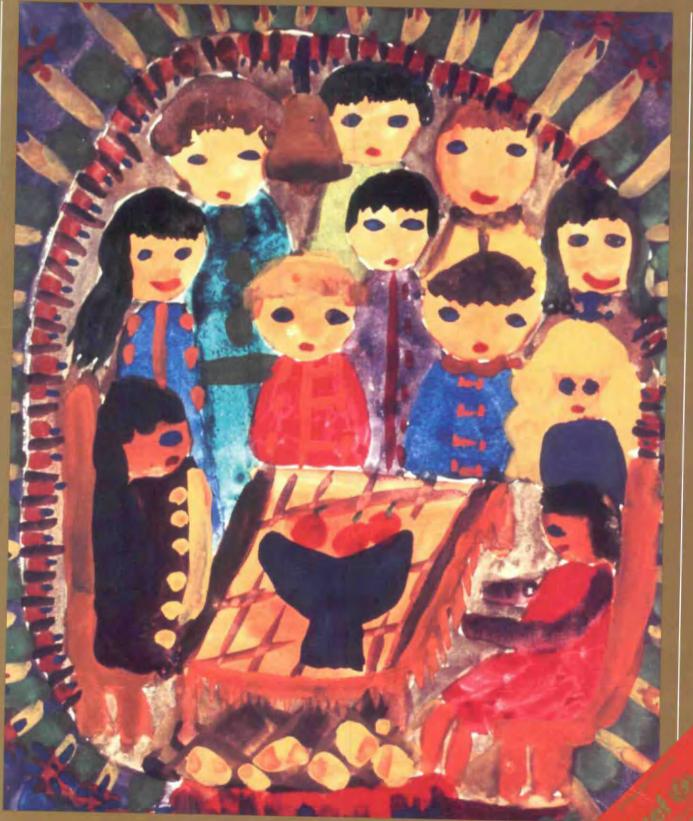
Unicef at 40

UNICEF



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 by V. Tarzie Vittachi

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Unicef at 40

There is a phrase in English which has no equivalent in any other language. It is : "to be kind".

This phrase captures the spirit which has pervaded Unicef through 40 years, both in its feelings towards the children of the world, and in the personalities of many of the men and women who have served it. This issue of *Unicef News* is about the sum of their achievements.

"To be kind" means : "to treat like kin". This is the basic tenet on which all great religions were founded, most clearly exemplified by the Buddha's Compassion and the Christ's Love.

"To be kind" is what we admire in the nature of many of the sacral personalities of history – Sanghamitta, the woman who followed Gautama on the Eightfold Path of tolerance, Saint Francis of Assisi who treated birds and beasts as kin; Tolstoy who shared the fruit of his broadacres with his family's serfs; Gandhi who read excerpts from the Koran at his Hindu prayer meetings.

"To be kind" is Eglantyne Jebb of England, who said that she had no enemies below the age of 11; Simone Weil of France who said, simply, that there is no reason to share a meal with a hungry man or woman or child except that we are human; Martin Luther King who dreamed of one America, black and white; Mother Teresa, who has devoted her life to caring for the destitute and dying.

In our heart of hearts, all of us – politicians, businessmen, trade unionists, physicians, teachers, journalists, novelists, diplomats, bureaucrats – acknowledge our debt to those lights of humanity.

We all know that it is our duty to protect the weak from the terrible pollution of poverty and that children are the most vulnerable of beings. Children, therefore, need to be in the forefront of our human concerns, first on our public and private agendas.

For 40 years, Unicef and its partners everywhere have tried to place them there. But in spite of all the protestations, children are not yet where they should be. Leaders declaim in public that "children are our most precious resource"; but they do nothing to put the interests of children at the top of their budgets. Sadly, in many countries, health, food, education, the things children need, are last, not first, on the list of priorities.

At Unicef, we and our many partners in governments, the UN family, Unicef National Committees, non-governmental organizations, and men and women of goodwill everywhere, must redouble our efforts. After 40 years, the child still has something to ask of us.

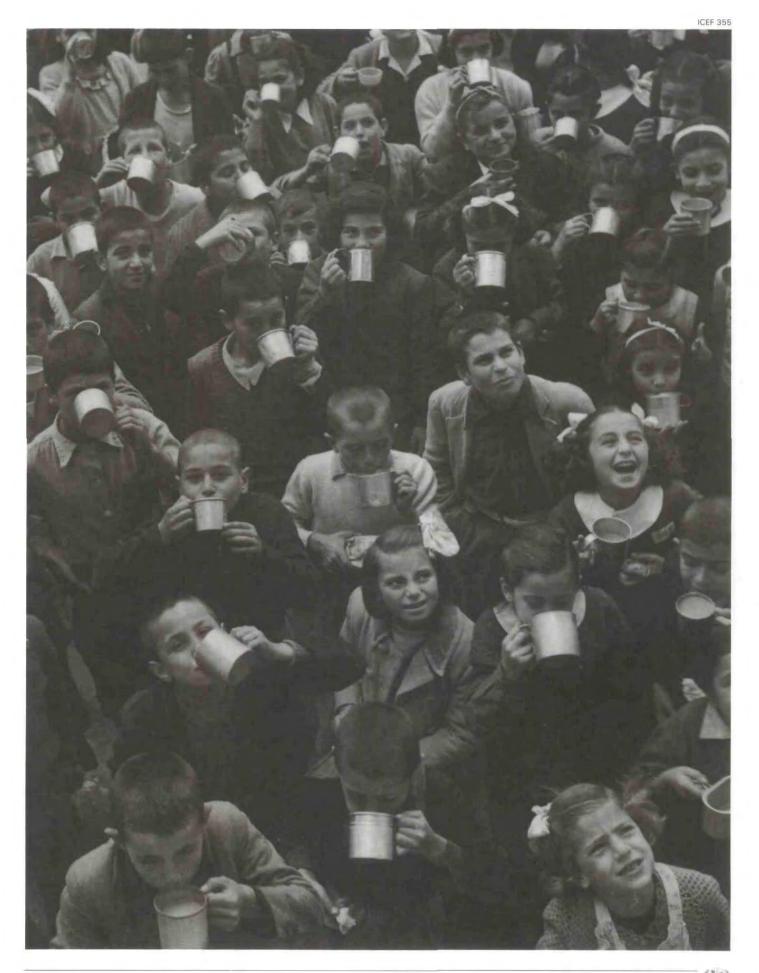
In the 15 years remaining in this century, can we bring that inner awareness of the truth – that the care of children is the world's primary duty to humanity – to the surface of attention? Can we break the habit of neglect and put in its place an ethos of caring?

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Can we really be "kind"?

V. Tarzie Vittachi Deputy Executive Director for External Relations

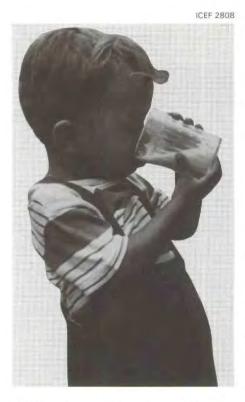




Chapter One: 1946

A glass of milk for six million children in Europe

In the aftermath of World War II, Unicef came into being to feed the children.



Children benefited from milk and food supplements received in their countries.

Late in 1945 David Miller, a young filmmaker serving in the US Army Signal Corps, shot a film in the devastated cities of Europe called "Seeds of Destiny".

"Seeds of Destiny", which was to win an Academy Award, had a clear political message. Modern warfare inflicts atrocities on the child – burns, starvation, loss of parents, vulnerability to any and every disease. Among the children in bombed-out cities all over Europe were those who would some day be their countries' leaders. If the world ignored their plight and only toughness and cunning counted toward their survival, leaders would one day arise from their ranks who would commit the crimes against humanity for which millions had recently died.

"Seeds of Destiny" was produced to gain support for UNRRA, the United Nations Relief and Rehabilitation Administration. UNRRA had been established in 1943, two years before the birth of the United Nations itself, when the term "united nations" was still used to describe the allies fighting the Axis powers. As the allied armies re-conquered Europe in 1944 and 1945, UNRRA found itself engaged in the largest and most complex relief effort ever mounted. At the height of its operations UNRRA employed 25,000 people. From 1944 to 1946 it disbursed \$4.5 billion in aid, mostly provided by the United States. Before Europe's harvests recovered, UNRRA supplies of fats and cereals kept millions of people alive. Seeds, fertilizers and agricultural machinery arrived to restore food production. Raw materials and tools helped local industries revive.

By 1946, however, it became clear that UNRRA could not survive the widening rift between the wartime allies. While most UNRRA aid was coming from the USA, most of it within Europe by that time was going to the eastern countries, where the devastation had been greatest. Will Clayton, the US delegate, told other members of the UNRRA Council in August that "the gravy train has gone around for the last time". UNRRA was to wind up its operations by the end of 1946. International relief under "impartial" UN auspices, it seemed, was one of the first victims of the Cold War. In future, US Marshall Plan aid would be the principal motor of reconstruction in western and southern Europe.

There were those, however, who felt that, at least for children, international relief must go on. One of the powerful figures who spoke out for children was former us President Herbert Hoover, who had acquired an international reputation in World War I as administrator of humanitarian relief to the people of Belgium. After World War II, when famine threatened parts of Europe, President Truman asked Hoover to undertake a survey mission throughout the world and advise him on relief needs. Hoover, then 73 years old, returned in mid-1946, calling for an all-out campaign against famine, with the needs of children getting top consideration. "From the Russian frontier to the Channel," he warned the world, "there are today 20 millions of children not only badly undernourished but steadily developing tuberculosis, rickets, anaemia, and other diseases of subnormal feeding. If Europe is to have a future, something must be done about these children."

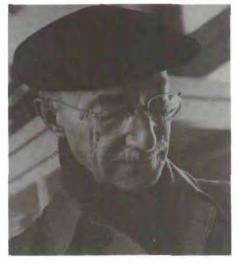
The "fathers" of Unicef

Herbert Hoover has been described as the father of Unicef, but while he helped create a climate of support for a UN children's fund and actively promoted it among his friends in Washington and diplomatic circles, a very different figure tirelessly pursued the idea at the United Nations and effectively lobbied for its adoption. This was Ludwik Rajchman, Poland's delegate to UNRRA and former head of the League of Nations' Health Section.

While with the League, Rajchman gained a reputation as one of the world's leading public health specialists, and during the 1930s he served for some time as head of a League of Nations medical team in China. When in 1946 the principal contributor to UNRRA, the US, took a firm stand against UNRRA's continuation, Rajchman proposed that an effort for children alone, consisting

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Ludwik Rajchman, Poland's delegate to UNRRA and former head of the League of Nations' Health Section.

UPI/BETTMANN NEWSPHOTOS

Former US President Herbert Hoover visited war-torn Warsaw during a world survey to assess relief needs.

of food and medical assistance, continue under UN auspices. He proposed that whatever was left as UNRRA was liquidated should help finance this operation.

At first this modest proposal was not greeted with any great enthusiasm, but several showings of David Miller's film, "Seeds of Destiny", helped turn the tide. With the backing of Philip Noel-Baker, the British delegate, and former Mayor of New York City, Fiorello LaGuardia, now UNRRA's chief, the idea gradually gained acceptance. Eventually, after persistent shepherding by Rajchman and other supporters through various intermediate stages, the proposal reached the General Assembly of the UN in December. On December 11, 1946, the Assembly unanimously adopted a resolution creating the United Nations International Children's Emergency Fund: Unicef. The report recommending this step contained an eloquent statement of the need not only of a special effort for the relief of children, but of an international effort:

C The children of Europe and China were not only deprived of food for several cruel years but lived in a state of constant terror, witness to massacres of the civilians, to horrors of scientific warfare and exposed to progressive lowering of standards of social conduct. The urgent problem facing the United Nations is how to ensure the survival of these children...With the hope of the world resting on the coming generations, the problem of caring for children is international in scope and its solution must be found on an international basis.

The mandate the General Assembly gave Unicef emphasized Unicef's non-political nature, specifying that all assistance should be given "on the basis of need, without discrimination because of race, creed, nationality, status, or political belief". Administration of the Children's Fund was to be carried out by an Executive Director according to policies determined by an Executive Board representing both donor and recipient countries. Poland was one of the first countries represented on the Board, and Rajchman, who was named the Polish delegate, was elected chairman.

The man chosen to be Unicef's first Executive Director was Maurice Pate, an American businessman from Nebraska, who, as a young Princeton graduate, had worked for Hoover in Belgium during World War I. After the war, Pate had stayed on in Poland for 13 years as a representative of various Us financial and business interests. Pate had accompanied Hoover on his mission to Europe in early 1946. Profoundly shocked by the plight of children in Poland and other countries, he became a natural ally in Rajchman's behind-thescenes efforts to gain support for a UN emergency fund for children.

An inspired choice

The choice of Pate to head Unicef was to prove inspired, not only because of his distinguished record in humanitarian relief, but because as a life-long Republican and protégé of Hoover, he could enlist the support of conservatives as well as liberals in the United States. Pate was determined that Unicef should rise above international politics in every way, and while his appointment was under discussion wrote to a colleague:

6 A minor item in the news...is the establishment of the International Children's Fund under the U.N. I have been asked to take an active part in it, to which I agreed on one condition – namely that it include all children of ex-enemy countries: Japanese, Finnish, Austrian, Italian and German.

To secure funds to enable Unicef to carry out its relief mission. Pate turned first to the USA, almost the only country at the time with plentiful resources available. Early in 1947 he wrote to General George C. Marshall, us Secretary of State, and set out Unicef's immediate need for enough money to provide "a glass of milk and some fat to be spread on bread for six million children." In May the US Congress voted \$40 million - most of this to be released on a generous "matching" basis as other governments contributed. Australia, Canada, New Zealand and Switzerland were the other principal contributors, to be joined by a fastrecovering France in 1950. Altogether, by the end of 1950 contributions and pledges to Unicef had amounted to \$119 million. UNRRA's residual assets, all that Pate had to count on at first, had come to \$32.3 million.

The situation in Europe was still very critical when Unicef began to ship milk and other relief cargoes from Us ports. Most countries had well-organized food distribution systems, including priority rations for mothers and children, but national supplies were so short that millions of children were underfed. Tuberculosis had reached near epidemic proportions among children and adolescents, while war had destroyed hospitals, medical equipment and supplies. Unicef's first shipments began to arrive in the autumn of 1947. Within less than a year, Unicef food supplements were going to four million children in 12 countries. By early 1950, their number had increased to 6 million. Meanwhile, to boost the amount of milk available to children, Unicef was also helping certain countries to rehabilitate their dairy indutries. Cargoes of raw materials for the manufacture of clothing and shoes were distributed. In a joint programme run by the Scandinavian Red Cross Societies, Unicef helped to introduce mass testing and vaccination campaigns against tuberculosis.

An enduring contribution

From 1947 through 1950 Unicef gave a total of \$87.6 million in assistance to 13 European countries. Eight of these countries were in Eastern Europe, among whom Poland (see inset) was the largest aid recipient, followed closely by Yugoslavia. Italy, Germany, Austria, France and Greece rounded out the list. If children of Eastern European and "ex-enemy" countries pre-

dominated, it was because their needs were the greatest.

Even though Unicef's immediate task was relief, its objective was to strengthen permanent child health and welfare programmes by enhancing countries' own capacities. Unicef clearly recognized that it was the relevant national ministries and their officials who bore the ultimate responsibility for the successes or failures of programmes. This was to be a guiding principle of Unicef's co-operation with countries around the world in the years to come.

By the end of 1950 the European emergency was virtually over. Very quickly – sometimes within a year or two – longer range programmes, such as those to increase national milk supplies and to strengthen health services had grown out of emergency efforts. Except in Yugoslavia, Unicef's co-operation in most Eastern European countries came to an end just as services for children were gaining strength, partly because of east-west tensions. By late 1950, Unicef's attention had already shifted to the less-developed countries of Asia, the Middle East, and Latin America.

