi preschool. Rajuchaman tells us, “We went to the Balwadi school and now we are going on to school and will stay in school.”

UNICEF IN INDIA: AN INTERVIEW WITH JON ROHDE

While ambassadors and most country directors of international organizations are chauffeured to work in cars with their country or organizational flags flying, Jon Rohde, the UNICEF Country Representative in India, rides his bicycle to work. How can he stand the constant honking of horns and the traffic? “I listen to medical tapes on my Walkman.”

Mr. Rohde, an American born in Rhode Island, has been in India since 1986. His 10-year presence and perceptions of the period included in our study were so useful to us that we have included them in some detail.

Faced with the overwhelming problems of 350 million very poor children under the age of 15, we ask if he is in a constant state of despair? “I am not. People used to say that you couldn’t immunize this huge population of more than 300 million children. We said you can. In 1985, immunization rates in India averaged below 20 percent. By 1990, it was up to 80 percent, and it is in excess of 90 percent today. Some areas are actually very close to 100 percent.”

“In this decade India has discovered its own capacity. For instance, India is paying for 95 percent of its own immunization. Helping the country to maintain its own immunization program has been a major achievement for UNICEF.”

“Ten years ago, UNICEF, the United States and other countries were providing \$100 million a year simply for basic immunizations. Now the Government of India is doing that, and at a far lower cost. With the Government already having an interest in basic immunization, UNICEF and the United States can help provide additional assistance to top off the program in special areas for polio and other diseases.”

How does helping India through UNICEF benefit the United States? “Americans have always been generous people. First, there is no better organization to ensure that funds are reaching the right people than UNICEF. Therefore I think the goodwill of the American people is served well through UNICEF. Second, the world is diminished when large populations of people are deprived of basic human needs. Polio is an example — we are better off if we don’t have to worry about the possibility of polio spreading to the United States.”

We ask Mr. Rohde about clean water and UNICEF water pumps. He tells us, “The 2 million deep well water pumps used throughout the world were invented by UNICEF here in India. These pumps, combined with ORT treatment for diarrhea, have saved millions of lives by bringing access to safe drinking water.”

However, the water pumps are not enough to prevent all children from dying from unsafe water. “We are trying through education to show mothers and children how to boil water or find safe water. This step can only be done through education.”

What is the next phase once you are approaching the top levels of immunization and you still have millions of children dying every year from preventable causes? “Part of the answer is education. The problem is that you have 300 million children and adults in this country who are totally illiterate. Children enroll for school, but they either don’t go or at best stay until grade five. It is even worse for girls.

“Immunization paved the way by showing that what many said was impossible can be done. Right now children enroll in school, but the level of education is so poor that neither the children nor the parents see the long range good for them to stay in.” UNICEF has begun its education effort through teacher training, community involvement and brighter classrooms.

How does education relate to prevention of child death? “School is where children learn the importance of health.”

What do you do about the fact that 75 million children do not attend school in India? “It’s got to



Two young students with animal masks are learning and playing at a Joyful school near Agra.

be peer pressure in the community to get these children to stay in school. People want education more than they want child labor, but they need to place their children in school before they reach an age where they are simply put in labor situations.

“Fifteen years ago, children in India were considered possessions, like a cow or a motor-bike. Now we have moved to the point where children are human beings with their own rights. They represent a constituency — 350 million children under the age of 15.”

Has child survival had an effect on the size of families in India? “In the areas of this country where we have been able to reduce the infant mortality rate the most — through immunization, health and education — we also have the lowest birth rate. Having healthy children is contributing to families making a decision to have fewer children.”

What about child labor, involving as many as 50 million children? “UNICEF is working hard on the child labor problem in India. It can be solved over time.” He also points out, “It is no coincidence that the adult unemployment number in India is also estimated to be 50 million.”

UNICEF in India keeps a very close eye on the goal of helping children. “Children are the best way of moving society. We work at the community level and have most of our staff working through field offices around the country.”

HOW OLD ARE YOU?

We end our discussion with Jon Rohde by pointing out that so many of the children we talked to don’t seem to know when they were born. Their parents only have an approximation, and it is as if they have no identity.

“You’re right. Birth registration is the beginning of being someone — and we in the United States just take it for granted. In the same way, the immunization program is bringing that concept around, because it identifies at least when they received their first immunization shot. It says, ‘Here is somebody’. It says, ‘Here is a child with the right to be immunized and the right to be a person’.”

Bringing back childhood: A report from Bangladesh

October 28–November 1, 1996

CHILDREN HELPING CHILDREN

“Now there are a lot of dreams here. Bankers, nurses, doctors, judges, barristers,” a community leader tells us in a slum area 15 minutes’ ride from the center of Dhaka, the capital of Bangladesh. We are visiting a UNICEF-sponsored program at the Phulki Child-to-Child Center, in an area where most of the children’s parents are illiterate sewer workers.

“I find 10 children and then another 10 children and help them get to school and tell them to keep their houses and themselves clean. We are 30 child leaders and we get others to join us. I will be a doctor when I grow up,” Nupur, a 12-year-old girl leader, tells us.

This area of Dhaka has one of the highest infant mortality rates and lowest rates of children staying in school. The Child-to-Child program brings children in to school and teaches them correct health practices. The adult community worker from the program tells us, “In one year we have increased the number of children staying in school from 40 to 250, just in this neighborhood.”

Manik, who is about 13, says he wants to be a banker. “I will continue my studies.”

BANGLADESH STATISTICS

Population

120.4 million

Under 18 population

55.9 million

Under 5 mortality

1960 247/1,000 births

1995 115/1,000 births



An older girl brings her younger sister to health training in Abhoynagar.

What has he done as a community child leader? “I have taught children about sanitation and about going to school.”

Child leaders can play a critical role in their communities. Monjila, who is a 10-year-old girl, begged her parents to let her go to school and be a part of the Child-to-Child program. They refused to allow her to come, insisting that she needed to work at home taking care of two younger children.

Monjila asked the director of the school to talk to her parents. The director persuaded her to take matters in her own hands and convince her own parents. Monjila tells us that she then “came to the center and took three of the child leaders with me and they convinced my parents to let me be part of the primary program. I do



A girl in front of a BRAC school in Kotchandpur.

chores before I come to the program. We used to be unclean and dirty. Now we know what can happen if we are dirty. Now we take baths in clean water.”

Although many children say they want to be a doctor, we decided to ask Monjila why that was her wish. She responds, “A lot of poor people die without the money, and the big doctors don’t see the poor people. So, I want to become a doctor and see the poor people.”

MOTHERS HELPING CHILDREN

“We now have dreams for our children,” a mother tells us on our visit to the remote village of Abhoynagar, a half day’s journey west of the capital. Here, as with many locations in Bangladesh, UNICEF is working with the Grameen Bank to make children’s health part of community development. UNICEF and the Grameen Bank have helped turn this town into its namesake, ‘garden of love’.

We meet with a women’s committee and learn what families have achieved through loan programs, extended to these women and sponsored by the Grameen Bank. Some have purchased sewing machines, others have become trade merchants, still others have purchased carts. In all cases their new income is combined with training in health, education and general hygiene. All of their children are now in school.

The women in the group recite for us the 16 principles that they must agree to when obtaining a loan under this program: “We will educate our children. We will keep our homes and ourselves clean. We will not give dowries for our daughters,” etc. Yasmin Haque, a UNICEF program officer, tells us, “The principles they learn and the esteem they receive from the loans are turning villages around in terms of child mortality and development.”

A leader of the Grameen project, Lily, a woman in her twenties, tells us, “My ambition is to educate my son as much as possible so that he can get a good job. I could not do this without the Grameen program, and my son would have had to work instead of going to school.” Now we see him on his way to his first year of school with his books tucked under his arms.

BRINGING CHILDREN BACK TO SCHOOL

“I love my lessons and want to be a Cub Scout leader,” a boy in a Boy Scout uniform tells us at the Kotchandpur primary school. This school is one of a number of schools in Bangladesh that UNICEF and other non-governmental organizations are supporting in a nationwide effort to attract students to stay in school. Teachers receive additional training, the classrooms are bright and children are treated as children. Six-year-old Toma enjoys singing, drawing, games and her friends. She tells us, “I am going to study for a long time.”

The Kotchandpur school is a BRAC school. BRAC stands for the Bangladesh Rural Advancement Committee and its school program is supported by UNICEF throughout Bangladesh. It is for students who have dropped out of school or have been garment workers. The school operates at two grade levels for 8- to 10-year-olds and for 11- to 14-year-olds.

Salim, a 10-year-old boy, spent the last five years as a cow herder. Now he is in a BRAC school, “I want to be in the school instead of cow herding. I want to become a teacher.” Babla and Salma are two 10-year-old girls who have been working at home. Enamul, age 10, was a goat herder, but now he likes studying arithmetic.

Another student, Quvat Ali, an 11-year-old boy, worked in the field cutting grass for cattle for two years before coming to the school. His parents did not receive any education, but they like the idea of him going to school. "I will be the first in the family to finish school," he says.

