File Sub: CF/EXD/SP/1988-0034

Comments by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Donors' Meeting for Humanitarian and Economic Assistance Programmes
Relating to Afghanistan

New York 14 June 1988



Item # CF/RAD/USAA/DB01/1998-02090

ExR/Code: CF/EXD/SP/1988-0034

Donor Meeting for Humanitarian and Economic Assistance Propage Label Printed 17-Jan-2002



United Nations Children's Fund Fonds des Nations Unies pour l'enfance Fondo de las Naciones Unidas para la Infancia ביב איי וויים וערים וויים וערים וויים וערים וויים וויים

# File Sub : CF/EXD/SP/1988-0034

### Comments by Mr. James P. Grant

# Executive Director of the United Nations Children's Fund (UNICEF)

to the

## Donors' Meeting for Humanitarian and Economic Assistance Programmes

Relating to Afghanistan

New York - 14 June 1988

Thank you Mr. Chairman.

As all parties involved have pointed out, we meet at a crucial moment for Afghanistan. The United Nations has played an important role in arriving at this crossroads — a role which is true to its finest traditions, in terms of promoting international peace, security and reconciliation. However, to meet the needs of the Afghan people and to truly live up the implications inherent in the Charter of the United Nations, much remains to be done. Fortunately, the UN system is particularly well suited to the dual task before us — ie, promoting a process of reconciliation along with humanitarian efforts in relief and rehabilitation.

It was with an awareness of the tremendous need of the Afghani people that UNICEF so warmly welcomed both the creation by the Secretary-General of a high-level Coordinator for humanitarian relief and rehabilitation, and the nomination to it of such a distinguished and eminent person as Prince Sadruddin Aga Khan. Allow me to say publicly what I have said privately — and have already begun to implement: UNICEF will support to the fullest the Office of the Coordinator as we face together the challenges before us.

We have witnessed from UNICEF's lead-agency role in Kampuchea as well as from the more recent experience of the UN system with the OEOA in Africa, that a cooperative concerted effort by the system as a whole is capable of achieving far more than that which could be accomplished by agencies and organizations separately.

In planning the collaborative response of the UN agencies and the bilateral donors to support the people of Afghanistan, it is important to bear in mind that our vision must not be limited to the most immediate needs of refugees, displaced persons, and other affected populations. We must also bear in mind that, by, for example, addressing the needs of children and women, we are investing in the long-term future of a country which was classified as one of the poorest and most disadvantaged among the least developed countries, even before the nine years of conflict. The urgency of Afghanistan's problems today motivates assistance by the international community. The opportunity exists for our efforts to both respond to the loud cry of the moment, and, if focused wisely, to solidly build the country's future in the process. In short, we must address our assistance to all the Afghani people and ensure that our immediate steps lead to longer term solutions.

As an illustration of what must be confronted in Afghanistan, one can cite the situation of children and women. The Infant Mortality Rate in 1986 was estimated at 189 per 1,000 live births, and Under-5 Mortality Rate was 325, among the highest in the world. This means that approximately half the children born in the country are dead or disabled before they reach the age of Less than 10 per cent of children one to three years old are well-nourished, with girls frequently being yet more malnourished than boys. There is little doubt about the serious and continuing - if not worsening nature of malnutrition in most of rural Afghanistan, which is linked to high rates of infectious diseases and high numbers of infant and child deaths. Diarrhoeal diseases, acute respiratory infections, neonatal tetanus and measles are the major killers of infants and young children. The situation and status of women also needs dramatic attention, as exemplified by the adult literacy rate of only 8 per cent for women, compared with the already low rate of 39 per cent for men in 1985. Against this background, activities for children and women will be relevant and vital, through all the phases of resettlement, rehabilitation, reconstruction, and in the eventual development phase.

#### Ongoing activities

In an attempt to promote the process of development while meeting immediate needs, as you may already know, UNICEF maintains a Representative's Office in Kabul, and continues to help Afghan children in that area in providing basic health services, immunization, child nutrition, and water and sanitation. In addition, in collaboration with the all concerned parties, UNICEF has been extending immunization services to Afghan children, wherever they are, since the summer of 1987, and is now expanding those efforts. The acceleration of the EPI is providing us with experience that can be built upon to meet greater needs in the next phases.

#### Next steps

During the initial 18 months and over a 5-year period, UNICEF, in collaboration with the Coordinator's Office, will concentrate its support to Afghan children and women in the areas of health, nutrition, rural water

supply and sanitation, primary education, and child-focussed special actions. The Secretary-General's appeal has already provided a substantive outline of the important needs we hope to help address in the coming period. In collaboration with the Secretary-General and the Coordinator, UNICEF will elaborate on these proposals in a document which is being provided to Member States.

UNICEF will collaborate with UNHCR and WFP in the repatriation phase, including in the aforementioned immunization efforts, nutrition interventions, and other critical immediate health needs.

In the context of rehabilitation and reconstruction, UNICEF will focus on the reestablishment and strengthening of primary health care infrastructure and delivery, including immunization, diarrhoea management, training of personnel, and the provision of essential drugs, primary education and rural water supply. Detailed planning will follow an assessment of the extent of need and of damages to facilities.

As in all relief and rehabilitation efforts, strong emphasis will be placed on ensuring that all our actions aim at long-term self-sufficiency of beneficiaries, and give special attention to the overlooked needs of women whose situation may have further deteriorated in the past eight years.

Mr. Coordinator, I began by noting that we meet at a crucial moment in the history of Afghanistan. Let me close by adding that the international community is also at a critical juncture. Our actions in Afghanistan may well provide inspiration which will set the pace for a broader global response to international tensions and humanitarian needs. We therefore have before us a responsibility which deeply affects not only the people of Afghanistan, but indeed, the peoples of all Member States.

I know you share with me the desire to seize this historic opportunity.