Speaking at a National Committee colloquium in Warsaw in 1985, as Unicef's 40th anniversary approached, Charles Egger, a Swiss national who served for many years as a senior Unicef official, looked back at the early years. "When one recalls the fundamental division among the allied powers that exploded so vehemently in the summer of 1946 on the question of continued support to UNRRA," he told his listeners. "it must be seen as a real miracle that an agreement was reached to continue limited assistance to mothers and children in war-stricken countries." No one could have then foreseen what would become of that agreement, and the organization it created - Unicef - in the years ahead.

UNITED NATIONS ARCHIVES



Refugees returning to Poland traveled in box-car trains, provided by UNRRA.





Out of the rubble : Poland

In no European country was the postwar condition of children more serious than in Poland. Two and a half years after its liberation from German occupation, the country was still hungry, and children still ran barefoot through the rubble. Poland had suffered frightful devastation: more than 140,000 children had become orphans; thousands were injured or mutilated.

Unicef's Warsaw office was one of the earliest of the 13 established in Europe, and by October 1947 the first of many food shipments had arrived in the Baltic port of Gdynia: 450 tons of powdered milk. At the programme's height, Unicef provided extra rations for one million children in day nurseries, schools, children's homes, and hospitals. Authority for the programme came from the government, whose officials carried it out. Unicef's part was to make sure that the right supplies were procured and delivered, and to help teachers and health workers iron out problems.

Food was only one of the essentials in desperately short supply. Unicef purchased cotton, wool and leather; these were imported and made into garments, blankets and shoes. Warsaw's National Research Institute for the Mother and Child turned out thousands of neat layettes with diapers, shirts and blankets. During 1948 and 1949, every mother of a newborn child was entitled to a layette if she needed one.

Two of the programmes undertaken in Poland and other European countries during these years foreshadowed Unicef's long-range assistance in other parts of the world: BCG vaccination and milk conservation.

BCG stands for Bacillus Calmette-Guerin, named after two French scientists who developed the serum early in the century. In some parts of Poland the number of children dying from tuberculosis had quadrupled in seven years. When in 1948 Unicef joined forces with the Danish and other Scandinavian Red Cross Societies in a large-scale BCG vaccination enterprise, Poland was one of the first countries to ask for help. More than 300 Polish medical staff joined 60 Scandinavian doctors and nurses to carry out the campaign. By December 1949, 5.5 million Polish children had been tuberculin tested to see if they were infected. Those whose reaction was positive were referred to hospitals and sanitaria for treatment. The others were vaccinated.

Poor diet was a major problem among Polish children. In the early years, a child drinking a glass of milk was Unicef's trademark. But importing dried milk was never regarded as more than a stopgap. In 1948, when the Unicef Executive Board made funds available for "milk conservation", Poland immediately welcomed such aid. Milk sterilization and milk drying equipment were needed. Unicef provided equipment and engineering advice for five new milk plants in Poland, providing over 600,000 Polish children with a daily drink of milk. Unicef's help at a critical phase of dairy development is still remembered at the Central Union of Dairy Cooperatives in Warsaw.

As the decade ended, Unicef's cooperation was moving toward longerrange aid for maternal and child health services. But mounting east-west tension was making it more difficult to work in a harmonious spirit in eastern Europe. By early 1950, Unicef was the only international organziation still with a mission on Polish soil, and with the completion of outstanding deliveries of health centre and dairy equipment, Unicef too closed its office.

From 1947 through 1950. Unicef had provided more than \$16.5 million to programmes for children in Poland, making that country the largest recipient of its aid in Europe, followed by Italy and Yugoslavia. Both Unicef and the Polish government could look back on their collaboration with some satisfaction - a collaboration which was resumed some years later. A network of health centres was taking shape, offering mothers and children all the pre-natal and post-natal services they needed. At its centre was the Insitute of the Mother and Child which Unicef had helped equip. And the infant mortality rate had dropped to almost a quarter of what it had been just three years before.

Chapter Two: 1950

A fight in the General Assembly

At stake : Unicef's existence. The US wanted to eliminate a special UN organization for children. But the developing countries sprang to its defense. **UN PHOTO 10862**



Mrs. Eleanor Roosevelt, chief US delegate to the United Nations Committee on Social, Humanitarian and Cultural Affairs.

Unicef was originally expected to finish its work for children within three years, four at most. But when in 1950, it was proposed to extend Unicef's life so it could help children in Asia, Africa, and Latin America over the longer term, the move encountered powerful opposition. Unicef survived – but only just.

Unicef's original mandate extended to children who had been "victims of aggression" and to "child health purposes generally", in all parts of the world. In 1948, several Middle Eastern countries began to receive help with vaccination against tuberculosis. Also in 1948, Unicef began supplying supplementary rations for about 500,000 Palestinian refugee mothers and children, at the same time supplying Israel with drugs for epidemic control among immigrant children, and equipment for treatment of polio victims.

All the Asian countries had suffered severely in one way or another during World War II, and were hence eligible for Unicef aid. China was a special case. The bitter civil war made impossible an effective fullscale relief operation, but for a while Unicef did send relief both to the Nationalist government and to Communist-held areas (see inset). In 1948 the Executive Board voted an initial \$3 million for assistance to Asian countries other than China, following a special mission to 13 countries undertaken by Dr. Thomas Parran, former Surgeon-General of the United States, and Dr. S. K. Lakshmanan, Director General of the All India Institute of Hygiene and Public Health.

"The war, revolution and mass migration", they reported, "have created urgent problems affecting children and mothers in all the countries visited...Malnutrition, often in severe degrees, is the usual rather than the unusual situation among children." The sheer size of the problem of hunger and malnutrition, plus the general absence of governmental distribution machinery, made it impossible to carry out large-scale feeding programmes of the type being mounted in Europe.

In spite of the overwhelming size of the problems in Asia, Unicef, determined to prove itself a truly international children's organization, resolved to find a useful role. It was felt that the best investment with the limited resources available was to provide fellowships for training overseas in maternal and child health and in disease control. These key national staff could form the nucleus of teaching cadres on their return. Parran and Lakshmanan also recommended that Unicef should help some countries launch attacks on mass diseases, especially malaria, tuberculosis and yaws. Step by step, Unicef was trying to respond to children's needs in the developing world which. considered in their totality, were extremely daunting.

In 1949 the Executive Board allocated \$3.84 million for various nutrition, health, and disease control measures in Latin America. Within two years of its first operations in Europe, Unicef had therefore begun to assist countries all over the globe, mostly with activities similar to those it had pioneered in Europe. But it had been the plight of Europe's children which had provided the motive for Unicef's creation, and with European recovery well underway, some of the major donor countries thought that Unicef should accept the congratulations of the world community and bow off the stage.

Maurice Pate, the Executive Director, had not imagined at first that Unicef's mandate would extend beyond the emergency for which it was created. As recently as May 1949 he had testified before a US Congressional Committee that Unicef would shortly wind up its affairs and hand over any remaining resources to who and FAO. By early 1950, however, he told friends that he had concluded that the UN should embark on "a second chapter" of work for children. He felt that Unicef had given great impetus to governments and individuals everywhere to support practical children's programmes, and that "in the world in which we live today I consider it enormously important to keep this kind of spirit alive".

Continued on page 8



The plight of Europe's children provided the motive for Unicef's creation.

The future looks bleak

By the time the General Assembly met for its 1950 session, the US State Department had made clear its view that there was no need for a separate children's organization within the United Nations. Their position – which would have drastically reduced Unicef's scope and the operations it had underway – was critical. The US had been providing the lion's share of Unicef's financial support, and almost all the major western donor countries – including Britain, Canada, and South Africa – were looking as though they would fall in line behind the Us. Among the industrialized countries, only France had shown any real concern to see Unicef survive intact.

The UN committee on social, humanitarian and cultural affairs took up the question of Unicef's future on October 6, 1950. The representatives of Venezuela and Brazil were the first to speak. Both emphasized the needs of the two-thirds of the world's children who were growing up in underdeveloped countries – most of them victims of hunger and ill health. Their suffering, they felt, should be enough to guarantee the survival of an organization whose cause and actions were universally approved. The US position was presented by no less a figure than Mrs. Eleanor Roosevelt, the head of the us delegation, who had strongly supported Unicef at its inception. Overall, she said, the best way to help children of the developing countries was to promote general economic development. Unicef was an emergency fund, not an instrument of economic development. The post-war emergency was dwindling. Therefore Unicef had no serious long-term role to play. The United States agreed that a modest programme for children and some disaster relief aid should be continued within the regular UN structure, but felt that problems of child health, food and nutrition could best be handled on a lasting basis through the expert services of specialized agencies such as WHO, FAO, and the Bureau of Social Affairs.

Professor Ahmed Bohkari, Pakistan's representative to the United Nations, had been acting as chairman of the session. He stepped down to speak directly on behalf of his government and of the developing countries in general. Professor Bohkari described the US position as "a funeral oration for Unicef", reflecting "the illusion that the emergency is over".

"Pakistan as well as other countries in Asia", Bohkari continued, "was shocked to see in pamphlets distributed by Unicef photographs of emaciated European children, victims of the war. It had, however, received a second shock on realizing that those European children still appeared to be in no worse a state than millions of children living so-called normal lives in the underdeveloped countries." He particularly deplored the idea that material assistance of the kind Unicef had provided to Europe should be available from the UN only in emergencies. According to this doctrine, he pointed out, "children suffering from endemic cholera might well be denied vaccines, unless their illness is the result of an emergency. Instead, blueprints for the production of vaccines will be provided to the government concerned, and the United Nations will wash its hands of the fate of the children pending their local production."

The psychological high ground

Bohkari's speech was delivered the first afternoon of the debate, and was followed by ten days of a labyrinthine series of resolutions, amendments, and parliamentary manoeuvers. Psychologically, however, the high ground had been occupied by the developing nations. To break the deadlock, the committee adopted an Australian proposal that Unicef should be preserved in its existing form for three more years - now with the primary mission of helping meet the long-term needs of children in the underdeveloped countries and that the General Assembly then re-consider Unicef's continuing existence. Along with the US, many of Unicef's most important backers, past and future - Canada, the Netherlands, Sweden, Denmark - opposed the motion, but it was carried by the majority. The tide in Unicef's favour had turned. When the proposal was taken up in plenary session, on December 1st, the us found itself isolated. Mrs. Roosevelt was absent. Her substitute, Mrs. Edith Sampson, abstained. The resolution keeping Unicef in existence was carried unanimously, to Pate's relief.

Over the next three years Unicef was to demonstrate convincingly, particularly in Asia, how effective its type of assistance could be in helping to mobilize national resources for children. Unicef drugs, antibiotics, insecticides, and transport made it possible for many of the developing countries to take advantage of scientific breakthroughs in saving the lives of millions of children. In terms of returns for money spent, results were even more impressive than Unicef's emergency aid to Europe. When the General Assembly met in 1953, there was stronger support than ever among the developing countries, for Unicef's continuation.

Financial hard times

The chief problem facing Unicef was now the fear that American support would dry up as a result of Congress's dislike of international foreign aid at the height of the cold war. By now, however, Unicef was acquiring influential friends among voluntary organizations, leading citizens, and in the US Congress. Mrs. Roosevelt, who had so strenuously opposed Unicef's extension in 1950, came eloquently to its defence in an article that was widely quoted :

C There are about 900 million children under 15 on earth today. More than half – about 500 million – live and die in want...they are familiar with hunger, cold and disease. The only organization that even begins to answer their needs is Unicef. Yet its total expenditure has been less than half the cost of a single aircraft carrier...My hope – and the only practical salvation for these 500 million children – is that Unicef will be made permanent.??

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Raw materials were sent to Greece and other countries to make shoes and clothing for the needy children.

At the last moment, the US Congress came through with continued support, backed personally by President Eisenhower. The United States was to remain Unicef's strongest financial supporter for years to come. In the United Nations, the General Assembly on October 8th voted unanimously to make Unicef a continuing part of the United Nations system. The words "international" and "emergency" were dropped from its name, making it simply the United Nations Children's Fund. But the acronym Unicef was retained : it was memorable, pronounceable, and familiar to millions of people around the world. In the praise that was showered on Unicef during the debate, much was made of the fact that within a UN system highly vulnerable to political division, Unicef with its emphasis on children was almost unique in its ability to avoid political entanglements and to operate exclusively on humanitarian grounds.

On both sides : Unicef in China 1948-49

The first Unicef-assisted programme to train local villagers in carrying out simple health care took place in 1948, in Communist-held Northern China at the height of the Civil War. It was held in a deserted monastery in Shensi province where, amid Nationalist air-raids, caves and rock shelters were being used as hospitals and schools.

In 1948 the Executive Board allocated \$5 million in aid to China. UNRRA, which had been heavily committed in China, estimated that as many as 29 million children needed emergency help. Delivering any assistance at all was difficult, however, for the civil war dominated everything. Unicef managed a feeding programme for 60,000 children in seven of the larger cities under Nationalist control, and even this small effort ended a few months later in May 1949, with the collapse of the Nationalist forces on the mainland.

At the same time, resolved to offer aid to children on both sides. Unicef sent a small team into Shensi province under Dr. Leo Eloesser. another of these veterans of humanitarian adventure who played such a striking role in Unicef's early history. A leading us thoracic surgeon, Eloesser had headed a medical unit in the Spanish Civil War in the 1930s. In 1945, though he was then 63 years old, he had volunteered his services for medical relief in China. He managed to visit Yenan, the Communist capital in Shensi, where he was tremendously impressed by the medical services operating under the uncertain conditions of guerilla warfare. The staff, he noted, although having received only brief training, was handling common disorders as well as more elaborately trained doctors could have done under the circumstances. He had long conversations with Dr. Su Chin Kwan, head of the army's medical service, and together they discussed ideas for short-term training in preventive medicine : immunization against smallpox, typhoid, cholera, diphtheria; simple hygiene by boiling drinking water, disposing of sewage, and killing off harmful insects. "It seemed to me," he wrote, "that it might be possible to train large numbers to do these things."

Eloesser got his chance to put these ideas into practice in late 1948, at least in a small way, at Unicef's invitation. Unicef had allocated \$500,000 for use behind the Communist lines. Eloesser thought that a training programme such as he had envisaged with Dr. Su might be of permanent value, whereas the same money would only buy a cup of milk and a pair of diapers for the millions of children needing help.

Eloesser's team was attached to the Anti-Epidemic Bureau in the town of Shih Chin Chuang, whose temporary location was a deserted Trappist monastery with a small herd of cows and Mongolian ponies for culturing vaccines. To break a thermometer or a syringe was a catastrophe, and every empty bottle or tin was a treasure. Between bombing raids and emergency care for the wounded, plans were worked out for the first training programme of the type envisaged by Eloesser and Dr. Su. The first 20 trainees – middle school graduates – learned the basics in sanitation, midwifery, first-aid, and communicable disease prevention. After six weeks they travelled to villages to vaccinate against smallpox and typhoid, assist at deliveries, and talk about good health practices. When they returned for the second half of their course, Eloesser was astonished to see how capable they had become.

Eloesser stayed on until the end of the second training course, in September 1949. Graduates of the first class helped teach the second. Eloesser hoped that these initial two courses would be the beginning of a long period of fruitful co-operation between Unicef and the new Chinese regime. But the lack of UN recognition of the Communist's newly proclaimed Chinese People's Republic stalled the programme. Unicef's co-operation with the People's Republic was not resumed until the early 1970s. Eloesser's statement to the Unicef Board in November 1949 was nonetheless prophetic : "Whatever future Unicef may have in China, these or similar courses will go on".