Our guide at the center, Islam, has been a professional cricket player. Now he is working with the district to develop more BRAC schools. "One of the big differences is that there is one teacher for 30 students compared to 50 to 70 students in government schools, and the teachers are better trained. There are many children here whose life is being turned around."

We asked the class how they liked their teacher, and they stood and applauded. We asked the mothers who are on the school board if the children are coming to school regularly. They tell us, "Without this program, children would not be in school at all. The school is nearby so it is easy to attend and easy for us to see whether the children go there."

CHILDREN WORKING AS ADULTS

Sanghini is a 12-year-old girl who lives in the slums of Dhaka in Bangladesh. "Before I started school I worked in the garment factory. When a garment was finished I would cut the extra thread. I worked from eight to one. From one to two was my lunch. Then I worked from two to five and sometimes overtime. From when I was 9 to age 12." How many days a week? "Six."

Sanghini doesn't know what she wants to be when she grows up. However she does know one thing: "I don't want to go back to work in the garment factory."

Instead of working 8 to 10 hours in a factory, Sanghini and other students this morning are in a program supported by UNICEF and the United States Agency for International Development (USAID) at the Gono Shahajya Sangstha school in Dhaka. It is a very popular school. The United States Ambassador to Bangladesh, David Merrill, cancels his appointments this morning to join us on this trip. UNICEF and USAID have been working hard to bring about these programs to place

children in school and out of hard labor. Each student at this school receives a small stipend, about \$5 a month, to help offset education costs and to make up for lost wages. There are already more than 5,000 students in 240 schools.

Amin Hussain, a 10-year-old boy, tells us, "I folded dresses and cut thread from when I was 8 until I was 10. I used to go to work at eight in the morning and returned at seven-thirty or eight-thirty, with a lunch hour. Six days a week."

Taslima, who thinks she is about 11, describes her childhood to us: "For the past two years I stood from eight in the morning to seven at night starching garments. Sometimes I would work until ten at night. I worked six days a week."



In Bangladesh, children in school rather than working.

How do you like school? “I like being in school very much. I love to study and read.”

Sohail worked in a garment factory until he came to school at age 12. He talks to us in English, “Before the school I made soccer shirts. I worked as a helper, cutting threads and bringing shirts to the cutter. My work was from eight o’clock to five o’clock, but I could never go home at five o’clock. I always had to work overtime to eight o’clock. Sometimes I would work until ten o’clock. Sometimes I would have to also work the night shift. When a new shipment would come in we would have to, without warning, work through the night.”

We ask Sohail how old he was when he worked in the garment factory. “Ages 10 to 12.” What now? “I want to study as much as possible and do a job according to my fate. The garment factory is very hard work and I don’t want to go back.”

Sohail’s overnight work in the factory reminded the UNICEF Project Director, who was with us, of a tragic story. Last year 25 children were locked in a factory to work overnight when a fire broke out. They were all burned alive inside the factory. This was not an isolated incident.

Shathi, who is 11, worked seven days a week cutting thread in the garment factory with her sister. They worked from eight to seven, but could only talk to each other when they had lunch. A teacher at the Sangstha school tells us, “Here they do different things all day. Here they sing and exchange words with other children. In the factory they are usually only allowed to talk during lunch hour.”

We notice that there are a number of children standing outside of the school. Who are these children? Shelina Mahfuz, regional director of the school program, tells us, “The children love coming here so much they come early, and the teacher has to keep them out. We have three shifts of children everyday — and the teacher has to almost push the students out so that the others can come in. They want to stay for more.”

Not all children in Bangladesh are as fortunate as these children. After leaving the school we stopped at a construction site where a boy

was using a sledgehammer to break bricks apart. To our dismay he was only eight years old and worked at his chipping job eight to ten hours a day.

Fortunately, the day of our visit was an auspicious day, the one on which children were to stop working in garment factories in Bangladesh. UNICEF had been working with the United States Ambassador, the Government of Bangladesh and garment manufacturers to end child employment in garment factories and provide educational alternatives to the children. Inspectors have been hired and legal action will be taken against any factory employing children.

This does not mean the end of child labor, but it does mean that a major step has been taken toward stopping the use of children in organized industries and factories. The challenge will be for the country, with UNICEF’S help, to develop more programs to give children opportunities outside of child labor.

BABIES AT RISK

The employment of children is not the only threat to childhood in Bangladesh. While on a visit to the Khulna area in the east Bengal section of Bangladesh, a day’s journey by car from the capital in Dhaka, we saw babies at a ‘baby-friendly hospital’. This hospital specializes in the prenatal delivery and care of babies, and training for mothers in breast-feeding and child care. It has dramatically reduced the infant mortality rate in this area of Bangladesh.

Yasmin Haque, a UNICEF Bangladesh employee, tells us, “Without this hospital many of these children would die. Almost 1 million children each year still die from diarrhea and other preventable causes.”

In Porahati, north of the airport at Jhenaidah, we visit a health center and observe immunizations and other child survival programs in action. A community worker tells us, “Before, children died because they had not been immunized. As a community worker, I spread the word on immunization, and there are very few now who are not immunized.”



A child at risk of death is treated at a baby-friendly hospital in Khulna.

The community worker introduced us to her son, who is in class four and wants to be a teacher when he grows up. The boy's father has come with the mother to the health center, and he talks about his son, "I can only barely write my name, and I am very eager for him to complete school and do better than I have done."

IODIZED SALT

"We use iodized salt so that we don't get goiter and so that we do get vitamins," an informed mother at the health center in Porahati tells us. Later, outside of Khulna, we visit a salt iodization plant at Madhumati.

It is estimated that more than 1 million children are born each year with iodine defi-

ciency. Some children die because of this deficiency, and others suffer during their entire life from mental and physical disabilities — all of which could be prevented through the use of iodized salt.

UNICEF has a very active iodine deficiency program in Bangladesh. The Government has passed a law requiring that all salt produced in Bangladesh be iodized, and we visited a salt factory to see the quality control that goes into that iodization.

While 10 years ago virtually no salt in the country was iodized, now all salt produced in Bangladesh is iodized. Use of iodized salt has gone from zero to more than 60 percent, and UNICEF is working through education and other programs to increase that level to 100 percent.

More than half a million children a year are born healthier in Bangladesh because of the iodine program to date. Kiwanis International has been working with UNICEF in Bangladesh and around the world to help solve the iodine deficiency problem, and the efforts of both organizations working together are paying off in Bangladesh.

DEATH BY DIARRHEA

We had second thoughts when we left to visit what is referred to as 'the diarrhea center'. Actually it is the world famous International Centre for Diarrhoeal Disease Research, located in Dhaka. We should not have even thought about missing this Centre, for between its research to invent ORT and the more than 50,000 patients seen annually, this facility has saved millions of lives during the past 25 years. UNICEF and USAID have been its major sponsors and can take credit for making possible its achievements.

It is an unforgettable sight as we enter a room the size of a basketball court and see hundreds of children on beds covered with blue plastic sheets. In the middle of each bed is a hole. The children have their rumps in the hole and IVs in their arms. Although the scene may be unusual, what is happening here is in fact saving the lives of all of these children.



Children at a Grameen Bank project in Bangladesh.

In a room full of babies a mother holds up a very sick child. “This baby weighs only 40 percent of what she should weigh. Without treatment at the center she will die,” a doctor tells us. The baby’s name is Gere and although she is six months old, she weighs less than three pounds.

In the hospital we see more than 400 children receiving treatment. This is a ‘light’ day according to the Director, “During the rainy season there are often more than 1,000 children here.”

The Director of the Centre goes on to tell us, “Patients that you see here are at the extreme end of malnutrition. Without the treatment for children and the training for mothers, there would be almost a 100 percent fatality rate for these children.”

UNICEF AND THE GRAMEEN BANK

Dr. Muhammad Yunus, the world famous Director of the Grameen Bank, talks to us in his open-air office in the outskirts of Dhaka, “We work very closely with UNICEF. It is a wonderful organization. You can enter an office and immediately know it is UNICEF. Not just because of the office, but the individual people. It is a commit-

ment in the individual human being. As human beings they see this as part of their mission.”

Normally you wouldn’t think of a ‘bank’ as working with UNICEF, we point out to Dr. Yunus. He tells us, “We like to work with UNICEF because we believe in the same things: women getting out of a poverty situation so that they can have better nutrition and health for their children. Better opportunities for children to go to school. We see things in the same way, so we become partners.”

The Grameen Bank and UNICEF have been working together with women throughout Bangladesh on programs that provide not only loans for women, but also training that is changing health and improving child mortality.

How does what you and UNICEF do in Bangladesh impact what happens in the United States? “What you do impacts your neighbor. Bangladesh may seem like a remote area of the world, but what happens here affects everyone else. Ninety million people out of 120 million are women and children. What happens to them affects the whole country. If you can help children to grow up healthy, they will become part of the international economy. If 120 million people



A boy brings his younger brother a cup of clean water in the slums of Dhaka.

can become part of the international economy, that is a lot of purchasing power.”