UNITED NATIONS ARCHIVES

The onslaught against disease

During the 1950s, ill-health in the developing world was laid at the door of mass diseases : tuberculosis, malaria, yaws, leprosy, trachoma. With bravery and optimism, Unicef joined the great campaigns to wipe them out.

Spurgeon Milton Keeny - known to everyone as Sam - Director of Unicef's regional office for Asia, used to carry a pair of photographs in his briefcase wherever he went. Their subjects were the same : an Indonesian mother holding her child. In the first, both were suffering from yaws; the mother's face was blotched by suppurating sores, and of the baby's face, only a pair of pain-filled eyes, twisted mouth and an ear could be detected. The second picture showed the mother and child two weeks later, after treatment with penicillin. The mother's face showed a few scarred patches; the baby's was completely clear, the skin smooth and healthy. All traces of the raspberry sores of yaws had vanished. These two photographs were part of Keeny's salesman's pitch for the onslaught against a painful and debilitating illness.

The 1950s saw Unicef heavily engaged in campaigns against mass diseases affecting children in tropical countries. Of these, the campaign against yaws in southeast Asia was the most impressive example of how 20th century scientific advance could be exploited in the war on sickness. Sam Keeny was the architect of Unicef's assistance to this campaign.

Keeny came from a modest farming community in Pennsylvania. Like Maurice Pate, he had taken part in relief work in eastern Europe in the chaotic period immediately following the first world war. In the twenties and thirties he published books for the YMCA, but when war again broke out he became once more involved in international relief. In 1943 he went to Italy as UNRRA's chief, as the allied armies of liberation marched up the peninsula. After UNRRA closed down, he joined Unicef's Paris office where his prodigious skill for supplies procurement was put to use. In 1950, Maurice Pate sent Keeny to Asia. Behind a deliberately unassuming manner, Pate recognised a demanding and efficient executive, one completely dedicated to a practical, grassroots approach.

Yaws is a disease whose name today is so uncommon that it is seldom heard, but in the 1950s it was all too common in southeast Asia. The disease is spread by contact with its open sores, which affect the face, the palms of the hands, and the soles of the feet. In severe cases they can cover the whole of the body. In the villages of southeast Asia, children running barefoot along narrow paths often had cuts and scrapes and easily picked up the disease from one another. Around 100 million people lived in yawsinfected areas, of which 65 million were in Indonesia. In some villages, almost all the children had the tell-tale raspberry lesions.

The magic of penicillin

Trials in the Caribbean had shown that penicillin could cure yaws. When Keeny arrived in Asia, he looked around for good candidates for control campaigns : diseases that were widespread and for which a cheap and certain cure existed. He settled on yaws for the first onslaught, in a campaign that would help raise money for further disease control ventures.

The principal theatre of operations would be Indonesia, the yaws capital of the world. Here, in Jogjakarta in central Java, Dr. Kodijat, a soft-spoken Indonesian specialist with an international reputation, had already started attacking yaws. He was training teams of male nurses – *mantris* – to go out into the countryside, village by village, examine everyone for yaws and





Yaws: an afflicted mother and child, before and after penicillin treatment.

give a shot of long-acting penicillin to every person with a sore.

There was some hesitation on the part of the experts who gathered in Bangkok in 1952 for the first international conference on yaws. Most of them wanted to proceed cautiously, but Keeny noticed one young doctor in the crowd who had a different view. "I called him in privately and said, "What's the real line we ought to take?"

"He said, 'Go after this straight. Get the penicillin into these people, as many as you can, as quickly as you can, and you can break up the disease'."

Kodijat and his colleagues agreed with the



In the 1950s, 65 million Indonesian children lived in yaws-infected areas. A target of one million penicillin injections to cure the disease was reached within 3 years, by 1955.

strategy, but Indonesia did not have the resources to carry it out. Keeny convinced them to try it, guaranteeing from Unicef penicillin and syringes, funds for training, and all the jeeps, landrovers and bicycles they needed. Over the next few years the Indonesian yaws campaign was a spectacular success. An initial \$1.2 million from Unicef for two years' work in Indonesia covered four, as the price of penicillin sharply declined. The goal set by Keeny and Kodijat was to cure 10 million cases of yaws by 1965. The target of one million penicillin injections a year was reached not within five years as originally planned, but within three, by 1955.

The yaws "scouts"

Treating this number of cases meant examining up to ten times as many people for symptoms. Dr. Soetopo, a who expert in East Java, began recruiting bright youngsters with a primary school certificate to be given a brief training as yaws "scouts". These *djurupateks* went by bicycle from village to village looking for yaws cases, and assembled them at a convenient time and place to receive their shots from the *mantri*. Adopted by Kodijat as part of his national strategy, this use of non-professional staff as auxiliaries quickly extended the campaign's outreach at very low cost.

Indonesia is a very large country, extending over half a dozen huge islands and several thousand small ones. The campaign went quickly in Java, where most of the country's population is concentrated. By 1960 abouty 56 million people had been examined, and more than 10 million cases of yaws had been identified and treated. Though millions were still exposed to yaws in the remote outer islands, the achievement was a tremendous one.

The campaigns against yaws in south east Asia attracted considerable attention in international health care circles. In many ways yaws control was the perfect disease control programme : it was cheap, popular, and could be successfully implemented by a developing country with the help of a new "miracle drug".

Not only in Indonesia, but in the Philippines, Thailand, and parts of India, yaws was crumbling.

The global malaria campaign

The mass disease campaigns of the 1950s were not expected to provide the complete answer to maternal and child health problems in the developing world. The idea was to eliminate the tremendous load such diseases placed on countries' limited resources so as to pave the way for other child health measures. Special campaigns were mounted against tuberculosis, leprosy, and trachoma, all susceptible to treatment with modern drugs. The problems they posed, however, were more complex than yaws, and results were often disappointing. Most disappointing of all, because it involved the highest hopes, was the global assault against the most prevalent of all mass diseases, malaria.

Malaria is caused by a parasite transmitted in the bite of a number of species of *anopheles* mosquitoes. Endemic to the tropics and subtropics, malaria is not confined to rainy or humid areas. In the deserts of Iran, malaria-bearing mosquitoes can breed in the amount of water that collects in a camel's hoofprint. According to who estimates of the late 1940s, a billion people lived in countries where malaria was widespread.

The discovery during World War II of the insecticide powers of DDT made the eradication of malaria theoretically possible. Total extermination of all potentially malarial mosquitos was impracticable. But with DDT it was possible to try and destroy all the most dangerous mosquitoes - the ones which had just had a "blood meal" from a malaria victim, thus breaking the manmosquito-man transmission cycle. DDT, whose killing power lasted for months, could be sprayed onto the inside walls of houses in malarial areas. After three infection-free years, malaria dies out in the human body. The disease could thus be wiped out if spraying was kept up and transmission could be definitively broken over this period.

The strategy of DDT spraying worked in Sardinia and the southern Italian mainland soon after World War II. DDT spraying elsewhere led to a sharp reduction in malaria rates. In 1955 who, over-encouraged by these results, proposed a world-wide campaign aimed not just at malaria control, but at its total eradication. Unicef had already been active in malaria control. Now it took up the challenge of the global eradication campaign by providing DDT, sprayers, transport, and training stipends to 29 countries, mainly in Latin America and the Eastern Mediterranean. Technical guidance and assistance came from who and its western hemisphere affiliate, the Pan-American Sanitary Organization.

Malaria eradication was to be accomplished by intensified spraying for three years - the "attack phase" - followed by consolidation and maintenance, which meant treating any left-over cases and keeping an eye on danger areas. Straightforward enough in concept, this involved a tremendous effort in practical terms. In Mexico, for example, nearly three million houses in malarial areas had to be first mapped and numbered and subsequently sprayed in a programme requiring more than 600 campaign vehicles, 312 senior staff, and 1,650 spraymen. In addition, hospitals, health centres, and private doctors had to be brought into the campaign and convinced to report every single case of fever to the malaria authorities. And the campaign was far from cheap; the cost to Unicef alone for insecticides, spray equipment and transport for Mexico came to \$8.4 million for the period 1956-59.

The perfidious mosquito

Despite some practical misgivings, Unicef for a while supported the global eradication effort wholeheartedly. From 1957 through 1959 the Executive Board allocated \$25 million - 40% of total assistance - to anti-malarial campaigns. By 1960, however, many were running into difficulties. Mosquito feeding habits were changing : they were taking their "blood meals" out-ofdoors beyond the reach of the DDT poison. And, providing an example of natural selection, DDT-resistant strains of mosquitoes were appearing everywhere. In the parts of the world where marlaria was most rampant, it was extremely difficult to maintain the level of administrative and logistic effi-

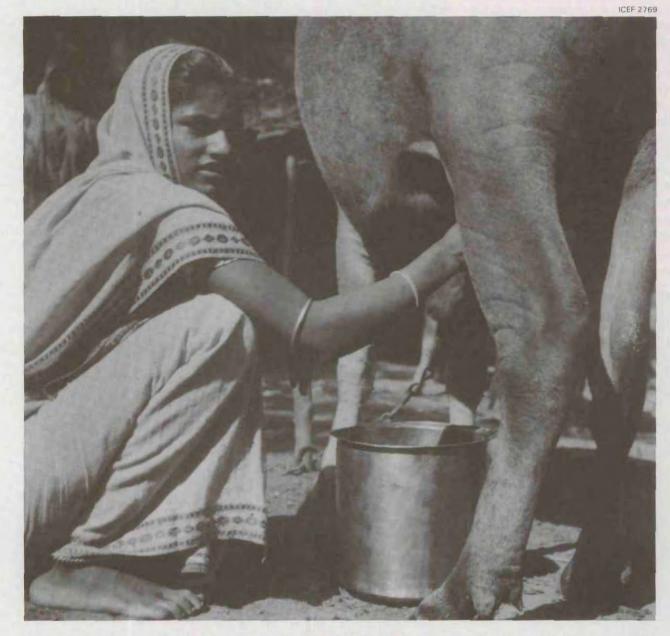
ICEF 480



Unicef and WHO waged a joint global malaria eradication campaign before the mosquitoes which carry the parasite became resistant to DDT.



Unicef and the dairies



Among Unicef's most satisfying accomplishments in the 1950s was the supporting role it played in the development of a milk producer's co-operative movement in western India, and the provision of clean low-cost milk to the children of Bombay. The principals were Verghese Kurien, the young manager of the co-operative unions, and D.N. Khurody, the energetic milk commissioner of Bombay.

Unicef entered dairying in the developing world as a logical extension of its rehabilitation of the dairy industry in war-ravaged Europe. At the time, milk was regarded as the perfect supplementary food for malnourished children. The invention of milk drying techniques had made available surplus skim milk powder in large quantities from North America, Australia and New Zealand. In the early 1950s Unicef shipped as much as 100 million pounds a year of dried milk to Asia, Latin America and Africa. But this was hardly a long range solution, and wherever possible, Unicef tried to develop the local dairy industry.

Milk and *ghee* – clarified butter – were an important part of the Indian diet. The water buffaloes which provided Bombay's milk supply – and *much of India's* – used to be quartered by their owners in filth-ridden stables off the crowded city street. In 1948, under Khurody's leadership, the Bombay authorities moved all the city's buffaloes to a tidy colony 20 miles away. Buffalo milk is about twice as rich in butter fat as cow's. Khurody hit on the scheme of "toning" buffalo milk with water and imported skim milk powder to produce a milk with the fat content of cow's milk : three per cent. His toned milk was marketed to consumers at half the price of buffalo milk; some of it was purchased by the Bombay government for distribution to 40,000 school children.

The Bombay authorities soon began to supplement their milk supplies from Anand, the headquarters of Verghese Kurien's milk co-operative union in Kaira District, 260 miles to the north. Most of its families kept one or two buffaloes, tended by the women and children, and milk production had long been a cottage industry. In 1946, under the leadership of Sadar Patel, Moraji Desai and other distinguished Gandhians, a number of villages in Kaira had banded together to prevent middlemen from creaming off their profits. Thanks to the dynamism and entrepreneurial flair of Kurien, and the political backing of Sadar Patel, the milk co-operative union grew into a popular movement. By 1953, 58 village societies had joined, with a membership of 10,600 farmers.

By then, both the Bombay milk scheme and the Kaira co-op badly needed the kind of equipment that Unicef was in an ideal position to provide. Khurody needed pasteurization and bottling lines. Kurien needed milkdrying plants so that Kaira's seasonal surplus would not go to waste. After an experiment to discover whether buffalo milk could indeed be dried – something that had never before been tried – both concerns were in business.

The Kaira drying plant was opened on Oct. 31, 1955, by Prime Minister Nehru. Throughout the district, thousands of men, women and children from more than 100 villages queued twice a day with their brass pots at collection stations, bringing between one and five pounds of milk. The milk was weighed, checked for its fat content, and the producer was paid in cash on the nail. This income of a few rupees a day gave the families money to put into better fodder for their animals and better food for themselves. The growing wealth of the countryside sparked development : schools, roads, and small irrigation facilities.

In Bombay, demand for milk went on rising. Khurody drew up plans for a new plant nearby at Worli, and within a year, stainless steel Unicef equipment began to process milk drawn from Kaira and elsewhere in Bombay's expanding milkshed. When it was officially inaugurated in May 1963, Worli was the world's largest milk-processing facility under a single roof. Its capacity was 300,000 litres a day.

Kurien and Khurody proved that, in India, large-scale dairying under tropical conditions was economically viable. Kurien had demonstrated that thousands of small-time milk producers could be organized into efficient cooperatives. Khurody had brought enormous quantities of clean, reliable "toned" milk to Bombay at a price that people could afford. When India began to develop a dairy industry nationwide, Unicef helped equip half a dozen other modern dairy plants in India, and offered to pay for training dairy engineers and extension workers.

In some other developing countries, Unicef's efforts to help dairying met with less success. The problem was that it was rarely possible to place a plant or a factory between poor families and food, and produce something they could afford to buy. Even in India, subsidies in the shape of imported skim milk were necessary. In the late 1960s Unicef concluded that it had gone about as far as it could justifiably go in dairy development. The search to find cheap, processed high-protein foods, such as those based on soy, met a similar fate. The results failed to turn up acceptable products that poor families could afford. Sound nutrition was not susceptible to high technology; simpler solutions based on simple techniques in the villages were needed.

ciency that a successful eradication drive required.

With the benefit of hindsight, it is hard to imagine how the experts could have been so sanguine about eradication's prospects. Success in any given ecological zone, which might embrace several countries, required that the inside of all dwellings and animal shelters be sprayed to schedule - a tall order anywhere in the world. And since there was no hope of wiping out all the mosquitoes, the disease could make a rapid comeback so long as any reservoir of malaria remained. Still, hopes remained bouyant. In 1964 who could report that 683 million persons were living in areas completely or nearly free from malaria and that two million lives a year were being saved, most of them children's.

By then, however, the tide of optimism was turning. In many countries, things were not going at all to plan. The Unicef Board put a sharp ceiling on allocations for malaria work and concentrated on the build-up of health services which could provide "a whole range of measures for the protection of children", not just for the cure of one or two diseases. By 1970 Unicef's aid to malaria control as a separate programme category had been phased out.

Malaria has made a steady comeback since the mid-1970s. Over 50 of the 60 known species of *anopheles* mosquito have become resistant to DDT. The parasite, too, is developing resistance to chloroquine and other anti-malarials. Malaria again threatens half the world's people. Eradication will be out of the question until there is a new scientific breakthrough. Best hopes today rest on the development of a vaccine.

The big disease control campaigns that Unicef helped finance in the 1950s and early 1960s were seen as a quick, cost-effective way of improving mother and child health while the slower process of building up widespread networks of basic health services pushed ahead. In the case of yaws - as, later, in the case of smallpox - the strategy worked; in the case of malaria, despite the many lives saved over the short-term, it actually left the disease more difficult to control. By the mid 1960s, it was becoming clear that the best way to achieve control of tuberculosis, malaria, trachoma, leprosy and other mass diseases was by expanding community health services. The days of the mass campaign - for the time being were over. 🗆

The "whole" child

As Unicef entered the first Development Decade, it found itself undergoing an organizational adolescent crisis. A major change in policy emerged.

By 1960 Unicef was firmly established as a going United Nations concern - indeed, as one of the UN's most highly esteemed, and certainly least controversial, operations. The countries which voluntarily provided most of its funds were making regular annual contributions on a gradually increasing scale. Three quarters of its assistance was going to the build-up of basic mother and child health services and disease control. The rest was going to child feeding and nutrition, with a small amount for emergency aid. The great bulk of its help took the form of tangible supplies and equipment, conferring on Unicef the reputation of a practical, "get it done" agency, and its objectives - better child health and nutrition were unimpeachable.

Nevertheless Unicef had to adjust to new challenges. Changes were taking place in the way the problems of the world's poorer countries, including the problems affecting their children, were perceived. The late 1950s and early 1960s were a period of rapid decolonization : in 1960 alone, the so-called "Year of Africa", 17 African countries attained independence. This shifted the voting strength of the UN's General Assembly strongly in favour of the "developing countries", as the poorer countries were now described. Within these countries, within the UN and the international aid community, the gospel of development was being preached as the road to economic and social salvation. Development, as succinctly defined by Paul G. Hoffman, the dynamic head of the UN new Special Fund for Development Co-operation, was seen not just as growth, but as "growth plus change". The rich countries, it was now believed, could help the poor countries to shake off their poverty through injections of capital assistance plus technical know-how. These ideas implied that humanitarian aid was a little suspect – a holdover from colonial "Lady Bountiful" attitudes.

The poorer countries now began to insist that they should play a larger role in determining the terms and directions of international aid. The notion of a "third world" – a world of non-aligned countries tied neither to the Western "market economy" bloc nor to the Eastern "socialist economy" bloc – gained wide currency following the Afro-Asian Conference held in Bandung, Indonesia, in 1955; and it was through the United Nations and its affiliated organizations that the third world countries increasingly brought their own development priorities forward.

Time to move into education

In the developing countries, education enjoyed a high mystique. Better primary education was clearly one of the leading needs of the developing countries' children, and education and development clearly went hand in hand. Maurice Pate himself had hoped from the beginning that Unicef could find a way to aid primary education, and in 1958, with "development" becoming the watchword, the time seemed ripe to approach the Executive Board.

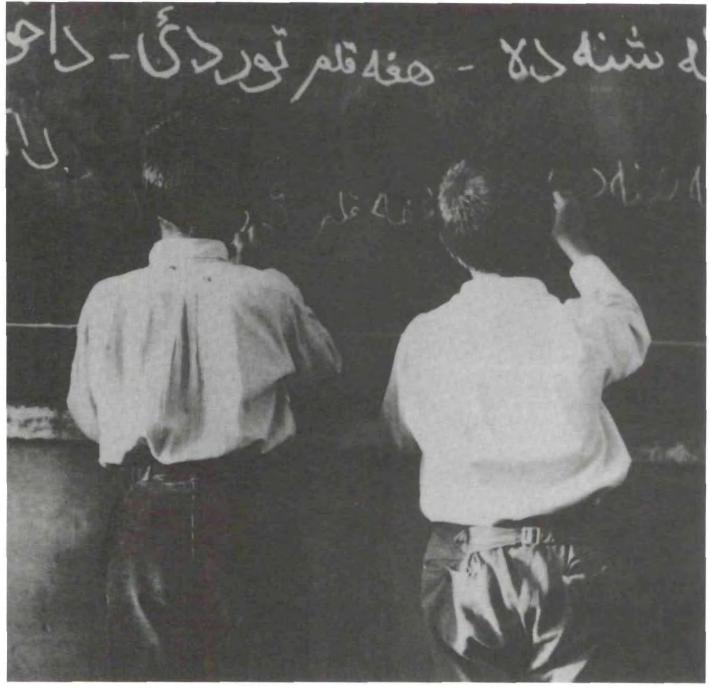
The chairman, Mahmood Shafqat, speaking in his capacity as delegate of Pakistan, pointed out that the \$282 million disbursed by Unicef in its 12 years of existence had been spent exclusively on children's physical survival and well-being. He felt that Unicef might do well also to consider their mental development. The following year, Pate presented a proposal to the Board for \$250,000 in assistance to primary education, most of it to go to teacher training institutes. The Board turned the proposal down, with only France among the major donor countries coming out in its support. Most of the developing countries were in favour, and the split was distinctly uncomfortable.

In the same year, 1959, the UN General Assembly proclaimed the 1960s as the "International Development Decade". If Unicef continued to function mainly as a supply operation tied to traditional fields of humanitarian aid, it might miss the boat. In the context of international development, its efforts might seem to be less and less relevant – and in the 1960s the word "relevant", whether among economic planners or university students, was almost a shibboleth.

Among Pate's lieutenants, E.J.R. Heyward, an Australian economist who had been Deputy Executive Director since 1949, and Georges Sicault, a French authority on public health who joined Unicef in the mid-1950s, saw the danger plainly. Heyward was convinced that economic development and programmes to meet humanitarian needs had to move foward together. Sicault was convinced that the needs of children had to be addressed as a whole, so that individual efforts in disease control, nutrition, education, and sanitation, reinforced one another.

Rights of the Child

The Declaration of the Rights of the Child, unanimously adopted by the General Assembly in late 1959, provided powerful ideological support to the progressive point of view within Unicef. The Declaration specified the child's rights to adequate nutrition, medical services, housing and recreation. There was elaboration of the child's dependency on the family, and of his mother's needs on his behalf. One principle was pertinent to the ongoing debate about education : "He shall be given an education which will promote his general culture, and enable him on the basis of equal opportunity to develop his abilities, his individual judgement, and his sense of moral and social responsibility, and to become a useful member of society". The International Union for Child Welfare, not Unicef, had led the way in persuading the UN to endorse the Declaration; but the General Assembly affirmed that Unicef provided a practical vehicle of international co-operation to help countries carry out the Declaration's aims. The chal-



Better primary education was one of the leading needs of the developing countries.

lenge to Unicef was growing.

Shortly after the Declaration's adoption Pate wrote to more than 90 members of Unicef's professional staff around the world, asking "Quo vadis?" – whither are we going? Unicef was undergoing the growing pains of organizational adolescence. A suggestion that caught Pate's imagination was that Unicef should undertake a survey of the basic needs of children around the world, and in early 1960 he persuaded the Board to go along with a modest effort in this direction.

The resulting Survey of the Needs of Children was organized by Georges Sicault and took a year to complete. It was based on reports from 24 different countries and was accompanied by others from the specialized agencies relating to various children's needs : health (WHO), nutrition (FAO and WHO), education (UNESCO), social welfare (UN Bureau of Social Affairs), and labour (ILO). The survey, as Sicault noted in his report, revealed "a terrible picture of widespread suffering and privation". Poverty, disease, hunger and ignorance interacted tragically with one another as both cause and effect of the child's overall predicament. As a starting point for action, the report suggested, dominant needs might be identified

The population factor

UNICEF 1357/84/Wolff



When Nils Thedin, the Swedish delegate, addressed the 1961 meeting of the Board, endorsing the Executive Director's proposal to broaden Unicef aid to include education and other needs of the "whole" child, he only regretted that the proposal had overlooked what he considered a most important matter : family planning. Rapid population growth, and its effects on poor people in many developing countries, was becoming an issue that could no longer be overlooked.

The population issue had come to the fore in the post-war years. Until then, when governments worried about the population problem, it was the drop in birth rates which prompted concern about national size and standing. In Asia, Africa and Latin America, birth rates were high; but for many years so were death rates. Suddenly, in the 1950s the mass campaigns against disease pushed the death rates sharply downwards. The result was that populations started increasing at a rate which meant they would double every 20 to 30 years - a population explosion that was without precedent in history.

Sweden's enthusiasm for aid to family planning was, therefore, perfectly logical; but it met with a chilly and even hostile reception from some Unicef Board Members. Countries with predominantly Catholic populations, including all of Latin America, might agree that population growth was a serious problem, but publicly advocating contraception or sterilization to try and control it - as India was beginning to do - struck them as scandalous. For a time, Unicef, like wHO and other UN agencies, tried to avoid involvement in the controversy. It feared, with some justice, that with emotions running powerfully on both sides, it would be "damned if it did" give aid to family planning and "damned if it didn't".

Unwilling to let the matter drop, the Swedes began to gain allies on the Executive Board who were willing to recognize the importance of spacing between births in the health and wellbeing of mothers and children. In 1965 the USA asked that family planning be put on the 1966 agenda.

In 1966, the Board met in Addis Ababa. The new Executive Director, Henry Labouisse, proposed that in cases where governments gave a high priority to family planning, Unicef might legitimately help them expand their mother and child health services, including family planning elements. Unicef assistance would take its usual forms - training stipends, teaching aids, transport - but no contraceptives, which would have to come from elsewhere. Even this modest proposal provoked a bitter controversy. Delegates from Switzerland, Belgium, the Philippines, Peru, Brazil, and Senegal objected strenuously to what they considered the proposal's implicit endorsement of contraception. Delegates from India, Nigeria, Pakistan, and Egypt just as strongly supported the proposal, as of course did Sweden and the USA. After several rounds of acrimonious debate, the parties agreed to disagree. No support to family planning would be provided until a further review had taken place. By the following year tempers had cooled. Labouisse's gentle behind-the-scenes persuasion paid off, and in 1967 the Board approved a cautious involvement in "responsible parenthood" in the context of mother and child health.

Family planning remained an issue over which it was impossible to please everybody. In subsequent years Unicef was criticized by some for not doing enough about population – although its policy gradually broadened to include the provision of contraceptives. Others complained that Unicef was too closely involved with preventing children being born instead of helping those already alive. The creation of the UN Fund for Population Activities in 1970 took some of the heat off.

In time, however, it became evident that family planning programmes, no matter how much support they attracted, were no panacea. Bringing population growth and development back in step depended on a variety of measures, including several with which Unicef was involved for other reasons : female literacy, education, community development, and social welfare. Family planning services belonged right where Unicef had felt they belonged all along : as an integral part of all efforts to improve the well-being of mothers and children.

UN PHOTO 74882

within each age group. Before birth, at birth, in early infancy, the most important consideration was health protection for both mother and child; at weaning, nutrition and control of diarrhoeal infection; once weaning was over, the toddler was vulnerable to infectious and epidemic diseases. By the age of five, the most important need was intellectual stimulation and schooling; in adolescence, vocational training and social welfare. By implication, Unicef and others trying to meet children's needs - the needs of the "whole" child, not just the child's health or nutrition problems - should be open to proposals for dealing with any or all of these. Countries themselves should draw up their own order of priorities for meeting their children's needs.

The report impressed the Board. Members who had previously expressed reservations about assisting primary education now gave their approval not only to aid to primary education, but to consideration of a broader range of proposals. The 1961 Board agreed, moreover, that Unicef could contribute to the costs of national surveys of children's needs to help frame better proposals. In the years to come more and more Unicef-assisted programmes addressed themselves to several related children's needs and involved co-operation with several government ministries.

Children in national development

A final step remained to synchronize Unicef thinking with that of the UN Development Decade. The idea of drawing up multi-year development plans to guide the allocation of scarce resources was beginning to gain wide acceptance among third-world countries. India, with its succession of Five-Year Plans, was one of the pioneers, and such Plans were beginning to be demanded by international donors as a pre-condition for official aid. Unicef began to make out a case that resources devoted to the physical wellbeing and educational development of children were a sound investment in a country's future economic development. A small team of planning theorists, led by Professor Edward Iwaszkiewicz from Poland, were assembled at Headquarters to articulate and promote the idea of national planning for children. Their efforts culminated in April 1964 in a high-level international round table conference on "Children and Youth in National Development", held at the



Maurice Pate, Unicefs first Executive Director, implemented the idea of a survey of children's basic needs—that of the "whole" child, not just the child's health or nutrition problems.

Rockefeller Foundation's centre in Bellagio, Italy. At most previous Unicef-sponsored round-tables, the leading participants had been experts in health, nutrition, and milk processing; now they were joined by distinguished development economists : Professors Jan Tinbergen from Holland, Alfred Sauvy of France, and Hans Singer from the UK.

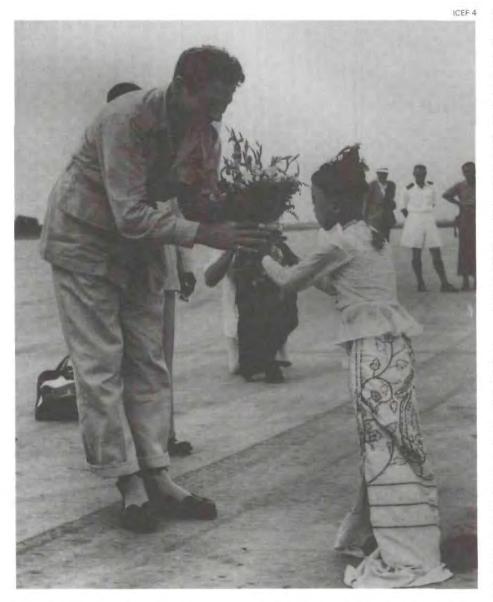
The Bellagio conference legitimized the idea that the needs of children and youth deserved specific attention in national development plans. The idea was not that children should be treated as a new development "sector", but that within the various sectors - health, agriculture, education, employment - their needs ought to be recognized not merely on humanitarian grounds but on the grounds of society's own health and well-being, present and future. Unicef followed-up the Bellagio round-table by supporting a series of similar conferences, successively closer to the ground : at continental levels, then at regional, country and institutional levels. At universities where development studies were entering the curriculum, Unicef tried to convert allies to its perspective. Academic and intellectual respectability was needed for the children's cause.

The exercise had lasting effects, although they were hard to quantify. The word "planning" lost some of its glamour over the years : faith in five-year plans and similar exercises was shaken by the harsh realities of the late 1960s and the disappointments of the First Development Decade. Unicef's own planning team disbanded at around that time. But by then it had become standard practice for many governments to plan programmes for the "whole" child at the national level and invite Unicef's assistance in many sectors at once. The idea of persuading governments and international organizations concerned with economic progress to keep the children's cause where it should be - at the top of their list - remained a dream, however, and has remained one ever since. \Box

Chapter Five : 1965

A helping hand

Unicef became a unique UN organization : the centre of a network of helping hands all over the globe, including princesses, presidents, National Committees, and stars such as Danny Kaye, Ambassador at Large to the children of the world.



Danny Kaye, Unicefs 'Ambassador at Large', was welcomed in Rangoon, during the filming of "Assignment Children", the story of Unicef's work in Asia.

The day the award of the 1965 Nobel Peace Prize to Unicef was announced, a small boy in New York greeted his father, a correspondent at the UN, with the excited announcement : "Hey, Dad, we just won the Nobel Prize". By "we" he meant his classmates and himself who had collected Hallowe'en "Trick or Treat" contributions for Unicef every year. Within the UN family, no organization has been as fortunate as Unicef in finding itself the centre of a network which has conveyed the appeal of Unicef and children to so many helping hands.

Much of this good fortune derived from the character of Maurice Pate, Unicef's first Executive Director. Pate attached as much importance to support from citizens' groups as he did to government contributions and believed that there was no higher calling than voluntary service. The first citizens' group to come together on Unicef's behalf was the us Committee for Unicef, which held its first meeting in January 1948 in the white House at the invitation of Mrs. Harry Truman. The idea of organizing children to collect "Trick or Treat" money for Unicef on Hallowe'en instead of asking for candy or playing pranks originated with the pastor of a small church in Pennsylvania and his wife. In 1950 their Sunday school class raised \$17 for Unicef and sent it off to New York. By 1953 the idea had spread and was taken over by the us Committee, reaching one of its high points in 1966 when Pope Paul VI, visiting UN Headquarters, was met by a group of children carrying their Unicef "Trick or Treat" boxes.