Why is UNICEF different? “Donor mentality is generally aimed at infrastructure building. They bring their money, consultants and construction workers. UNICEF is one organization that is only working with people. And that is a very clear distinction between UNICEF and everybody else. UNICEF is aimed at people.”

UNICEF BANGLADESH COUNTRY REPRESENTATIVE

“There is a self-image now in Bangladesh that says ‘we can do something about our lives’. The image that the country has of itself is a can-do image: ‘We can pull ourselves up and with a little bit of help from outside we can actually achieve miracles’,” Rolf Carriere, the UNICEF Country Representative in Bangladesh, tells us at the end of our visit.

Bangladesh is a country in which UNICEF has faced one of its largest challenges. The country has a population of 120 million and it is estimated that more than 100 million of that population have per capita incomes of less than \$300 per year. There are more than 40 million children in Bangladesh who live in, and could grow old in,

poverty. It is no surprise then that Bangladesh is one of UNICEF’s largest programs.

Faced with the odds that 5 out of 6 people in the country live in poverty, what has UNICEF been able to achieve? “Immunization in Bangladesh in 1985 was at about 5 percent,” Mr. Carriere tells us. “Now it is close to 80 percent, which has required almost a cultural mobilization.”

A second achievement, according to Mr. Carriere, is what has happened in terms of water. When UNICEF began working in 1952 to improve clean water supplies, less than 10 percent of the population had access to healthy drinking water. “Because of years and years of behind the scenes hard work, we have been able to bring the Bangladesh water supply to an unprecedented level in which 97 percent of families are within 150 meters of potable water. No other less developed country has this level of coverage.

“Once people saw the achievements in immunization and water, they began to believe that despite poverty they could still improve health and other aspects of their lives,” the Country Representative points out. “It also shows that while we try to deal with the poverty of income, we can go ahead and deal with the poverty of disease, the poverty of health, education and nutrition.”

UNICEF is working with the Government, the United States and other countries on the troubling issue of child labor. “In 10 years we will have eliminated child labor — with the help of leaders including the international business community, religious leaders and others.”

If diseases can be eradicated and child labor eliminated, what is the challenge that will be the most difficult to handle? “Malnourishment. Ninety-three percent of all children in Bangladesh are malnourished by the age of two. This is the biggest challenge we face in the next 10 years. By weighing children and giving instructions in prevention of diarrhea and using healthy food, almost all malnourishment can be prevented.”

We agree with the Country Representative as he tells us on the last day of our last trip to the

last country on our itinerary, “Investment in children makes eminent sense. If you want to have a nation that has a future, you have to make sure that children are taken care of. Investment in children and care for children now will prevent many problems in the future.”

CHILDREN HELPING THEIR COMMUNITY: SCOUTS ARE PREPARED

We met an amazing 13-year-old on the outskirts of Jhikargacha, a community of about 100,000, two hours north of Khulna. Her name is Rukshana Ukter but she is called Mily, and she leads a group of scouts who work in the community to improve health and education. These girls and boys are only a step beyond the poverty level themselves, but they are working to help children and adults improve their lives. UNICEF is working closely with the more than 65,000 scouts in this country to develop programs where children help other children.

Mily tells us, “I want to finish my schooling and go on to be a journalist so that I can make a contribution to the country by fair reporting and by following truth and trying to do good for the country.”

We asked Mily what is the scouting program doing to help girls? “In my opinion, if a girl is involved in scouting along with education, then she learns much more and becomes an ideal citizen of the country.”

How are you able to make a difference? “I am fortunate. Some girls are not as fortunate. Their family feels that if they are studying they can’t be working. And they are going to be married off anyway. So why should they study? They feel that they just need to learn to cook and look after the house and not go to school.”

Why do you have a different attitude? “Because my parents have been to school and they believe that girls and boys both have the right to education and to improving their lifestyles. I



Mily leads scouts in giving ORT and sanitation training to mothers.

think there is no difference between boys and girls, and all should be encouraged.”

How do you help other girls to escape from a childhood of work? “If a girl has a little money, I try to get her to go to one of the schools that are operated by private organizations. Other girls I help by tutoring them with their studies.”

We watch Mily lead a training session with mothers and small babies. The scouts show the mothers how to use ORT for diarrhea and how to use clean water and eat good vegetables to reduce the malnutrition of their babies.

Mily thanked us for coming. We tell her that she is the one to be thanked “for all that you do for others.”

PART II. UNICEF: HISTORY AND PARTNERSHIPS



AIDS orphans in Kenya.

Overview

UNICEF, then called the United Nations International Children's Emergency Fund, was created during the very first session of the United Nations General Assembly, on December 11, 1946. UNICEF was created in order to meet the needs of children in postwar Europe and China for food, medicines and clothing. The founding resolution provided that all assistance should be given "on the basis of need, without discrimination because of race, creed, nationality, status or political belief," a principle that has guided the organization ever since.

In December 1950, the General Assembly expanded the UNICEF mandate to include the children of developing countries, and in 1953, it decided that UNICEF should continue to work as a permanent arm of the United Nations system. The words 'International' and 'Emergency' were officially dropped, but the already well-known acronym, UNICEF, was retained.

MILESTONES

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| 1946 | The United Nations International Children's Emergency Fund is created. Maurice Pate, a businessman and humanitarian from Nebraska, is named its first Executive Director. Pate serves until his death in 1965. | 1965 | Henry R. Labouisse of Louisiana, then U.S. Ambassador to Greece, becomes UNICEF's second Executive Director. |
| 1953 | UNICEF's status becomes permanent. | 1965 | UNICEF is awarded the Nobel Peace Prize. |
| 1959 | The Universal Declaration on the Rights of the Child is adopted by the General Assembly. | 1978 | Alma Ata conference endorses the concept of Primary Health Care, which legitimized the community approach to family health using low-cost technologies and community health workers — later to form the basis of the Child Survival and Development Revolution. |
| | | 1979 | The International Year of the Child. UN-sponsored effort to highlight the needs of children, with UNICEF designated to take the lead. |
| | | 1980 | James P. Grant, former State Department and USAID official, becomes UNICEF's third Executive Director and serves until his death in 1995. |
| | | 1982 | Launch of the Child Survival and Development Revolution. |
| | | 1990 | Entrance into force of the Convention on the Rights of the Child. |
| | | 1990 | The World Summit for Children. Attended by 71 Heads of State and Government. |
| | | 1995 | Carol Bellamy, Director of the Peace Corps, becomes UNICEF's fourth Executive Director. |

Child survival and development: Focus on the family

The last decade — 1985 to 1995

UNICEF's strongest link with the executive and legislative branches of the United States Government has occurred in recent years as a result of the Child Survival and Development Program (CSP). This has been spearheaded by UNICEF since 1983.

There are several reasons for this special link. First, numerous Americans well-known in public health, development and related disciplines were active participants in the design and promotion of the CSP both in the United States and around the world.

Second, the United States quickly grasped the potential of a goal-oriented child and family focused development program based on simple and understandable interventions. The United States Congress was engaged very early on and has consistently raised the profile among U.S. political leaders of the CSP, and it is through this program that the discussion of America's relationship with UNICEF is best begun.

In September 1982, UNICEF Executive Director Jim Grant brought together some of the most eminent minds in child health from around the world to discuss, in his terms, 'the doable' — the simple, low-cost solutions that could be promoted on a large scale to make a significant impact on child survival and development.

It was an international gathering, but scientists from American institutions were well represented: Dr. Carl Taylor from Johns Hopkins, Dr. Jon Rohde from Health Science Management, Dr. Nevin Scrimshaw from MIT, Dr. David Gwatkin from the Overseas Development Council, Dr. Per

Pinstrup-Andersen from IFPRI in Washington, and Dr. Jean-Pierre Habicht from Cornell. It was at that meeting that the acronym GOBI was first coined. It stands for:

Growth monitoring: Regular measurement of young children's length and weight and, as soon as they begin to dip below the curve of normal development, intervention to get them back on track.

Oral rehydration: Prevention of death due to the dehydration caused by acute diarrhea through the use of a simple combination of sugar, salts and water. The medical journal, *The Lancet*, in 1978 called oral rehydration therapy (ORT) "potentially the most important medical advance this century."

Breast-feeding: Empowerment of all women to breast-feed their children exclusively for the first four to six months and to continue breast-feeding, with supplementary food, well into the child's second year.

Immunization: Complete vaccination of all children against measles, polio, tuberculosis, diphtheria, whooping cough and tetanus before they are one year old, plus immunization of all women of childbearing age with tetanus toxoid.

These four techniques had unique potential in that they were:

- Simple and understandable.
- Relatively independent of the extension of health services.

UNICEF AND EMERGENCIES

History has shown that UNICEF has a critical role in emergencies, however much it strives to call the world's attention to the endemic problems that do so much long-term damage to children. The instability and inter-ethnic conflicts that have occurred so frequently since the end of the cold war have resulted in an increased proportion of UNICEF resources, human and material, being devoted to emergencies.