In the early fifties, Pate found himself sitting next to the celebrated entertainer and comedian Danny Kaye on a scary Atlantic flight which was nearly lost when one of the plane's engines caught fire. Pate talked to Danny about Unicef, and some months later Kaye took a trip to Asia and made the celebrated film "Assignment Children". For more than 30 years, he has since served as Unicef's Ambassador at Large to the world's children. Kaye was the first of many celebrated actors and other public figures, including Marlon Brando, Peter Ustinov, Liv Ullmann, the Brazilian soccer star Pele, and the world heavyweight champion Mohammed Ali, to make voluntary appearances for Unicef; but Kaye outdid them all. To boost the annual "Trick or Treat" drive, Danny went on whirlwind tours of cities all over North America piloting his private

US COMMITTEE FOR UNICEF/Avakian



"Trick or Treat" is the idea of organizing American children to collect money for Unicef on Halloween instead of asking this day for candy or playing pranks.

plane, eventually earning a place in the Guiness Book of Records.

The national committee network grows

Outside Europe the US Committee was joined in 1955 by a Canadian Committee for Unicef, which also went in for Hallowe'en fund-raising, and by the end of the sixties by committees in Australia, Israel, Japan and New Zealand.

The organization of national committees in Europe, where Unicef had begun its work, was helped along by Willie Meyer, an energetic staff member in UNICEF's European Office in Paris. Indefatigably, he made the rounds of Belgium. West Germany, the Netherlands, Scandinavia, Italy, Luxembourg, his native Switzerland, and the UK. Meyer had a powerful trump card to play. In addition to whatever other educational or fund-raising work the new committees might undertake, they could instantly embark on the promotion and sale of Unicef's greeting cards. The greeting cards were a story in themselves. They grew out of a thank-you card to Unicef from a seven-year old Czech girl named Dzitka which was printed up for the organization's own use in 1949. With artists like Picasso and Matisse persuaded to contribute designs, Unicef greeting cards were becoming a large and successful operation. By the end of the 1950s there were a dozen national committees in Europe. By the end of the 1970s the number had grown to 26, including committees in six Eastern European countries.

The new committees came up with their own original ideas for fund-raising. Jan Eggink, head of the Netherlands Committee, imported 200,000 clay piggybanks from Ceylon and persuaded Princess Beatrix to promote their sale as Unicef collection boxes. In 1960 there was a temporary shortage of surplus skim milk from North America on which Unicef was relying for a number of child feeding programmes. The Swiss Committee organized a door-to-door Unicef milk drive.

An example of a different kind of committee was the Swedish, supported by government funds. Launched under the umbrella of Radda Barnen, the Swedish Save the Children Federation, it never attempted to compete for private donations. Its task was to argue the case in Sweden for a good-sized government contribution to Unicef and to argue the Unicef Board into going along with policies Sweden approved : mother and child health and family planning, for example. Its chairman, Nils Thedin, led the Swedish delegation to the Board for 13 years, 1971-1984.

Growing pains

For the Swiss Committee, the milk campaign of 1960 achieved a tremendous advance in public understanding of Unicef. By the mid-sixties Unicef was already deemphasizing milk, thus depriving the committee of one of its strongest selling points with the dairy-conscious Swiss. Unicef's "new look" - planning for children within economic and social development - did not easily lend itself to catchy fund-raising based on the image of the hungry child. The committees wanted concrete examples of Unicef in action to publicize - programmes that were simple in concept and that really "worked", generating dramatic "before" and "after" photos of children cured of a hideous disease or brought back from the brink of starvation.

For a long time the committees lobbied for the right to raise money for identifiable projects : a particular dairy plant here, a specific midwife training project there. Until 1964 Unicef resisted, insisting that contributions should go to a general fund to be allocated as the Executive Board decided. • All they could do was to give their sup-

Jnicef



UN PHOTO 31282



1946-49 Food to Europe

European children, in the wake of World War II, face famine and disease. Unicef is created in December 1946 by UN General Assembly to provide emergency aid. Shipments of milk and other vital supplies are made to 12 countries from 1947 to 1950.

1948

BCG vaccination

Unicef joins Scandinavian Red Cross Societies in a world-wide campaign to fight tuberculosis.

1950

The great shift

With European recovery, some countries feel Unicef's job is over. But poorer nations argue that UN cannot ignore the children threatened by hunger and disease in their countries. General Assembly extends Unicef's life.

1953 The attack on yaws

Trials proved that yaws - a hideous disease affecting millions of children - could be cured with one shot of penicillin. Unicef helps Indonesia, 'the yaws capital of the world', launch a campaign to identify and cure 10 million cases : and fights yaws in Thailand, Haiti, Philippines and elsewhere.

1954

Danny Kaye's assignment for children

The popular American comedian and motion picture star Danny Kaye volunteers to work for Unicef and becomes its 'Ambassador at Large'. He makes a film, 'Assignment Children', about Unicef's work in Asia, which is seen by more than 100 million people.

1955

Inauguration of the Anand milk plant

Prime Minister Nehru of India inaugurates Unicef-equipped milkdrying plant of the pioneering Kaira District milk producers' co-operative in Gujerat, a step in ten-year programme to help modernize India's dairy industry.

1956-60

Trying to eradicate malaria

Unicef joins who in a world-wide campaign to eradicate malaria before the mosquitoes which carry the parasite develop resistance to DDT. The campaign saved many lives, but failed in its principal goal.





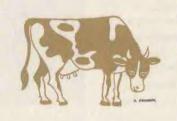
1958 Greeting card sales take off

10 years after Dzitka of Czechoslovakia painted the first Unicef greeting card, sales of cards reach 10 million.

1959

The Rights of the Child

UN General Assembly adopts the 'Declaration of the Rights of the Child', emphasizing children's rights to health care, adequate nutrition, education and welfare. Aid through Unicef is specified as a practical way of helping to carry out its aims.





1960 New image

The symbol of a mother and child replaces the old Unicef emblem of a child with a cup of milk.

1961

Needs of Children Survey

Survey of the needs of children paints 'a terrible picture of widespread suffering and privation' and the interrelated needs of the 'whole' child, opening the way for new types of Unicef assistance.

1962

Education

In independent African countries, Unicef responds to demand for teachers' training, primary classroom equipment, and curricula adaptation. By 1965, education absorbs 43% of Unicef's assistance to Africa.



1964 Bangkok

Executive Board meets for first time in a developing country, in Bangkok, Thailand. Board congratulates the 21 National Committees for Unicef on their work and accords them a special relationship.



65 obel Peace Prize

nicef is awarded the 1965 Nobel ace Prize in Oslo, Norway, 'for e promotion of brotherhood nong nations'

66

ispute over family planning

ecutive Board, meeting in Addis baba, Ethiopia, cannot agree to nicef aid to family planning. Decion put off until 1967, when Board proves assistance as part of other and child health services.



968-70

hildren in countries at war

id is given to children on both des of the civil war in Nigeria, d is approved in principle for th parts of Viet Nam, according the Unicef principle of aiding children in need, regardless of litical considerations.

71

ums and shantytowns

nicef for the first time starts to dress the plight of children in the oliferating slums of third world ies.

1971-73 Water

Unicef starts hard-rock drilling in India and becomes heavily involved in village drinking water supplies in many countries to improve child health and lessen women's drudgery.



infected faeces reach water, schistosome eggs hatch, embryo penetrates snail where infective larvae develop

1976 **Basic services strategy**

Economic crisis in many countries prompts new thinking about children's services. Unicef elaborates a new strategy to help mobilize resources at community level in fields of health, nutrition, education, and women's advancement.

1978 Primary health care

An international conference sponsored by who and Unicef at Alma Ata, USSR, endorses primary health care based on the use of villagelevel workers. Target : 'Health for All by the year 2000'.

1979

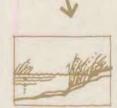
International Year of the Child

Marked by celebrations around the world, tyc provides a chance for people and organizations everywhere to reaffirm their concern for children and accelerate action for improving their situation.





larvae penetrate skin of man



harvae leave snait and swim in wate

1979-80 The Kampuchea crisis

Designated as UN's 'lead agency' on account of its non-political status, Unicef plays key role in \$634 million joint UN/Red Cross relief operation for shattered Kampuchea.

1980

Decreasing women's burden

At the mid-point of the International Decade for Women (1975-85). Unicef decided to give more emphasis to income-generating activities for women, in their expanding role as family providers.





1981

The breast-feeding code Alarmed over decline of breastfeeding, World Health Assembly adopts a who and Unicef sponsored code calling for end of advertising of infant formulas and other promotional practices that might discourage breast-feeding.

1983 Child Survival and **Development Revolution**

Unicef launches drive to save the lives of millions of children each year, with special emphasis on four low-cost measures: growth monitoring, oral rehydration therapy, promotion of breast-feeding, and immunization.







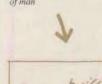
1985 Immunization of all children by 1990

On the 40th anniversary of the UN. the General Assembly endorses the Unicef and who target of universal child immunization against diphtheria, whooping cough, tetanus. measles, poliomyelitis, and tuberculosis by the year 1990.



UNICEF 1201/85/Taylor





Emergencies : helping on both sides



ICEF 5661/68 Sheehar

The late 1960's were the years of the Bihar drought in India, the Nigerian civil war, and the war in Viet Nam. Whatever Unicef's intention to concentrate on development co-operation, disasters crept up or burst upon it, demanding a response. In the case of the Nigerian civil war, Unicef, because of its mandate to help children in need regardless of political considerations, was the only UN organization in a position to send assistance to the starving children of the breakaway Eastern Region - the famous "Biafra Babies". The exercise required a great deal of quiet diplomacy.

Nigeria'a Eastern Region, under the leadership of Colonel Odumegwa Ojukwu, tried to secede from the rest of the country in May 1967, styling itself the republic of Biafra. It took the Federal Government under General Yakubu Gowan more than two and one half years to end the breakaway through a war that in its final stages relied increasingly on the age-old strategies of blockade and siege.

In July 1968 Unicef's Executive Director, Henry Labouisse, appealed for funds to help children and mothers "on both sides of the conflict". A few days later he flew to Lagos, the Nigerian capital, to launch talks that put his diplomatic skills to the most delicate test. Labouisse managed to convince Gowan of Unicef's exclusively humanitarian concern and its lack of partiality to the secessionist cause. Auguste Lindt, the distinguished emissary of the International Committee of the Red Cross (ICRC), arrived in Lagos simultaneously. Negotiations to open overland routes of supply proved fruitless, but in September the ICRC was able to start an airlift of six planes a day into the beleaguered zone from the Portuguese territory of Fernando Po. Another mercy airlift, organized by church relief agencies, began flying in supplies from Sao Tome. The Federal authorities expressed their displeasure, but did not attack the planes as they had threatened. Unicef foodstuffs and medical supplies went in through both channels.

The emotions aroused by the gaunt bodies and glazed expressions of Biafran children who stared out from newspaper photographs fueled a war of words among agencies, press, governments and international officials. Views differed about what Unicef should say publicly. The feelings of many national committees ran so high, and press interest was so keen, that it was hard for Unicef to restrict itself to only the most circumspect statements. Labouisse's view was the less said the better. The diplomatic caution, which marked his directional style, paid dividends which some found hard to comprehend in the passion of the moment.

The worst period for the children was in late 1968 when malnutrition reached epidemic proportions. Thanks to the imaginative reponse of Dr. Aaton Ifekwunigwe, head of Biafran paediatric services, and a Dutch nutritionist, Isabel Keeniggracht, its ravages were kept to a minimum, though less than half the estimated requirements of emergency foodstuffs were reaching the area. Ifekwunigwe managed to establish a network of child feeding stations in schools, churches, and town halls no more than three miles distant from one another. A careful assessment was made of every child's nutritional condition, and not a particle of food was squandered. At Ifekwunigwe's request Unicef developed a special product called K-Mix-2, based on milk derivatives and sucrose, which was mixed with palm oil and water and fed to critically undernourished children through a nasal tube.

Finally, on January 10th, 1970, the resistance in the enclave collapsed. Labouisse flew immediately to Lagos to assess the needs for postwar rehabilitation. The Nigerian Government was bitter about the conduct of many relief agencies which it felt had sided with the breakaway easterners. All foreign journalists and almost all relief and mission personnel were ordered out. But Unicef, thanks to Labouisse's careful diplomacy, his almost obsessional shunning of the limelight over the past 18 months, his refusal to try to exert pressure on the government through public pronouncements, was still held in favour. Among overseas humanitarian organizations, Unicef was the only one permitted to send people into the ex-secessionist territory and to contribute significantly to the post-war relief and reconstruction effort.



ICEF 5659

porters "for-instances" : examples of what their contributions might do. By 1964, however, FAO's Freedom from Hunger Campaign had been underway for four years : FFHC committees could and did "adopt" specific food and nutrition projects; and some of these same projects were also supported by Unicef. In that year the Board met for the first time in a developing country, in Bangkok. A number of committees sent observers, and they took the opportunity of visiting Unicef-aided projects in Thailand and other Asian countries. The Board, acting on Executive Director Maurice Pate's recommendation, agreed to a formula whereby committees could "adopt" parts of approved projects for special fund-raising. The adopted project arrangement worked well and was immensely useful in helping Unicef meet its expanded income targets in years to come.

Tragically, it was the recrudescence of emergencies, natural and man-made, beginning in the latter part of the 1960s that gave the committees a chance to up their fundraising by appealing in the most direct terms to people's humanitarian instincts. Photos of starving children and accounts of massive airlifts of food and drugs began to make the headlines in connection with the Bihar famine in India (1966), the Nigerian civil war (1968), the East Pakistan cyclone and refugee emergency (1970-71), the Sahelian and Ethiopian droughts in Africa (1973-75) and earthquakes in Nicaragua (1972) and Guatemala (1975). The magnitude of some of these emergencies was unprecedented : before the end of the East Pakistan refugee emergency, 10 million people, most of them women and children, had fled what is now Bangladesh to take shelter in refugee camps in India.

With its concern for mothers and children coupled with its widespread practical experience in supply and transport management under difficult conditions, Unicef became involved in the emergencies, even if its main business was now development assistance. The national committees played a crucial role in raising the large contributions required by Unicef to do its part.

The great prize

1964 could be described as a "boom year" for Unicef. A record number of greeting cards was sold, 40 million, and governments were gradually increasing their con-



tributions. With its new emphasis on viewing children's needs in relation to national development, the organization was on the threshold of a much larger future as a fully-fledged member of the international development community. Hans Conzett, the energetic leader of the national committee and a member of parliament, persuaded all the parties in the Swiss parliament to sign a proposition sent to Oslo that Unicef should be nominated for the Nobel Peace Prize. In late 1965 the nomination bore fruit.

Sadly, Maurice Pate, who had guided Unicef for almost 20 years, did not live to see the day of Unicef's greatest honour. On January 19, while taking a quiet walk, he was stricken by a massive heart attack. That night, he died at the age of only 70. Pate had done more than anyone else to earn the Nobel Peace Prize for Unicef, but he would have been the first to point out that his contribution could have amounted to nothing without the assistance of many helping hands : governments of both donor and assisted countries; Unicef's own dedicated staff, especially its field staff; its sister agencies in the UN family; and the volunteers from all walks of life who were involved in the work of the national committees and affiliated NGOS.