In 1995, UNICEF spent one fourth of its total programme expenditures on emergencies, while in 1985, emergencies absorbed 11 percent of programme spending.

The organization is taking measures to enhance its ability to respond to both man-made and natural disasters. Emergency preparedness will henceforth be incorporated into the regular country program planning process. Emergency preparedness has become an important focus of training activities, including critical incident and cumulative stress management training sessions. And, against a background of growing threats to the physical safety of staff, security preparedness measures are being intensified.

- Affordable. For all four, the average additional cost was then estimated at \$10 per child.
- High yield. Particularly beneficial when used together.

Drastically improved child health and survival suddenly appeared to be a realistic goal because the operational center of gravity was shifted from health institutions to parents and children. The global spread of mass media had made it possible to bring such life-saving information to nearly every home.

This is how Jim Grant expressed it in his landmark report: *The State of the World's Children 1982-83*.

“...UNICEF is now of the belief that the social and scientific breakthroughs of recent years are at this point coming

together to put into our hands the sudden means of bringing about a revolution in child health.... The backdrop to the children's revolution which we now believe to be possible is the idea that organized communities and trained paraprofessional development workers, backed by government services and international assistance, could bring basic education, primary health care, cleaner water and safer sanitation to the vast majority of poor communities in the developing world.

“Such strategies are now beginning to take hold in nations containing a majority of the developing world's population. At the same time, new scientific and technological breakthroughs have also been made against some of the most widespread and intractable problems of health and nutrition. Put together, these social and scientific advances now offer vital new opportunities, four of which are described below, for improving the nutrition and health of the world's children.”

The response to this *State of the World's Children* report was overwhelming. In Washington, the U.S. Senate approved a resolution in support of the child survival program, which stated that: “The techniques articulated by UNICEF in its report entitled *The State of the World's Children 1982-83* represent an unprecedented low-cost opportunity to significantly reduce child mortality and morbidity throughout the world, and have the full support and encouragement of the Congress.”

In fiscal year 1985, Congress appropriated \$25 million for a special Child Survival Fund. This program, administered by the United States Agency for International Development (USAID), is among its most popular and has received continued congressional support. By 1995, the strong bipartisan support for such programs, strengthened further by their success, led Congress to appropriate \$275 million for child survival and development programs. The U.S. Congress has consistently recommended this level of funding or higher for the past five years. For fiscal year 1996 not only was \$275 million recommended for child survival, but a special account was created

by the U.S. Congress to support child survival and other needs of children.

Child immunization and oral rehydration therapy have been the 'twin engines' of the child survival effort. While UNICEF gave priority attention to immunization, the leadership in promotion of oral rehydration therapy (ORT) was taken up by USAID.

Mr. Peter McPherson, USAID Administrator under the Reagan Administration, became a strong supporter for ORT and joined with UNICEF, WHO and the International Centre for Diarrhoeal Disease Research, Bangladesh, in sponsoring the first International Conference on Oral Rehydration Therapy (ICORT) in 1985. ORT use has since skyrocketed in countries assisted by USAID.

GOAL: 80 PERCENT IMMUNIZATION BY 1990

The drive to achieve 80 percent immunization coverage by the year 1990 required a massive effort and the wholehearted support of Congress and USAID, along with the governments and people of many other nations. When the drive was announced, the global rate of immunization for children under two was under 15 percent.

Two key breakthroughs on the immunization front occurred in Latin America in 1985. In El Salvador, UNICEF, with the help of the Catholic Church, was able to negotiate a cease-fire in the civil war that was raging at that time to enable children all over the country to be immunized. In Colombia, a very successful national campaign resulted in immunization levels leaping to 75 percent of the nation's children. Former President Jimmy Carter was on hand to observe the Colombian effort.

It took only five years for the world to move from immunization levels of 40 percent or lower for DPT and polio to 80 percent, thanks to the extraordinary effort of the Child Survival and Development Program. In September 1991, WHO and UNICEF announced that the target of Universal Child Immunization (UCI) had been achieved.

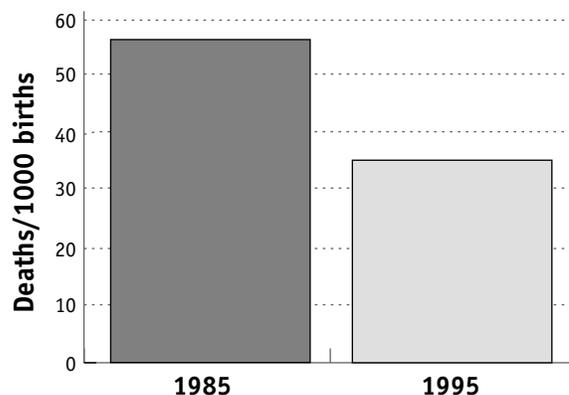
Words to note:

"We the peoples, determined to save succeeding generations from the scourge of preventable diseases which today claim the lives of over 3.5 million children each year and permanently disable 3.5 million more, have resolved to combine our efforts...to achieve the United Nations goal of universal child immunization by the year 1990...."

Declaration of 25 October 1985, signed by 77 governments and more than 400 voluntary organizations

The twin engines of ORT and immunization served as wedges in the door of a wider set of 'doables' for children. Emboldened by the momentum of UCI, a group of national leaders took the first steps towards convening a World Summit for Children in which, for the first time, Heads of State would gather to focus exclusively on a social agenda. Shortly following these steps, both houses of the U.S. Congress approved on a bipartisan basis resolutions in support of the World Summit and urging the President to participate.

Rate of child deaths due to diarrhea and immunizable diseases



Source: WHO and UNICEF

Ultimately, 71 Heads of State gathered in New York on September 30, 1990. President George Bush was among them, and they endorsed a wider set of goals for children, to be reached by the year 2000. The World Summit goals included further advances on immunization, nutrition and diarrhea control, but they also embraced a broader agenda — the reduction of maternal mortality, access to water and sanitation for all, and the achievement of the goals of basic education for all that had been determined earlier that year by the World Conference on Education for All in Jomtien, Thailand.

The Clinton Administration has followed through on the promises made by the United States at the World Summit for Children. President and Mrs. Clinton have sponsored three White House programs featuring UNICEF. The Administration has also signed the Convention on the Rights of the Child.

UNICEF AND USAID

The United States Agency for International Development and UNICEF have worked very closely over the years in the child survival areas, at both the headquarters and field levels. Between 1985 and 1995, USAID has implemented more than \$2 billion in projects related to child survival. USAID estimates that programs in the past four years alone have saved more than 1.8 million lives.

More than half of the funding for child survival in the past decade has been administered during J. Brian Atwood's tenure as Administrator of USAID. In early 1997, he reflected on the program, "The United States can be proud of the contribution we have made over the past decade to improving the health of the world's children. Our national resolve to reduce childhood mortality will remain prominent....Our commitment to complete the job begun a decade ago remains as firm as ever."

Words to note:

"There are almost 3 billion young people on Earth today — and more than 14 million of them will die this year. In the next hour alone, 1,000 babies will perish. But I think we are all gathered here to defy these statistics....Let us affirm, in this historic Summit, that these children can be saved. They can be saved when we live up to our responsibilities, not just as an assembly of governments, but as a world community of adults, of parents."

—President George Bush
to the World Summit for Children,
September 30, 1990

"For half of a century, UNICEF has worked to improve the lives of children across the globe and to fulfill the obligation we each have to make our world a better place for future generations. Working with a commitment that has strengthened over the years, UNICEF continues to strive for the protection, development and education of these children and to give them real hope for a brighter future."

—President Bill Clinton's message
marking UNICEF Month (October),
September 17, 1996

Examples of the successful collaboration between USAID and UNICEF include joint support of the Vaccine Independence Initiative — ensuring a sustainable supply of vaccines for developing countries; the Vaccine Vial Monitor, which was developed with USAID funds and is now used for UNICEF-supplied polio vaccines; and a four-year USAID grant to UNICEF to strengthen immunization programs in Africa.

Impact of the Child Survival Program

After the first decade of worldwide effort, bolstered by strong bipartisan support from the Congress of the United States, USAID, NGOs and the private sector, the main promises of the CSP have largely been fulfilled. Consider the following:

- The number of children who died from diarrhea, measles, tetanus, whooping cough or tuberculosis in 1995 was 2.3 million fewer than in 1985.
- Current levels of immunization save the lives of nearly 3 million young children every year.



Clean water comes to a rural area in El Salvador.

- Polio has been eradicated in the Western hemisphere. Of the 168 countries in the other hemisphere, 70 report no cases in the last three years. There are 800,000 children who would now be paralyzed with polio were it not for this achievement.
- A million children's lives are being saved every year thanks to home management of diarrhoea (by the use of oral rehydration salts and/or recommended home fluids).
- Since the launch in 1991 of the Baby-Friendly Hospital Initiative, more than 8,000 maternity facilities in 106 countries have fulfilled the conditions for official WHO-UNICEF designation as baby-friendly.