It was Pate's successor as Executive Director, Henry R. Labouisse, an American diplomat with a distinguished record in humanitarian and development aid going back to Marshall Plan days, who went to Oslo in November 1965 to accept the Nobel Prize for Unicef. Pointing out that Alfred Nobel had himself been a sickly child, who survived only because his parents had done everything for him, Labouisse wondered what his fate would have been if he had been born, not in 1833 in Norway, but in 1965 in a village in Asia, Africa, or Latin America.

The statistics of his slim chances, Labouisse said, "make us face the staggering waste of human energy and talent which drains, year in and year out, the very nations which need the most". \Box



NTB

Unicef News

Water: the spring of life

Drought and flood emergencies of the late 1960s and early 1970s in South Asia and Africa propelled Unicef deeper into the water business. The purpose of rural water supply and sanitation : better child health.

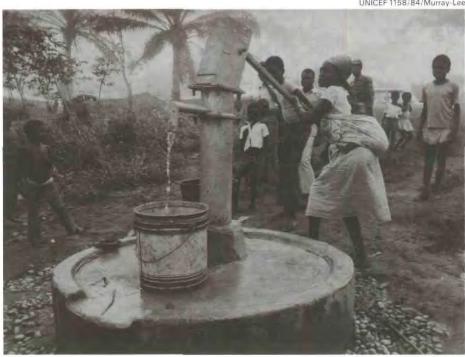


At the height of the drought in Bihar in 1967, Unicef airlifted 11 Halco 'Tiger' drilling rigs from England to India. The Halcos were powerful air-hammer rigs, representing a new trend - even a revolution - in welldrilling technology. They could drill a complete water-well through hundreds of feet of hard rock in hours. Within two months the new rigs had brought life-saving water to 222 villages in the states of Bihar and Uttar Pradesh. Their deployment ushered in a major thrust in Unicef assistance which

attained tremendous importance over the next decade : the provision of clean drinking water to villages in many countries and in a great variety of circumstances.

The critical effect of clean water and sanitation on the health and welfare of children had long been recognized; as early as 1953 Unicef cautiously entered this field, helping provide wells, standpipes, and latrines to health centres and schools, but large-scale public works were seen as too expensive and inappropriate for Unicef assistance. The

UNICEF 1158/84/Murray-Lee



The demand for better and more convenient domestic water throughout the developing world kept the water programme expanding. The installation of an India Mark II hand pump assured a safe water supply for an African village.

drought and flood emergencies of the late sixties and early seventies changed the picture, launching Unicef into the water supply business in a big way. The devastating drought in Bihar threatened to drive thousands of villagers whose wells had run dry into relief shelters. The hard-rock drilling rigs were the answer. The crash programme to train people in their use and maintenance found Unicef back in the stride of get-itdone, engineering-based assistance - the kind of approach which had characterized its milk conservation work, and at which it excelled. By 1970 a nation-wide village water supply programme for hard-rock arid areas in India was launched. Unicef supplied 100 high-speed drilling rigs with the aim of bringing clean drinking water to 12,000 Indian villages by 1974.

Early in 1972 the 10 million people who had sought refuge in India during the civil war which divided the two wings of Pakistan, returned home to the new state of Bangladesh. This emergency also led to large-scale Unicef involvement in village water supply : a programme to sink 100,000 new tube wells and rehabilitate 60,000 others. Here, in the vast Ganges-Brahmaputra delta, water was close to the surface but heavily polluted. Clean water lay 150 feet down, below layers of alluvial soil. Using a simple method called 'sludging' drillers flushed and pumped a galvanized pipe deep into the soft soil. A village well complete with small handpump could be installed for about \$150.

Other disasters, like the great 1973-74 drought in Africa's Sahel region south of the Sahara, saw Unicef importing rigs and piping, training engineers, and setting up maintenance workshops in more and more'



The devastating effects of cyclones emphasized the critical effect of clean water and sanitation on the health and welfare of children.

countries. Water supply projects became popular and began to figure increasingly in regular country programmes, emergencies apart. Not all were based on well-drilling. In mountainous Nepal in Asia, and Malawi in Africa, Unicef supplied miles of plastic piping for gravity-fed schemes. Trenching, digging and pipe laying was done voluntarily by village self-help. If disasters had triggered Unicef's entry into water supply on a grand scale, the demand for better and more convenient domestic water throughout the developing world, emergency or no emergency, kept it expanding. Indeed, few Unicef-supported programmes attained such quick popularity among recipient and donor groups alike. The drama of the drilling rig and the spout of water coming from the rock, the excitement of the captured mountain stream running freely from the village standpipe, had an irresistible appeal.

The technological challenge

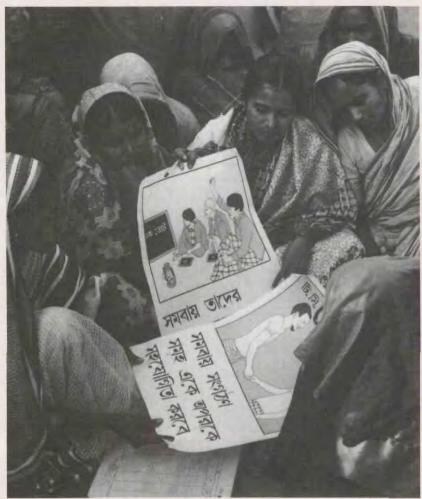
Projects like the one in India included two widely separated levels of technology. The big rigs represented the latest in modern engineering and cost several hundred thousand dollars each. The handpumps fitted over the hundreds of village wells drilled by each rig were simple manual pumps costing very little. Ironically, it was the simple machinery that gave the most trouble. A spot survey carried out in two Indian states in 1974 revealed that, though the well-drilling targets had been attained, three quarters of the handpumps had broken down. The cast-iron models were poor quality copies of oldfashioned European and American handpumps designed for use by a single family and were not sturdy enough to stand up to use by an entire village.

Unicef and its government partners began to tackle the problem of developing a

sturdier handpump. They checked out a promising model developed by a Church of Scotland mission in Maharashtra. Then, in association with the government-owned company of Richardson and Cruddas in Madras, they came up with a better version : the India 'Mark II' welded-steel handpump. Extremely sturdy, yet requiring little physical strength to operate, the India Mark It was to become the prototype of Unicefsupplied handpumps throughout the world. It incorporated many special design features, including 'child-proofing': village children often treated a village handpump as their adventure playground. Eventually more than 600,000 were installed in Indian villages and many more were exported to Africa and the Caribbean.

Whatever their qualities, even the Mark IIS required maintenance and repair. In Tirunelveli district, at the far southern tip of the Indian peninsula, an energetic state

Education beyond the classroom



In the post-colonial era, strenuous efforts by the developing countries to bring education within reach of more of their populations showed results : the proportion of children in school doubled in a generation. Ordinary people had a strong faith in schooling, for they could see that those with some education had prospered most in the early years of independence. It was not unusual for communities to raise their own funds to build classrooms, and many families skimped and saved to put one or two children - usually boys - through school. But the number of children still not receiving a basic minimum of primary education was estimated at several hundred million in the early 1970s. Meanwhile, educational expansion had reached a plateau, and

ICEF 9138/Thomas

those who got through school found it increasingly difficult to get jobs : employment opportunities had grown more slowly than the number of applicants.

Unicef's initial assistance to education was oriented to improving children's knowledge about good health and sound nutrition, and gradually expanded to include pre- and primary schools as well as teacher training. As Unicef entered education in a bigger way – commitments rose from \$3.5 million for 1960-64 to \$18.4 million for 1974 – it concentrated increasingly on new paths to learning, in and out of the formal school system.

An example of this approach could be seen in community schools, an experiment strongly supported by Unicef. These schools were intended as the vanguard of 'learning through doing' for entire village communities. Children's studies in science and the environment included practical work on the school farm, where lessons about better use of fertilizers and the control of pests could be put into practice.

But what of the large number of children, especially girls, who never went to school or who dropped out too soon to learn anything useful? In some rural areas more than 90 per cent of girls reached maturity without learning how to read the label on a bottle of patent medicine or write a child's name on a health card. Based on recommendations of a study commissioned by the Executive Board in 1971, Unicef turned its attention to non-formal channels of education outside the classroom. The study, known as "The Coombs' Report" after its principal author, Philip Coombs, listed a minimum package of attitudes, skills and knowledge that any young person needed to acquire to cope successfully with the world and its ways : literacy and numeracy; a scientific understanding of his or her environment; and functional knowledge about raising a family, earning a living, and taking part in civil life. This basic package, Coombs and his colleagues believed, could be acquired outside the classroom. In Colombia, for example, thousands of campesinos tuned into radio broadcasts by Acción Cultural Popular, beamed to remote areas where group leaders passed out simple textbooks and led discussions. Over the next few years, with Unicef's advisory and financial support, youth clubs, radio stations, women's groups, credit unions, community newspapers, and co-operative societies opened up new channels for non-formal education. By the late 1970s more and more governments began to use them, recognizing that many children, adolescents, and young mothers could only be reached by these alternative means. The classrooms of the developing world had not been abandoned : rather, many had been co-opted as part of a wider educational effort.

official named M. Francis, who had a gift for mobilizing village people, worked out a three-tier system of maintenance. The system was based on young men selected as village 'handpump caretakers'. Trained to grease bolts and tighten nuts, the caretakers referred more complicated problems up the line to a block engineer, who in turn could call on the services of a district mobile repair team. Thanks to Francis' charisma and dedication, the programme was an outstanding success in his home state of Tamil Nadu. Throughout India, similar efforts, combined with the Mark II's sturdiness, succeeded in minimizing the number of handpump breakdowns; and other countries, such as Indonesia, eventually set up similar maintenance systems.

As the drinking water effort spread, Unicef's master drillers and other technicians often found themselves working under extraordinarily difficult conditions. In Ethiopia, Vlado Zakula from Yugoslavia camped beside his rig every night in areas where guerrilla activity added to the normal hazards of drilling operations in remote mountainous or desert regions. Fausto Bertoni, an Italian who joined Unicef's staff in Afghanistan, became an almost legendary figure in villages from the Sudan to the Punjab. Men like these trained crews of local engineers to master modern drilling technology and form the backbone of their countries' water engineering departments.

Water and health

The reason why village people in developing countries responded so enthusiastically to water projects was because they so badly needed an adequate water supply close to their homes. Women and children who previously had spent hours each day fetching water from distances of many miles no longer had to suffer such back-breaking drudgery. This made a tremendous difference to women's workload, since they already had so much else to do, from raising all the family food, to collecting fuel for cooking and warmth, and trading in the marketplace. But Unicef had entered the world of water for one primary reason : its impact on child health. Within a few years, unfortunately, it became evident that without equal attention to 'environmental sanitation' - a euphamism for the safe disposal of human excreta - the specific impact of better water supplies on childhood disease would not be profound. This was particularly true in the case of the gastro-intestinal infections and parasitic infestations rampant among young children.

By 1974, Unicef's expenditure on water and sanitation had reached \$12 million a year. Every time water policy came up for discussion, lip service was paid to the need for more attention to the sanitation component of this dyad. But in practice, neither village communities, public health engineering departments, nor Unicef donors showed great interest in schemes to confine human excreta to places which minimized the hazards it posed. Progress was made in developing improved pit latrines - some designs enabled them to double as fertilizer production units - but acceptability remained a problem. In one Latin American country, officials used water as a bait, refusing to dig a community well unless threequarters of the villagers had already built latrines. Householders complied, but when public health people later toured the area they found the latrines used mainly as chicken coops or larders for the cool storage of beer. At the Executive Board meeting of 1974, John Grun, Regional Director for South Central Asia, stated the case quite boldly in connection with the India rural water programme, functioning so well in other respects. Sanitation? "Excreta disposal has not been touched." Health Education? "Just about impossible to obtain a collaboration between health educators and engineers."

In 1977 a UN conference in Mar del Plata, Argentina, proclaimed 1981-1990 as the International Drinking Water and Sanitation Decade and elaborated a \$144 billion action plan to provide clean water and sanitation to everyone in the world. Global recession and declining commodity prices put a quick end to any hopes that the action plan could be quickly realised, though the World Bank and a number of major bilateral aid programmes increased their investments.

As far as Unicef was concerned, with a great deal already accomplished, the challenge of the Water Decade was how to obtain the maximum health advantages from the new sources of water which were doing so much to release women from backbreaking toil and improve village life in other ways.

Together with its partners in water departments around the world, Unicef had come to realize that water and sanitation projects could only work well when communities were involved from the outset in planning them, siting them, and managing their use and maintenance. People's participation was the key to making the lives of women and children not only less onerous but cleaner, pleasanter, and healthier. □

UNICEF 342/83 Hilsum



Water and sanitation projects could only work well when communities were involved from the outset. AVIP (ventilated improved pit) latrine is constructed in rural Tanzania.

The search for alternatives

In the early 1970s, the international development community became disenchanted with the old paths to progress. Unicef evolved a Strategy for Basic Services, and put its weight behind who's drive for "Health for All by the Year 2000".

In September 1978, delegates representing the medical establishments of 134 countries met at a who/Unicef sponsored conference on primary health care in Alma Ata, capital of the Soviet Union's Kazakh SSR. They affirmed unanimously that health is a fundamental human right and that not only medical professionals but people in all walks of life, including the poorest villagers and shanty-town dwellers, "have the right and duty to participate individually and collectively in the planning and implementation of their health care". The conference also endorsed closer co-operation with traditional medical practitioners, formerly looked upon askance by most doctors, and recog-

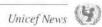
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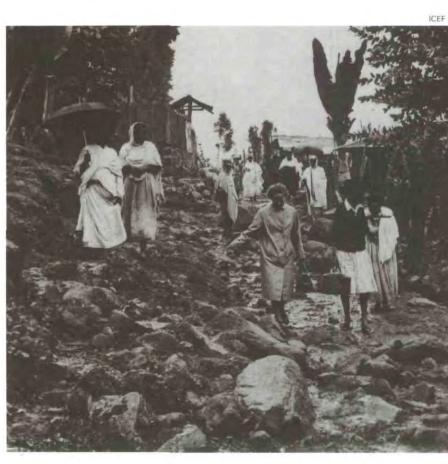
Despite natural disasters or a mountainous terrain, villages benefit from their country's expanding health programmes.

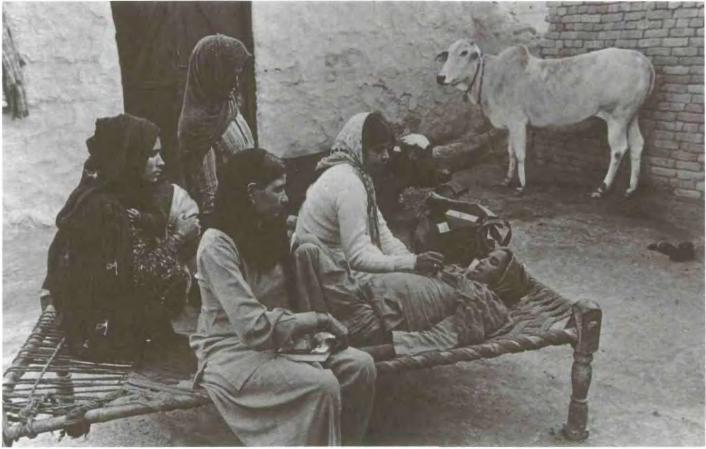
nized the value of herbal and other traditional remedies.

This startling reversal of medical orthodoxy was part of a widespread search for alternative approaches to social and economic problems that took place in the 1970s. This search was a reaction to the failed expectations of the UN's first Decade of Development. In terms of world economy as a whole, the 1960s had indeed been a development decade, but at its end the gap between rich and poor countries, and between rich and poor people, had significantly widened. The conventional economic wisdom, that the benefits of economic growth would "trickle down" to the poor, had proved sadly flawed. A "poverty curtain" had descended, and Unicef and other members of the international aid community began to search hard for new ways to pierce it.