Progress has also been significant towards two other goals not originally part of the Child Survival and Development Revolution but adopted by the World Summit for Children:

- Some 12 million infants are now protected annually from mental retardation thanks to the consumption of iodized salt by their mothers. Iodized salt is being consumed by 1.5 billion more people than at the time of the 1990 World Summit for Children.
- Guinea worm disease (dracunculiasis) is on the verge of elimination. The remaining foci are mostly in remote communities in 16 African countries, Yemen and India. Incidence of the disease has declined since 1990 by an estimated 97 percent.

U.S. institutions and individuals working on child survival

American institutions and individuals have played a key role in research and development concerning child survival:

- **Oral rehydration therapy:** USAID and the National Institutes for Health (NIH), in part through Johns Hopkins University, funded research in Dhaka and Calcutta in the 1960s and early 1970s, based on the U.S. Navy's earlier work with adults, which eventually led to the discovery and perfection of oral rehydration therapy (ORT). This research was later centered at what became the International Centre for Diarrhoeal Disease Research, Bangladesh of which USAID remained one of the largest single funders for many years. Eminent U.S. scientists contributed heavily to its success.
- **Immunization** of all the world's children was a dream made realizable by research to which the national Centers for Disease Control and Prevention (CDC) in Atlanta and Johns Hopkins University, among others, were major contributors.
- The concept of **primary health care** (PHC), on which much of child survival was based, has important U.S. roots. Dr. Carl Taylor, Director of the Department of International Health at Johns Hopkins, was a pioneer of the PHC concept.

A distinctly American aspect of the CSP has been the communication of simple messages to parents about child health through the mass media as well as more traditional channels. The

concept of 'social communications' or 'social mobilization' made it possible for the Child Survival and Development Revolution to become a genuine mass movement.

Special courses at Johns Hopkins and Tulane University have helped to train development professionals from around the world in social communications for child survival.

In addition to Johns Hopkins, other U.S. universities did much to make child survival possible. Among them are Cornell in the fields of food security and nutrition, Columbia in growth monitoring and PHC, Berkeley and UCLA in nutrition, Tulane in tropical diseases and social communications and MIT in nutrition. Emory University is the seat of the Carter Center and the Child Survival Task Force.

Father Theodore Hesburgh, President of Notre Dame and a longtime associate of Jim Grant, was Co-Chairman, with actress Liv Ullmann, of the U.S. Committee for UNICEF's Campaign for Child Survival.

Harvard University's School of Public Health has been very actively collaborating with UNICEF. This collaboration goes back to at least 1975 when Dr. Jean Mayer and his team presented to the UNICEF Executive Board their report on priorities in child nutrition in developing countries. Their strong endorsement of the community worker approach helped pave the way for the worldwide adoption of the concept of primary health care, to which the Child Survival Program owes so much.



Another American institution with which UNICEF's history has been intertwined is the Rockefeller Foundation. The Foundation collaborated with UNICEF on malaria in the 1950s and, together with the National Research Council, on high protein foods in the 1950s and 1960s.

A 1984 Bellagio meeting, attended by Robert S. McNamara, led to the formation of the Child Survival Task Force, which has its headquarters at the Carter Center in Atlanta and is spearheaded by Dr. William Foege, former CDC Director.

The Child Survival Task Force was set up officially by WHO, UNICEF, the World Bank and the Rockefeller Foundation (UNDP and UNFPA have subsequently joined it). USAID has been a regular participant in its deliberations. The Task Force has been an effective mobilizer of high level support for child survival.

In India, Prateek — who has polio — and his father urge others in the community to be immunized against the disease.

The United States, UNICEF and child survival

Herbert Hoover and Eleanor Roosevelt did not have much in common, politically speaking. And few political personalities were as different as those of Fiorello H. La Guardia and Dwight D. Eisenhower. But all four played important roles in the origins of UNICEF. So, too, did the vital bipartisan support of the Congress of the United States, with such unlikely bedfellows as Senators Robert Taft and Hubert Humphrey joining forces to keep UNICEF alive in the early 1950s.

New York City's ex-mayor La Guardia was the second, and last, Director General of UNRRA, the United Nations Relief and Rehabilitation Administration. As that organization's mandate was ending, he personally earmarked a \$550,000 donation and said that he would "hand it over the minute this new organization for children is given life."

Former President Herbert Hoover was sent by then President Harry Truman on a food survey mission in 1946 to dramatize the plight of the hungry millions in Europe and Asia. His communiqués from the field, quoted widely in the press and on the radio, drew special attention to the effects of hunger on children. When UNICEF was created, Hoover urged the Congress to support it, and another member of that mission, a close associate and protégé of Hoover's, Maurice Pate, was named UNICEF's first Executive Director.

Congress literally kept UNICEF alive in those early years, appropriating a total of \$75 million in 1947 and 1948 to assist the organization in its efforts to raise funds from other countries as well.

Words to note:

"...The United Nations Children's Fund program is a number one demonstration that the United Nations can and has acted....to save millions of children from malnutrition and disease...I still think that the value of this program must be measured not only in the terms of direct assistance to millions of children, but also in terms of the measure of cooperation which it has stimulated."

— *Sen. Hubert H. Humphrey,
Floor of the United States Senate
discussing appropriations for UNICEF,
August 28, 1950*

In 1950, former First Lady Eleanor Roosevelt, the chief U.S. delegate to the UN Committee on Social and Humanitarian Affairs, always a strong UNICEF supporter, doubted that the postwar Congress would be prepared to support UNICEF on a permanent basis. The U.S. delegation which she headed abstained on the crucial General Assembly vote on UNICEF's permanency.

Mrs. Roosevelt was happily mistaken; Congress did continue to fund UNICEF, on occasion with strong personal encouragement from the President. Senator Robert Taft (R-OH) introduced the authorizing legislation and Senator Hubert Humphrey (D-MN) expressed a strong endorsement. In 1951 and 1952, President Harry Truman

personally intervened on behalf of UNICEF's appropriation. In 1952, the low point in the history of UNICEF income, nearly three quarters of the total \$9.4 million donated to UNICEF from governments worldwide was from the United States. In 1953, an appropriation of \$10 million was approved by Congress following a personal endorsement by President Eisenhower.

As Europe and Japan gradually recovered from the effects of World War II, they took on a much greater share of UNICEF's support. The private sector, too, has become a much more substantial contributor. But the bedrock of UNICEF's resource base continues to be this bipartisan support from the U.S. Congress, succeeding administrations, both Democrat and Republican, and the American people. Today the U.S. voluntary contribution represents 13 percent of the organization's total income.

During the 1980s and up through the present, UNICEF and its U.S. private voluntary organization partners have enjoyed high levels of active bipartisan Congressional support for numerous Child Survival initiatives. Among the examples of this support are:

- Passage of Congressional Resolutions in both houses of Congress in support of the Child Survival Program, the World Summit for Children and ratifying the Convention on the Rights of the Child;
- Introduction of the World Summit for Children Implementation Acts and their incorporation into successive foreign assistance appropriations bills in 1991, 1993 and 1995;
- An increased profile for children's issues in the House and Senate Reports accompanying both authorizing and appropriations bills. In recent years, the House Report accompanying the Foreign Aid Appropriations Bill has included a lead section on programs for children.

In 1965, President Lyndon Johnson proclaimed the first National UNICEF Day (October 31). Numerous Presidents since then have reissued this Proclamation, and numerous First Ladies have served as Honorary Chairpersons of UNICEF Day.

The U.S. Committee for UNICEF, 'trick or treat' and Danny Kaye

UNICEF's principal citizen support group in the U.S. is the United States Committee for UNICEF. This is the oldest of the now 38 National Committees for UNICEF. It was created in December 1947 at the initiative of Catherine Lenroot, a former Director of the United States Children's Bureau and U.S. delegate to the UNICEF Executive Board. The Committee's first meeting was held in the White House at the invitation of First Lady Bess Truman.

Though the Committee initially focused on informing the U.S. public and Congress about the plight of children in other lands, the Committee soon became a leader in expanding UNICEF's base of financial support from the Government and the public at large. By the late 1950s, the Committee, under the vigorous leadership of Helenka Pantaleoni, had flowered into a forceful voice for the world's children

Words to note:

"UNICEF has caught the imagination of our people — especially our nation's children whose Halloween collections have become a symbol of concern and an expression of tangible aid. I urge all my fellow citizens, young and old, to support UNICEF generously again this year."

— President John F. Kennedy,
October 13, 1961

within the United States and had gained the support of many thousands of volunteers throughout the country.

Now approaching its 50th anniversary, the U.S. Committee has raised more than \$470 million over the years to support UNICEF's work, often on the basis of individual volunteer initiatives. For example, in October 1950, Rev. Clyde Allison of Bridesburg, Pennsylvania introduced 'trick or treat for UNICEF' to his Sunday School. Rather than demanding treats for themselves, Rev. Allison convinced the children of Bridesburg to ask for nickels and dimes to send to UNICEF. The idea quickly caught on and was promoted actively after 1953 by the U.S. Committee, which turned 'trick or treat for UNICEF' into a household phrase and national custom by the early 1960s.

By the mid-1960s, over 3 million children in 13,000 communities in the U.S. were collecting more than \$2.25 million in their orange Halloween boxes.

Some UNICEF volunteers have been famous personalities. Late in 1953, Danny Kaye met Maurice Pate, UNICEF's first Executive Director, after Kaye's plane en route from London to New York caught fire over the mid-Atlantic and returned to Ireland. As they sat together during the substitute flight, Pate described UNICEF's work to Danny Kaye. Kaye was hooked and served as a Goodwill Ambassador for UNICEF for 34 years until his death in 1987. Over the years he visited numerous UNICEF projects, occasionally bringing along a film crew. His most famous film, *Assignment Children*, was translated into 18 languages

and was shown by Danny himself at gala events in cities all over the world.

With this and other films and personal appearances, Danny Kaye helped to boost the fund-raising activities of many of UNICEF's national affiliates in the English-speaking world. For three years in succession during the 1960s, Danny Kaye piloted his own plane on a country-wide tour to encourage youngsters to sport a black and orange 'Help children help children' button and collect money for UNICEF.

Following Danny Kaye's death, numerous other notable American entertainers and performing artists, such as Harry Belafonte, who has served as Goodwill Ambassador since 1987, and Judy Collins, who serves as a Special Representative for the Arts, have embraced the children's cause through UNICEF. They are joined by artists from other countries such as Roger Moore and Sir Peter Ustinov.

The late Audrey Hepburn served as a Goodwill Ambassador for UNICEF from 1988 until her



Danny Kaye on a goodwill mission.

death in 1994. She traveled extensively within the United States to promote UNICEF's work in development and emergency programs. She also appeared before numerous Congressional committees following her visits to the field.

UNICEF's organization and structure

UNICEF is a semi-autonomous agency within the United Nations system with its own governing body, the Executive Board, and a secretariat, headed by an Executive Director. The United States has been a member of the Executive Board since its inception.

The Executive Director is appointed in consultation with the Board by the United Nations Secretary-General.

UNICEF has field offices serving more than 140 countries. UNICEF, through its Country Representatives, provides financial, technical and advocacy support to countries to implement what is normally a five-year program of cooperation. This program is agreed upon by UNICEF and the national government and approved by the Executive Board.

HOW UNICEF WORKS IN DEVELOPING COUNTRIES

Among UNICEF's strengths is its long-term, continuous presence in developing countries and good collaboration with a variety of partners. In fact, the bulk of UNICEF's work on behalf of children in developing countries is based on a five-year program of cooperation produced jointly by UNICEF country staff and staff in the relevant ministries of the national government, often in consultation with many non-governmental players, such as NGOs and the private sector. UNICEF works closely with and depends upon the operational capacity of both local and national government and non-governmental or

private voluntary organizations to carry out its program work.

Generally, this programming process begins with a multi-sectoral assessment of the state of the host country's children. Special emphasis is given to the number of poor children in the country and the rate of infant mortality. As UNICEF's presence and cooperation with the government in most countries is long-standing, assessments are based often on statistics produced in the course of the previous five-year program of cooperation.

UNICEF's point of departure in the course of this work is to identify the principal threats and

Words to note:

"UNICEF has realized that children provide the key to the future: the children of today are the history of the future. UNICEF is now forging a link of solidarity between the rich and the poor countries. In an age when so many people are terrified of the destructive effects of the forces that science has placed in our hands, UNICEF offers young people in all countries an alternative which is worth living and working for — a world with freedom for all people, equality between all races, brotherhood among all men."

—*Citation accompanying the award to
UNICEF of the 1965 Nobel Prize for Peace*

obstacles to child health, clean water and sanitation, proper nutrition and basic education. The next critical phase of this process is the identification of the available low-cost, high-yield interventions that can address these problems and development of the coordinated plan of action.

Since the adoption of the Universal Child Immunization goal in 1979, UNICEF has placed a high priority on global goals for children and on the development of national plans of action designed to reach and sustain such goals. However, these goals are incorporated into the country program in keeping with a locally developed national plan of action led by the relevant ministries.

The UNICEF country office program of cooperation includes a budget covering core program and administration funding needs. These are supplied by UNICEF out of its General Resources and specific program 'Supplementary Funding'. The programs are presented to donors in the course of the five years in the form of proposals. Therefore, each UNICEF country program that does not rely on its own locally raised resources is dependent on the UNICEF General Resources to support its core activities.

Upon completion and approval within UNICEF, the five-year program is submitted to the Executive Board for its approval.

UNICEF is a highly decentralized organization. Some 85 percent of its staff are in the field. The UNICEF field office Representative has broad decision-making powers within the framework of the country program and has special power to respond quickly to emergency situations. Seven Regional Offices oversee and provide guidance to the work of the country offices.

New York Headquarters (with help from offices in Geneva, Copenhagen and Tokyo) services the Executive Board, develops and directs policy, manages financial, human and information resources, disseminates information and maintains relations with donor governments, non-governmental organizations and National Committees for UNICEF. Supply operations are coordinated from the UNICEF Supply Division in Copenhagen.

The Greeting Card and Related Operations (GCO), managed from New York, raises funds globally through the sale of UNICEF greeting cards and other items, and it serves as a channel for advocacy on behalf of children.

Unlike the United Nations itself and most of its specialized agencies, which are financed by assessments from the countries that comprise them, UNICEF is a fund to which governments, the private sector and individuals contribute **voluntarily**. UNICEF is the only United Nations body that receives substantial funding from private sources.

MAJOR PROGRAM AREAS

UNICEF's major program emphases are in child health and nutrition, education (including early child development and girl's education), women in development, water and sanitation and child protection.

Health. Much of UNICEF's health effort is based on the goals set by the World Summit for Children for child and maternal mortality reduction, immunization (against measles, polio, diphtheria, whooping cough, tetanus and tuberculosis), control of diarrheal disease and acute respiratory infections, promotion of women's health and the elimination of dracunculiasis (guinea worm disease). Health delivery systems based on the principles of community co-management and cost-sharing, more efficient use of resources and improved quality of care are the objective of a special program known as the Bamako Initiative.

Maternal mortality and girls. Girls have been a subject of special concern for UNICEF over the years — in particular the area of education. UNICEF worked with NGOs at the 1995 World Conference on Women in Beijing to place the special interests of girls on the agenda. Girls' low self-esteem, sexual exploitation, violence directed at women and girls (both at home and in conflict situations) and unequal access to education and training were among UNICEF's principal concerns at the Conference.

With the adoption of the 1990 World Summit for Children goal of reducing maternal mortality

Vaccine self-sufficiency

At the beginning of the Child Survival Program, UNICEF put large resources into the purchase of vaccines. Even today UNICEF continues to be the largest purchaser of polio vaccine. But in recent years the organization's investment in vaccine supply has decreased rapidly because more and more countries are paying their own vaccine bills. Twenty developing countries, including some very large ones, now pay for all of their vaccines. Another 10, including India, Pakistan and Bangladesh, pay 80 percent or more. This is in part a result of the Vaccine Independence Initiative, which has created a revolving fund that enables countries to have improved access to hard currency for vaccine purchase using the UNICEF procurement system to lower costs.

USAID is a major donor to the initiative, along with Australia, the United Kingdom, Japan, the Netherlands, New Zealand and Norway. The initiative helps to assure that the achievements of the Child Survival Program in the immunization field will be sustained.

by half, safe motherhood and women's reproductive health have taken on increased importance in UNICEF. In 1996, estimates are showing as many as 585,000 women die each year in pregnancy and childbirth.

It is now widely accepted that reducing maternal deaths requires access to essential obstetric services to deal with emergencies during childbirth. UNICEF and WHO are focusing on upgrading basic services for obstetric care and enabling women, their families and traditional birth attendants to recognize symptoms of high-risk pregnancies and know how to obtain specialized care.

HIV/AIDS. UNICEF has responded to the emergence of HIV/AIDS in developing countries through programs of AIDS awareness, assistance for AIDS orphans and health treatment for children with AIDS.

Nutrition. UNICEF's nutrition strategy is predicated on the involvement of families in assessment and analysis of their situation. Special areas of emphasis in nutrition are: a) micronutrient deficiencies, particularly iodine and vitamin A deficiencies and iron deficiency anemia; b) infant feeding and care, where the Baby-Friendly Hospital Initiative remains the cornerstone of UNICEF efforts to support breast-feeding; and c) household food security.

Education programs focus on universal access to basic education and literacy with a special emphasis on girls' education. Improving educational quality is part of this, as are the educational needs of children in emergency situations.

Water and sanitation have long been mainstays of UNICEF cooperation in both regular and emergency situations, with community participation and community management an integral part of the activity.

While child survival and development were given priority during the decade from 1985 to 1995, **child protection** was not ignored. Street and working children, children in war and refugee children, as well as children with disabilities, have long been subjects for UNICEF cooperation.