The plight of the poorest developing countries was aggravated in the early 1970s by a series of disasters - those that could be attributed both to "acts of God" (drought. flood, earthquake) and to "acts of man" (war and civil violence). Economic dislocations. such as the ten-fold rise in the price of crude oil, hit the weaker countries hardest. Unicef had helped many of these countries develop their networks of mobile clinics in rural areas; now they could hardly afford the fuel to keep these services operating. At the 1974 meeting of the Executive Board, the Pakistan delegate reported that his country would spend more than half its export earnings simply on importing food, fertilizers, medicines and other essentials. "To say the least," he warned, "the outlook is bleak for the children of Pakistan and other severely affected countries". At the Executive Direc-







Unicef trains lay people as traditional birth attendants, who make vital contributions to their country's health.

tor's suggestion, the Board declared a "Child Emergency", calling on the world community to help the children in the worst-hit countries with extra assistance for nutrition, including growing and storing food at the village level, and for health services.

Learning from experience

At the same time, Unicef began to examine the wealth of experience it had gained with government partners in various parts of the world. From the early 1950s, Unicef helped to train traditional birth attendants in countries like Indonesia, Thailand and the Philippines. Taught the rudiments of parturitional hygiene and outfitted with Unicef midwife kits these "granny midwives", many of them illiterate, earned a new reputation and a new status: existing skills were now combined with modern practices, such as using sterile scissors to cut the umbilical cord. This was not the only example where lay people with a little special training could make a vital contribution to health or nutrition efforts. In mass campaigns against yaws and malaria, lay personnel had been widely used to spray houses, collect bloodslides, and keep records. Originally, the genesis of involving lay members of the community in such schemes was the lack of trained professionals and the comparatively low cost. Now it began to appear that, because of the confidence of communities in "their own" person, they actually did a better job. Unicef's by now extensive field staff were beginning to record a great variety of promising examples of what could be done through community action.

The idea of attacking poverty by helping people meet their own basic needs was gaining ground. It was widely promoted by the International Labour Organisation and some major donor organizations such as the World Bank, were beginning to put some weight behind it. In 1976 Unicef, which had been working closely with wHo in elaborating alternative approaches to health care, came up with a new programme philosophy: "A Strategy for Basic Services". The fundamental concept was that all human societies have developed ways of providing for their food supply, water needs, health and education. All cultures made provision for someone to assist mothers during childbirth, and to care for the sick. Equally, they had systems of raising and educating youngsters to be useful members of society. There was, therefore, nothing essentially new in proposing that community resources should be relied upon to meet the needs of poor people in the 1970s.

Community participation : the key

Community participation was seen as the key element in Unicef's basic services strategy. An essential feature was the selection by the community of one or more of its members to serve as community workers after brief practical training, repeated and extended through refresher courses. "Many simple measures that can improve conditions of life in the rural countryside or poor urban areas are well-known," Unicef noted.

Food and nutrition : the most basic need of all



In spite of Unicef's new emphasis on Primary Health Care, no one had forgotten the hungry child – the *raison d'être* for Unicef's creation. In the early 1970s, the sudden shortage of food in the world, and the rise in the price of fertilizers and therefore the cost of growing it, exacerbated mankind's fears for the smallest and most vulnerable members of its family.

By this time, the fallacy that investing in dairy development would solve ICEF 9230/Isaac

the dietary problems of underfed children in most parts of the developing world had long been recognized. Local production of high-protein processed weaning foods had also encountered stumbling blocks : placing a factory between people and their food supply put the products out of financial reach of poor families. Attention had shifted to "applied nutrition" : helping villages, schools, and families establish vegetable plots, fish ponds, fruit orchards, and poultry houses. Great stress was laid on the value of animal protein. Western notions of what constituted a good diet for children predominated. The problem of child malnutrition in the developing world was diagnosed as a "protein gap".

Even during the heyday of the protein push, revisionist voices were raised. Workers at India's National Institute of Nutrition in Hyderabad reported that they could find no signs of protein malnutrition among young children raised on traditional family diets – quite low in protein by western standards – provided they got enough food to eat. These findings were confirmed in different parts of the world for a great variety of family diets : those built around rice and lentils, or maize and beans, for example.

Specific diseases of dietary deficiency could be found in many countries. These included the unsightly swellings of goitre caused by a lack of iodine in the diet; and shortage of vitamin A, which affected the sight of young children, sometimes leading to permanent blindness. Unicef helped countries deal with these through practical measures such as the iodization of local salt supplies, and provision of vitamin A capsules for health centres.

Elsewhere, except for the outright hunger and undernutrition caused by acute poverty or by drought or disaster, it became increasingly evident that it was feasible to give children a nutritionally-balanced diet from blending locally available foodstuffs. Ignorance was the major enemy of good nutrition : mothers had to understand which foods in what combination would assure their children's growth and good health.

When Unicef began to argue for the Basic Services Strategy and Primary Health Care in the late 1970s, the focus of the attack on malnutrition shifted. It was now obvious that the attack on hunger and malnutrition among children was inseparable from the spread of mother and child health services. Not only was the new thinking governed by the recognition that the "protein gap" was a skewed way of looking at the problem, but the relationship between disease and malnutrition in young children was better understood. A disease like measles automatically triggered loss of weight; this debility predisposed the child to respiratory and diarrhoeal infections. Meanwhile, a poor diet made it far more likely that a child would pick up infectious diseases in the first place. The compound effect on a child of the interlocking web of sickness and poor diet could be catastrophic.

Primary health care, built upon the community worker, opened up the prospect of dealing with health needs and nutritional needs alongside one another. In 1975 Dr. Jean Mayer and a team from the Harvard School of Public Health presented to the Unicef Executive Board a report on nutrition priorities in the developing countries. They strongly endorsed the new community worker approach, emphasizing that to all intents and purposes primary health care and primary nutritional care were one and the same.

Among the pioneers in the new integrated approach was an Indian couple, both physicians, Drs. Mabelle and Rajanikant Arole. They began an experimental project in 1970 to provide comprehensive health care for a community of 40,000 people based at Jamkhed in Maharashtra State. The Aroles decided to train and employ middle-aged village women as health auxiliaries; but as they talked to the village councils about their plans they realized that the villagers' priorities were not health, but food and water. Interpreting "health" in a broad sense, they therefore began with food; communal gardens were organized, and kitchens set up for under-fives feeding. The health auxiliaries supervised the daily meal, and kept records of all the young children, watching out for the underweight and ready with advice for mothers about what to do to give their children a dietary cushion against disease. This scheme, among others, showed that villagers did not compartmentalize their problems in tidy sectoral ways corresponding to a government's administrative structure, and those trying to help them would be wise not to do so either.

Now the nutritionists began to see the hungry child with new eyes. Instead of coming with their own solutions, they began to try and help mothers recognize and overcome malnutrition by means within their reach, physically and financially. The activities that Unicef began to stress owed much to previous experience of helping women's groups. In many countries women were the principal producers of food, and held responsible for almost everything related to household food management. Increasingly, in the swelling city slums, they were also becoming their children's sole provider. Thus female literacy, incomegenerating projects for women, and measures to relieve drudgery and help them gain a better purchase on the means to feed their children were increasingly seen as the way to attack malnutrition at its roots.

In the early 1980s Unicef and who embarked on a special five-year Joint Nutrition Support Programme for countries, particularly in Africa, where child malnutrition was particularly acute. Family health and nutrition education, the home preparation of weaning foods, credit for women's cooperative enterprises, and a general strengthening of community involvement in primary health care were among the activities encompassed. For Unicef and its partners, nutrition was becoming harder to distinguish as a separate field of action, not because it was being ignored but because it was being more closely integrated into health and other basic services.

ICEF 9266/Thomas



Pakistani mothers learn the importance of growth charts and regular weighing which is so vital to Primary Health Care.

"Information about improving dwellings, which local foods provide better nutrition and how to store them, the need for keeping the household clean, why good sanitation is important to health, how to pipe water from the mountainside or protect walls, all these and many others are the subjects of basic education most needed by villagers or new urban dwellers ... Village or community workers not only provide minimal services, but serve as the network for conveying this kind of basic knowledge to the people." The role of officials from ministries of health, agriculture, social welfare, and public works, unable alone to reach more than a minority of the people directly, would be to support and back-up community efforts.

The basic services idea generated considerable interest, along with fears in some quarters that it implied second-rate services for the poorest countries. It seemed at first that health might be the toughest nut to crack because of the medical establishment's strong adherence to high standards of professional care; also the mystique that medicine men – from the witch doctor to the open-heart surgeon – so profitably exploited. But experience in various parts of the world, including China with its famous paramedical "barefoot doctors", necessitated a new look at the whole health delivery question. It was who which assumed the lead, thus giving the new approach the cachet of the profession itself.

Reviewing the development of mother and child health services, the who/Unicef Joint Committee on Health Policy took up the matter of alternative approaches in earnest, accumulating examples of the effectiveness of laymen and laywomen in community health care. What who and Unicef were looking for was instances where preventive and curative care was being provided to at least 80 per cent of a given target group at a cost that could be afforded even in a country with limited resources. Successful examples from Bangladesh, China, Cuba, India, Indonesia and Tanzania, showed that common to all was the use of a minimally-trained resident of the village or community, often called a "primary health worker". Such workers were chosen by their neighbours; they were trained locally in specialized tasks and simplified techniques which they carried out with the support of the health network. They were given some remuneration, either in cash or kind, by their own community.

The new health care model

Out of these observations and deliberations came the concept of Primary Health Care as the only feasible way to reach who's goal of "Health for All by the Year 2000". When health dignitaries from all over the world, together with representatives of agencies and various other "powers and principalities" assembled at Alma Ata in 1978, it was to consider a strategy that was both visionary and based on an impressive body of evidence. The main document for the conference was a joint who/Unicef report which included an indictment of those trends in post-World War II medicine which had equated "the improvement of health ... with the provision of medical services dispensed by a growing number of specialists. using narrow medical technologies for the benefit of the privileged few".

Primary Health Care as a new goal and model for health services was endorsed virtually by acclamation at Alma Ata. The next challenge was to transform the rhetoric into reality. It was recognized from the beginning that the reality would have to take somewhat different forms in different countries and different regions within countries. Sometimes village health workers' tasks were primarily curative "first aid", in others primarily preventative; on occasion, though this was frowned on in principle, villagelevel workers were carried at low rates of remuneration on ministry payrolls. For the full range of basic services, including primary health care, "entry points" varied considerably, depending on local conditions and attitudes; it could be the provision of clean water in one locality, famine relief measures in another, better preparation and storage of food in the home in a third.

Both the basic services strategy and the primary health care model emphasized one essential fundamental : community participation. Perhaps, as some critics maintained, the pendulum had swung too far : certainly "top-down" initiatives could not be ruled out altogether if the potential benefits of modern medicine were to be widely realized. But the principles outlined in Unicef's Strategy for Basic Services and enumerated at Alma Ata would henceforth guide Unicef's actions on a broad front and give substance to the old bromide about helping people help themselves.

Chapter Eight: 1979

The Year of the Child

There had been other "Years" before : for population, women, anti-apartheid... But none captured the imagination of mankind like the International Year of the Child.



At the UN General Assembly, New York, a gala concert was held featuring a galaxy of pop singers to celebrate IYC.

On January 9, 1979, the General Assembly of the United Nations in New York was packed with an audience assembled for an unfamiliar occasion : a gala "Gift of Song" by a galaxy of pop stars to herald International Year of the Child (IYC). The concert was telecast to 60 countries and seen by 250 million people. The artists who performed – including Abba, the Bee Gees, Earth Wind and Fire, Olivia Newton-John, John Denver, Rod Stewart, and Donna Summer – gave Unicef the rights to the songs they sang. Between the telecasts and the album sales, "A Gift of Song – Music for Unicef" raised \$4 million, launching tyc in truly celebratory style.

IVC was the occasion of a great outpouring of statements, resolutions, and celebrations in favour of children, but it was also considerably more than this. The briefest glance at activities undertaken by the 148 national IVC commissons around the world shows that it was time for grappling with many of the outstanding problems facing children in different societies. Some commissions undertook a national appraisal of children's situations (Guinea-Bissau, Saudi Arabia), studied their nutritional condition (China, Haiti, Oman), set out to eradicate polio (Malawi) or immunize newborns (Bhutan). Others counted the children of migrant labourers (Luxembourg), set up centres for "latchkey" children (UK), or

The Kampuchea crisis



Between 1975 and 1979, the Khmer Rouge carried out a revolutionary experiment within Cambodia which left the country's institutions in ruins and its people in trauma. The Khmer leaders emptied the cities, dismantling the country's administrative structure, outlawing religious observance and learning. The most trivial infringements of the rules – wearing eyeglasses, reading a book, eating at the wrong time of day – became subject to fearful punishment, even death.

In January 1979 the Vietnamese army entered Phnom Penh, the capital, forcing out the Khmer Rouge regime and installing another in its place. Khmer Rouge forces retreated to the northwest, waging guerilla war against Vietnamese forces. Within Kampuchea, people tried to pull their lives together again in a country where communications, schools, health centres, even money, had been eliminated or destroyed. In the northwest, growing numbers of refugees sought sanctuary in Thailand.

The plight of the Kampuchean people aroused world-wide sympathy. Help from the outside was critically needed, but there were political complications : the new regime in Phnom Penh was not recognized as legitimate by the majority of UN member states. Once again, as in the case of the Nigerian civil war, the only organizations unaffected by the political line-up were the Red Cross and Unicef.

During the past generation of turmoil in Indo-China, Unicef had done what it could to alleviate the suffering of children of any and every side. During the 1960s, Unicef had repeatedly sought to extend assistance to North Vietnam as well as South. In 1969, Hanoi finally signalled its willingness to accept Unicef supplies through the Red Cross. During the next few years Unicef envoys visited Hanoi more often, and in 1975 an office was set up. During the same period, a mission was established in Phnom Penh; but support for regular health and education services for children soon gave way to emergency relief as the war intensified. When the Khmer Rouge took over two years later, Unicef was expelled, along with other international organizations.

During 1979, as reports of impending famine in the Kampuchean countryside began to circulate, Unicef tried to persuade the new government to allow it back in. Finally, in July Unicef and the International Committee of the Red Cross received a joint invitation from Phnom Penh.

The two-man ICRC/Unicef mission was stunned by the signs of deprivation and suffering it encountered. As many as 1.5 million people were said to have perished either as a result of war, starvation, lack of medical care, or forced labour. Agricultural production - in what had long been one of the world's most fertile rice-growing areas - was at an all-time low. Most of the remaining population (of four million or more) were trying to reestablish the remnants of family life. and an estimated 650,000 were fleeing towards the Thai border. It was feared by some that the people of Kampuchea were facing virtual extinction.

The relief programme to save the Kampuchean people was the largest and most complete operation of its kind ever to be mounted. Governments and organizations all over the world contributed to the effort, in which Unicef and the ICRC played the leading role. Some \$634 million in assistance was provided between October 1979 and December 1981. Inside Kampuchea the programme included the distribution of 300,000 tons of food aid as well as thousands of tons of rice seed, fertilizers and pesticides. Key logistical support included the supply of motor vehicles and river transport, handling equipment and fuel. Medical and school supplies were also provided.

It would probably be an exaggeration to say that this programme alone brought Kampuchea back from the brink of mass starvation, but it played an important part in helping the Kampuchean people survive and recuperate from their years of hardship. Because logistic problems were so overwhelming, much of the assistance, including first aid, was distressingly slow to reach its destination. Deploying their remarkable capacity for survival, the Kampuchean villagers managed to weather a miserable harvest in early 1980 and gradually put their rice paddies back into cultivation. Spot surveys in rural areas in late 1980 revealed pockets of malnutrition but no real starvation; in 1981 the harvest doubled. The international programme underpinned their efforts and provided seed at the critical time.