With the nearly universal ratification in the 1990s of the Convention on the Rights of the Child, however, the area of child protection has come into even stronger focus, and UNICEF has increased its advocacy against sexual exploitation of children, juvenile injustice and child labor, the topic of *The State of the World's Children 1997* report.

At the World Summit for Children, held in 1990, the attending Heads of State, including former U.S. President George Bush, agreed to adopt a number of child-related goals for the year 2000 and to commit their governments to provide the resources necessary to achieve these goals. Among them are:

- Between 1990 and the year 2000, reduction of infant and under-five mortality rates by one third or to 50 and 70 per 1000 live births respectively, whichever is less.

THE MANAGEMENT EXCELLENCE PROGRAM

UNICEF underwent a periodic management study in 1994 and is now in the process of implementing the recommendations that emerged from that study and its discussion within the organization. The result is the UNICEF Management Excellence Program, which began in 1995. Based on a new Mission Statement and a set of Guiding Principles for Staff Commitment and Conduct, adopted in January 1996, the program is pursuing improvements in six areas:

- Enhanced accountability;
- Increased cost-effectiveness;
- Streamlining headquarters;
- Strengthening operational systems;
- Improving human resources management;
- Increasing collaboration with UNHCR, the World Food Programme and other partners in the field.

Some key measures already taken or in the pipeline include: integration of program and administrative budget; work process redesign; downsizing of headquarters; a new central financial system; increasing global connectivity; improved performance evaluation; harmonization of budget presentations; and shared field office premises with other United Nations agencies.

PARTNERSHIPS IN EMERGENCIES

Having begun as an emergency fund to meet short-term needs created by World War II, UNICEF changed its focus in the 1950s to the 'silent emergencies' of disease, malnutrition and illiteracy. However, given its focus on children, continuous presence in the field and logistical capability to respond effectively, the organization has been drawn into every major disaster that has occurred in the developing world since then.

In most of these situations, UNICEF has found itself working side by side with USAID's Office of Foreign Disaster Assistance (OFDA) or its predecessors, together with a host of American private voluntary agencies.

Among the examples:

- **Mid-1960s Bihar, India:** UNICEF helped distribute U.S. wheat and worked with CARE on child feeding. This was the first major disaster in which corn soya milk, a high protein food manufactured in the U.S., was distributed among needy people.
- **1967 Arab-Israeli conflict:** UNICEF worked with CARE and other agencies bringing relief to the children of Egypt, Israel, Jordan and Syria.
- **Late 1960s Biafra/Nigeria civil war:** It was an example of UNICEF's ability to work on both sides of an armed civil conflict on behalf of children. The United States supplied powder and corn soya milk, which were at first shipped by UNICEF. When resistance collapsed in January 1970, UNICEF was the only foreign humanitarian organization allowed into ex-rebel territory for postwar relief and reconstruction.
- **Early 1970s Ethiopia drought:** Once again, UNICEF distributed milk provided by USAID.
- **1971 Cambodia:** Another case of UNICEF's ability to work on both sides of the conflict. UNICEF was named the lead United Nations agency for the relief operation in and around Cambodia from 1979 to 1981. UNICEF and the International Committee of the Red Cross (ICRC) were the first external groups allowed into Phnom Penh after the Pol Pot regime was driven out. UNICEF worked both inside Cambodia and in the camps along Thailand's border.
- **1984-1985 Ethiopian emergency:** UNICEF worked in close collaboration with both OFDA and the State Department's Refugee Bureau (now the Office for Population, Refugees and Migration) as that emergency was both a natural disaster and a refugee crisis.
- **1986-1987 Mozambique:** UNICEF responded to the 'double' emergency in Mozambique of

ongoing armed conflict and a series of droughts affecting a large portion of the country and its already traumatized population. UNICEF provided supplementary food, emergency health, water and sanitation and other basic needs. UNICEF also assisted the newly created national relief and rehabilitation agency to develop the capacity to conduct nutritional assessments and to develop early warning and natural disaster prevention systems.

- **1989-1990 Operation Lifeline Sudan (OLS):**

Jim Grant was designated the Secretary-General's personal representative to address the disaster that faced southern Sudan. As head of OLS, which promoted the concept of 'corridors of peace' to facilitate the delivery of humanitarian supplies, Mr. Grant made eight trips to the region in seven months, including one with Goodwill Ambassador Audrey Hepburn, to launch the initiative and keep relief supplies flowing into the region. The U.S. announced in January 1989 its intention to provide aid to civilians in areas controlled by the rebel forces as well as to those in government-controlled territory. Thereafter, the U.S. has contributed steadily to OLS, both directly and through NGOs.

- **Rwanda/Burundi:** UNICEF's response to the multi-country emergency in the Great Lakes Region was initiated in Burundi and Rwanda, where the ethnic violence began, but has spread to other countries as the populations have fled across numerous borders, including eastern Zaire, Uganda and Tanzania. Most recently, UNICEF has provided emergency assistance to refugees, particularly unaccompanied children returning to Rwanda. The bulk of UNICEF's work in the Great Lakes

Region has been focused on immunization and essential health services designed to prevent the outbreak of disease; nutritional assessment of children and supplementary feeding; education; and provision of emergency services for unaccompanied children, including distribution of basic supplies and family reunification.

The history of U.S.-UNICEF cooperation in emergencies has been one of finding ways to get the job done, even when the situation called for some rather unorthodox solutions. Examples are:

- **Angola:** Although UNICEF does not normally distribute food aid, it was the only UN agency with operational capacity on the ground during the worst years of the Angolan civil war. USAID was supplying UNICEF with some \$10 million worth of food for distribution to civilians on both sides of the conflict. Later this food distribution role was taken over by the World Food Programme.
- **Liberia:** OFDA supported UNICEF in restoring the Monrovia city power system to make the water and waste disposal systems functional and speed the return to normalcy after the first cessation of hostilities in 1991.
- **Somalia:** Before the U.S. and UN military interventions in 1992, the State Department's Refugee Bureau supported UNICEF efforts to stabilize the Hargeisa region by getting the municipal water supply back into service with a donation of more than a million dollars.

This kind of collaboration, based on mutual respect and trust and a shared commitment to humanitarian principles, continues to this day, in such places as northern Iraq, Burundi, Haiti and Rwanda.

Private voluntary organizations and the private sector

PVOS: AMONG UNICEF'S CLOSEST PARTNERS

UNICEF has worked in close partnership with U.S. private voluntary organizations (PVOs) over the years. Through many emergencies, from postwar Europe through natural and man-made disasters, UNICEF has worked side by side with CARE, Lutheran World Relief, Catholic Relief Services, Save the Children USA and other agencies.

The Child Survival and Development Revolution has strengthened UNICEF collaboration not only with the U.S. Government but also with U.S. voluntary agencies and the U.S. private sector. In 1985, the Carnegie Corporation donated \$400,000 to the U.S. Committee for UNICEF to launch the Campaign for Child Survival, which helped carry the message to all major areas of the United States.

The 1990 World Summit for Children created further alignments of purpose among UNICEF, NGOs and the private sector. The Christian Children's Fund, for example, readapted its planning framework to incorporate explicitly into its national programs the goals of the World Summit. National programs of action for achieving the Summit goals have been prepared in over 150 countries, many of them with participation of U.S. voluntary agencies, as in the Gambia, for example, with the participation of Save the Children USA and Catholic Relief Services.

Four large NGOs based in the U.S. or with major U.S. affiliates — International Save the

Children Federation, Plan International, World Vision International and Christian Children's Fund — have created a joint initiative to promote girls' education. The American Public Health Association has collaborated with UNICEF on Safe Motherhood initiatives. And Helen Keller International has played a key role in efforts to eliminate vitamin A deficiency.

UNICEF AND THE PRIVATE SECTOR

The first private contribution to UNICEF was a check for \$2.19 from children of Carson Grade School in Carson, Washington in 1947. Since then, UNICEF has become the only United Nations agency to obtain a significant portion of its funds from non-governmental sources. This funding now accounts for a third of its total income.

Children at a PVO-operated health and education facility in Nairobi, Kenya.



Non-governmental sources of income include greeting cards, direct mail campaigns, corporate partnerships and special events, such as those held in conjunction with the 1996 Olympic Games in Atlanta. Most of this income is generated through the National Committees for UNICEF.

More than 3.5 billion greeting cards have been sold since 1949, when UNICEF produced its first card. This card was a watercolor painted by a seven-year-old Czechoslovak girl to thank UNICEF for the help it had given her village after World War II.

THE ROLE OF ROTARY AND KIWANIS

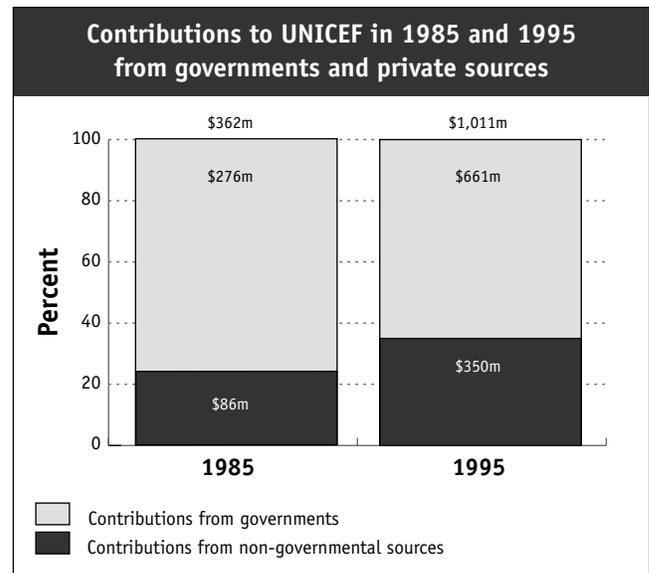
A major contributor to the Child Survival and Development Revolution has been Rotary International, which, under the leadership of its U.S. affiliates, took up the banner of immunization against polio. Since the beginning of its campaign in 1985, Rotary has raised \$354 million for the global struggle to eliminate polio. The 1.2 million members of Rotary worldwide are investing funds and volunteer time to help create a polio-free world.

More recently, Kiwanis International, again with heavy U.S. leadership, has launched its Worldwide Service Project to Eliminate Iodine Deficiency Disorders. Kiwanis has worked with the major U.S. manufacturers of salt to assure that the salt they export to developing countries is iodized. Kiwanis International has set a goal to raise \$75 million and to work with UNICEF to eliminate iodine deficiency around the world.

PRIVATE SECTOR CONTRIBUTIONS

The U.S. private sector has contributed much more than just money to UNICEF. Technical skill and know-how, worth many millions if it were to be totally quantified, have been contributed by Walt Disney, MTV and Warner Brothers in a special project on 'Animation for Development', while the Children's Television Workshop has helped bring important messages to children through *Plaza Sesamo* in Latin America, *Meena* in South Asia and *Sara* in Africa.

Since the days when Danny Kaye first promoted 'trick-or-treat for UNICEF' on Halloween by flying around the country in his own airplane, UNICEF has depended on the goodwill and outreach of celebrities like Peter Ustinov, Liv Ullmann and Audrey Hepburn. American celebrities active on behalf of UNICEF today include Harry Belafonte and Judy Collins.



UNICEF benefits the United States

MATERIAL BENEFITS TO THE UNITED STATES FROM UNICEF

Although economic benefit is not the motive behind the U.S. contribution to UNICEF, these benefits do occur. The purchase of goods and services by UNICEF from U.S. sources in 1995 was estimated at more than \$60 million. The U.S. is the largest source of material procurement, supplies and contracts by UNICEF.

BENEFITS OF THE CHILD SURVIVAL PROGRAM TO THE UNITED STATES

The United States has already benefited, and stands to benefit a great deal more in years to come, from the Child Survival Program.

There are certain health problems that know no borders. Disease control in other countries helps to protect the American population, both those who travel and those who stay at home.

One very clear benefit to the health of Americans and a savings to the U.S. taxpayer comes from disease eradication. This has already been demonstrated by the eradication of smallpox. Now, thanks to the Child Survival Program, the eradication of two additional diseases has become possible.

One of these diseases, polio, can be eradicated from the globe within a few years if current efforts remain on track. Polio has already been eliminated from the Western hemisphere and

other large sections of the globe. Its complete eradication would not only assure that no Americans or anyone else has to suffer from polio ever again, it would also eliminate the need for antipolio immunization in the United States. The Centers for Disease Control and Prevention in Atlanta estimate that the savings to the combined public and private sectors in the U.S. from polio eradication would be on the order of \$230 million per year.

Another disease whose eradication has become possible thanks to the Child Survival Program is measles. In the U.S., measles vaccination is delivered together with that of mumps and rubella. The savings from its elimination would thus be less than those for polio (the antipolio vaccine is administered separately from others), but nevertheless considerable. CDC estimates that these could be between \$47 million and \$217 million per year, depending on how mumps and rubella vaccines would be administered in the absence of measles.

Not only are there diseases whose control or elimination benefit the American public directly, there are also advances in health care practices from which the U.S. has learned and can benefit even further.

- The example of social mobilization for mass immunizations in developing countries has influenced U.S. public health practice. In 1994, CDC launched the Childhood Immunization Initiative and President Clinton officially proclaimed the last week in April every year

as 'National Infant Immunization Week'. As a result, seven vaccine-preventable diseases were at record lows in the United States in 1995.

- Thanks to the Child Survival Program, 75 percent of developing country households now use oral rehydration; however it is hardly known in the United States. Expanded use of ORT in the U.S. could be used to assist children suffering from dehydration.
- There are many similar approaches to primary health care that have been developed in poorer countries from which the U.S. could benefit. The use of community health workers is being tried in numerous U.S. pilot programs, based on models from developing countries. Lessons learned about breast-feeding and the experience of the Baby-Friendly Hospital Initiative are also useful. Breast-feeding, despite its proven advantages over bottle-feeding, is more prevalent in developing countries than it is in the United States. Hospital practice has a great deal to do with a mother's motivation to breast-feed. The Baby-Friendly Hospital Initiative has helped to make breast-feeding easier for mothers in most developing countries. The U.S. stands to learn a great deal from this experience.



Through a programme sponsored by the U.S. Committee for UNICEF, a baby receives a lifetime health immunization record.

The mobilization of all sectors of society, in non-political, non-partisan ways, around a set of proven, low-cost interventions for the benefit of all children has been shown to have immediate and lasting impact for children in developing countries, thanks to the Child Survival Program. The United States could surely benefit, even more than it has thus far, from such an approach right in its own backyard.

Importance of the United States contribution

The United States is still the largest single donor to UNICEF, and its contribution has a significance far beyond its monetary value. Although the United States Government's voluntary contribution to UNICEF, once as high as 75 percent of all the organization's income, has gradually decreased as a percentage of total contributions to 13 percent, the level of United States support has a strong influence on the contributions of other countries. The consistency of support from the United States has been fundamental to UNICEF's planning of its country programs.

What is special about the United States contribution to UNICEF is that the bulk of it goes toward General Resources. General Resources enable UNICEF's Representatives in each country to negotiate a five-year program of cooperation. This country program is the organization's basic way of doing business.

The United States contribution to General Resources assures the continuity of both UNICEF and the national government's support to action for children in the country. And the country program gives UNICEF leverage with governments to make sure that they keep their part of the bargain.

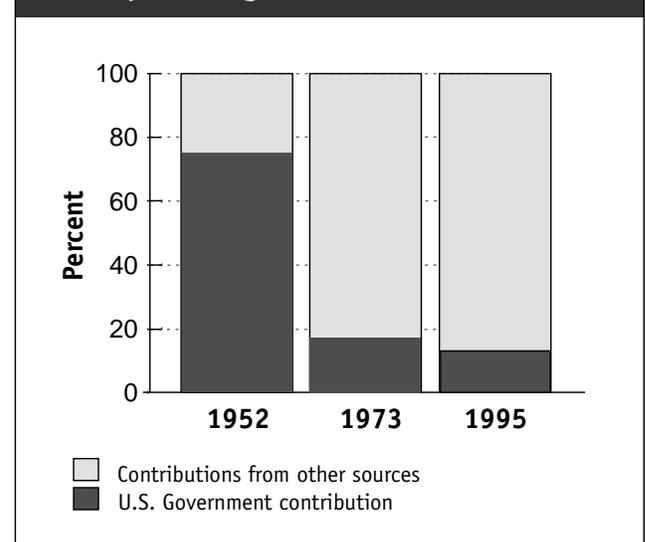
General Resources enable UNICEF to have the basic presence in developing countries — the on-the-ground knowledge of the situation — for which the organization has become recognized.

When there is a sudden emergency, it is General Resources that enable the UNICEF office

in the country to act immediately while waiting for special appeals to be mounted and funds raised to deal with the crisis.

The \$100 million provided by the United States to UNICEF for each of the past several years is critical to UNICEF. Above and beyond its importance to UNICEF's core program, it is a signal to the whole community, including governments, NGOs and the private sector, of America's commitment to the world's children. It says to them that the United States recognizes UNICEF as the keeper of the flame of concern for the world's children and as the principal channel of the American people's commitment to the well-being of children.

U.S. Government contributions to UNICEF as percentage of all UNICEF income



United States contributions to UNICEF 1986-1995 (in millions of dollars)

Year	U.S. contribution to UNICEF General Resources	Total U.S. Government contribution to UNICEF*	Total UNICEF income (General Resources and Supplementary Funds)
1986	51	60	463
1987	51	61	563
1988	54	83	711
1989	57	68	667
1990	65	77	821
1991	75	94	807
1992	84	127	938
1993	100	122	866
1994	100	136	1006
1995	100	129	1011

*Additional U.S. Government contributions are a combination of special-purpose contributions and funding for emergencies.

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