Among the refugees in the northwest, on both sides of the Thai border, hundreds of thousands of people during 1979 and 1980 remained totally dependent on relief. Unicef, ICRC, and the World Food Programme provided food, shelter, water, and medical care, most delivered by Unicef convoys. One border camp became the site of a "land bridge" : thousands of Kampucheans who had trekked to the border on foot, by bicycle or in ox-carts were given 20 kilos of rice each and went back into the country to plant it in villages still under Khmer Rouge control.

Unicef had been appointed United Nations "lead agency" for Kampuchea relief operations in September 1979 and continued to play that role until the end of 1981. It was not altogether a welcome assignment, since it stretched Unicef's responsibilities far beyond its normal mandate for children. Under the particularly complex circumstances of the Kampuchean crisis, Unicef had no choice. In Phnom Penh, working with a regime unrecognized by the UN, it provided the necessary umbrella for assistance from FAO, WFP and others.

By the end of 1981, the emergency was over : two-thirds of those who fled to the Thai border had returned to their villages, where near normal conditions had been restored. More than 6,000 schools and 1,000 clinics and hospitals had been reopened. Unicef's mission in Phnom Penh turned to long-range assistance to health, nutrition and education, while at the border, where considerable numbers of refugees remained encamped, the UN relief was taken over by a special organization set up for the purpose.

UNICEF 580/McLaughlin



Unicef's Goodwill Ambassador Peter Ustinov was most active during 14C.

street children (Colombia); yet others tried to do more for orphans (Chad, Philippines), the children of nomads (Botswana), the victims of war (Nigeria, Lebanon). Many ran campaigns to start pre-schools, abolished elementary school fees, or focused on the care of the handicapped. By any reckoning, the efforts and achievements were extraordinarily wide-ranging.

International Year of the Child was the brainchild of Canon Joseph Moerman, Secretary-General of the International Catholic Child Bureau in Geneva, who first floated the idea in international circles in 1973. At that time many people in the UN, at any rate, felt there had been a glut of "Years" - for refugees, population, women, anti-apartheid - which had produced torrents of words but little else. Moerman, however, observed that while many organizations and individuals expressed sincere compassion toward children, the cause of children was usually drowned out by the clamour surrounding highly-charged subjects like population control or women's lib. Moerman approached UN Secretary-General Kurt Waldheim; Waldheim was positive, but Unicef's Executive Director Henry R. Labouisse shared the reservations of a number of Board and staff members. They feared that the brunt of the work for a "year" for children would fall on Unicef, deflecting its energies and resources from its existing programmes. But with backing by many of the non-governmental organizations associated with Unicef, the idea gained increasing support among some countries on the Executive Board. In 1976, on the recommendation of the Board, the General Assembly proclaimed 1979 as International Year of the Child.

Not meant to be a Unicef "year"

While Unicef was to be the lead agency for IYC, the year was never conceived as a Unicef or a UN show. The style of its observance was to be left to each country to decide. There was to be no big international IYC conference : those held in other "years" had often led to political wrangling and criticism for their costs. The General Assembly's IYC resolution emphasized that it should be a time for studying children's needs and launching programmes to meet them. In a broader sense, it should provide "a framework of advocacy" for children.

In 1977 a small IVC secretariat was set up under Unicef's auspices headed by Dr. Estefania Aldaba-Lim, former Philippine Minister of Social Services and an energetic and enthusiastic spokeswoman for children. Dr. Lim was to undertake a grueling travel schedule to over 65 countries in the next two and a half years, enlisting the support of heads of state and senior officials and nudging national tyc commissions into action. By then the magic of the year was beginning to show and support was rapidly building up. In mid-1977 85 non-governmental organizations formed a special committee for tyc, headed by Canon Moerman. Their network grew rapidly : the total number of voluntary organizations and their local branches and affiliates that did something special for the "Year" reached into the thousands by the end of 1979. On the governmental side, response was equally electric, as attested by the 148 national commissions that came into existence.

The publicity attending tvc was overwhelming. Media events ranged from a 100foot tvc banner stretched across a village road in the Papua New Guinea highlands, to sophisticated telethons and galas. Tens of thousands of articles were published, hundreds of tv films were made. While the joys of childhood were celebrated, agoniz-



To support the fight against hunger, Italian children presented an 880 metres message to President Pertini during IYC.

ing problems were also explored : drugs, child labour, sexual abuse. The tyc Secretariat's referral service put different organizations in touch with each other. Materials on Unicef's traditional programme areas – nutrition, health, education – were sought by industrialized countries with pockets of severe deprivation; materials on child exploitation, children with learning difficulties, children in the age of TV, were exchanged with organizations in developing countries. None of the UN's other Years, before or since, quite aroused such wide interest or entered into people's hearts as completely as tyc.

Unicef and its immediate supporters gained a tremendous boost from IVC. Income from private contributions rose to \$50 million in 1979, double that of the year before. The enthusiasm of Unicef's own National Committees was rekindled and in some countries, Japan and Italy for example, tyc raised the image of Unicef to a completely new level. The wholehearted involvement of voluntary organizations in the Year opened the way for greater collaboration between many of these organizations and Unicef in theyears to come - a collaboration that was to assume great importance in the Child Survival and Development Revolution of the next decade.

Children with special problems

But when the IYC speeches and celebrations were done, when the IYC secretariat had been disbanded and the last of the special studies mimeographed and collated, it was evident that turning the year's rhetoric into programmes of lasting benefit for children would be a long and arduous task. As Labouisse put it, IYC was not meant to be "a high point in the graph of our concern with children (but) a point of departure from which that graph would continue to rise". For certain groups of disadvantaged children, that promise was delivered. The plight of street children in the rapidly growing slums and shanty-towns of the developing world gained an outburst of attention, especially from NGOS. Worldwide, around 70 million children were living virtually without parental support in streets, markets, and deserted buildings. More than half were in Latin America. In 1980 Unicef began gathering information on programmes which reunited street children with their families and brought them back into the community instead of forcing them into penal or disciplinary institutions. By 1983 several programmes in Latin America had been assisted by Unicef aid, frequently with church and voluntary agencies as active partners.

Another group of children whose problems were widely aired during tyc were those with disabilities : hearing, sight and speech impairments, physical and mental handicaps. Unicef assisted health programmes previously concentrated on prevention : Immunization against polio and vitamin-A supplements to prevent xerophthalmia (night-blindness). In 1979 Unicef commissioned an NGO, Rehabilitation International, to undertake a study of childhood disabilities in the developing world. Their report showed that the problem was not a minor one : world-wide, one child in ten is born with or acquires a disability later in life. Rehabilitation International recommended imaginative ways in which the life of disabled children could be improved through simple measures undertaken by their families, instead of taking them away from their communities. In 1981, the International Year of Disabled Persons, Unicef began to offer this kind of programme support for disabled children, within the framework of primary health care.

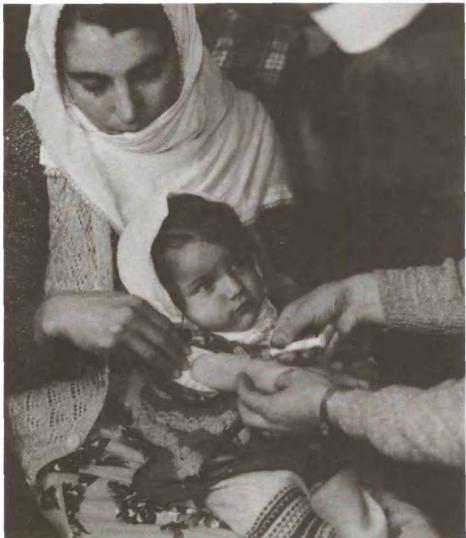
During IYC many national commissions used the Declaration of the Rights of the Child as a main theme in their educational campaigns. To give them greater force, the Polish Government urged the transformation of the Declaration into a Convention on the Rights of the Child. A Declaration is a statement of principle, whereas a Convention is a legal instrument binding on a signatory; most governments therefore felt that such a change in international law should not be rushed. In the years following IYC, support for the adoption of a Convention grew, and Canada and Sweden backed Poland's initial move.

In 1984 Nils Thedin, Sweden's delegate of many years to the Unicef Executive Board, raised a related issue to which he had been committed ever since he witnessed the suffering of children during the Spanish Civil War in the 1930s. He proposed that children be declared "a neutral, conflictfree zone in human relations"; in a violent world, children should be internationally protected. During 1985 Unicef began to study "children in especially difficult circumstances", circumstances including exploitation, sexual abuse, and armed conflict. At the same time, Unicef began to put its weight behind a Convention on the Rights of the Child. By the end of the 1980s, inspired at least partly by IYC, a Magna Carta for children may have passed into international law.

Chapter Nine: 1985

Towards a child survival revolution

In 1982, Unicef's third Executive Director, James P. Grant, launched what came to be called a "child survival and development revolution". The goal : dramatic improvements in the health and well-being of the world's poorest children within a decade.



A child is vaccinated in a Turkish village as part of the immunization campaign against the six communicable killer diseases.

In December 1979 at the conclusion of the International Year of the Child, Henry R. Labouisse, Unicef's second Executive Director, retired after nearly 15 years of service. Labouisse had been asked by the UN Secretary-General to shepherd Unicef through the IYC. Now, as the third UN Development Decade began, the time had come for the changing of the Unicef guard. A generation of senior staff who had joined Unicef as young men in the wake of the second world war had reached the moment of retirement. A new chapter in Unicef's affairs was beginning.

Under Labouisse, Unicef had grown and matured immeasurably. He had navigated it through tricky, international diplomatic channels and had managed to increase both its resources and the scope of its development co-operation. His successor, James P. Grant, also an American, inherited an organization unrecognizable as the small though active organization Labouisse had taken over from Maurice Pate. It was now working in some 120 developing countries. and enjoyed a high degree of confidence and credibility. Grant believed that Unicef's foundations were sufficiently solid to allow advantage to be taken of its 33 years of experience. He wanted to make what he called a "quantum jump" in its effectiveness, concentrating on measurable and welladvertised targets. He actively sought publicity for these targets as part of the strategy for mobilizing national leaders, governments, organizational partners, and individual supporters behind them.

James Grant was born in China, son of a distinguished pioneer in international public health, and had spent his entire life and career involved in the issues of third world development. Since 1969, he had headed the Overseas Development Council, a private organization in Washington, and had contributed actively to the debates surrounding the international order, and how it should be changed to foster third world progress and the good of all mankind. He belonged to the school of thought which believed that development goals with a human emphasis should be set for the end of the century : longer life expectancy, lower illiteracy, fewer births, and a sharp reduction in infant and child death and disease. In many developing countries, the infant mortality rate (IMR) was still above 100 per 1,000 live births, and in some countries not far below 200. At Unicef, Grant began to focus on the

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Shots of a peaceful kind

On three Sundays – February 3rd, March 3rd, April 21st, 1985 – the military and the rebel forces throughout El Salvador observed a truce for the sake of the children. Fighting stopped so that every mother, wherever she lived and under whosever control, could have safe passage to take her children to be immunized.

The mass vaccination campaign against the six childhood killers – diphtheria, whooping cough, tetanus, tuberculosis, measles, and polio – was backed by President José Napoleon Duarte. His instructions to government troops not to open fire followed assurances from Archbishop Rivera y Damas that the guerilla command would do likewise for the "days of tranquillity".

The idea for the campaign grew out of a meeting at the office of UN Secretary-General Javier Perez de Cuellar in July 1984 between President Duarte and James Grant, Unicef's Executive Director. Grant suggested that children's survival and health might be that rare cause which could command such widespread support that even a civil war could be put on hold. Such an idea is a 20th century invention. Not until the first world war did nations accept that children were above the political divide, and that their well-being ought not to depend on arguments between the nations. Unicef was born of the maturity of that idea, which came of age in the aftermath of the second world war. Now Grant's "child survival revolution" was being used to give real meaning to the idea of "children as a zone of peace".

In the weeks before the campaign, posters and printed handbills announced dates for vaccination. Even lottery tickets carried the campaign emblem and the slogan : "prevenir es...vacunar". Thousands of advertisements were carried in newspapers and



on the radio, and priests spoke to their congregations every Sunday on the duty of parents to "prevent by vaccination". The most complex problem was to make sure that everyone, even people in remote villages and war-torn districts, knew about the "days of tranquillity".

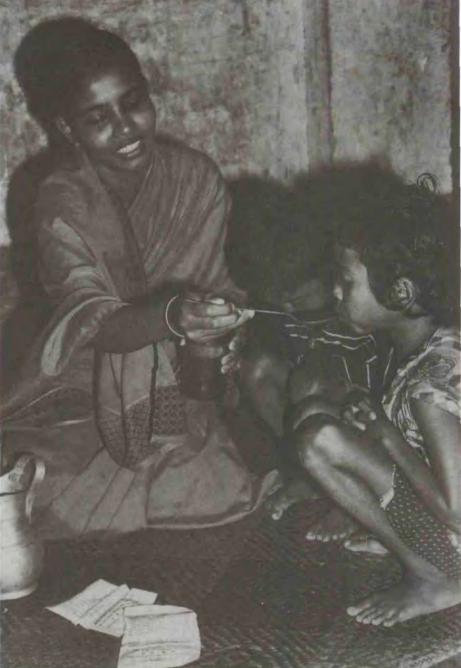
Teams of 20,000 health workers and volunteers were trained by the Red Cross to give vaccination shots and run special vaccination posts set up throughout the country. In rebel-held areas, teams of volunteers from the International Red Cross helped to man the posts. More than 800 vehicles were used to deliver insulated boxes of fresh vaccine to the 2,000 posts on the day before the campaign. In some mountainous and remote areas, helicopters were used to transport the doses. Unicef provided the vaccines and much of the logistics support. The \$1.5 million cost of the campaign was shared with the Pan-American Health Organization, UNDP, USAID, and Rotary International.

President Duarte himself launched the campaign on television, from the Presidential Palace, by taking in his arms the first small vaccination candidate. At his side were James Grant and Dr. Carlyle Guerra de Macedo, Director of рано. Dr. Macedo said : "We are hopeful that this experience, in which health for children can serve as a bridge for peace, can be repeated throughout Central America." President Duarte then visited a number of health posts to see how the campaign was going. At the end of the day, he reported that no military actions had taken place to disrupt the immunization activities. Everyone had enjoyed a "day of peace, a day of hope". The experiment had worked.

The target was to immunize 80 per cent of Salvadoran children in need of protection. On the first "day", 217,000 children under five years old – a little more than half – came to be immunized. In order to raise the numbers for the second round, more than 3,000 health workers visited parents from house to house over the course of the next four weeks.

When the second "day" dawned, a moment of military tension threatened to disrupt the preparations and scare parents and children away. Last minute appeals from Roman Catholic leaders prevented the *de facto* truce from collapsing. This "day" turned out to be the most successful of all : 265,000 children were vaccinated. On the third, the total was 241,000.

Although the campaign reached closer to 60 per cent than 80 per cent of its under-fives target, it was nevertheless a remarkable achievement in a nation engaged in civil war. "This reconciliation for progress and the common good announced loudly El Salvador's commitment to a positive future and has been an inspiration to the rest of the world", wrote Javier Perez de Cuellar in a letter to President Duarte.



a technique for nutritional monitoring. To a considerable extent, the problem of malnutrition is an invisible problem : only a very small proportion of children in the average third world village or shantytown - one or two per cent - are so short of food that they are "starving" or severely malnourished in the classic image. Most are simply underweight, and do not have the energy or strength they should have. But unless their weight is compared to what it ought to be at their age, it is easy for a mother to miss the signals. One way to help her "see" her child's poor condition is to have her bring her child to be weighed regularly every month, and to plot the results on a chart. If the child is falling off the "road to health", the mother can be given some extra rations or encouraged to give her child more to eat from the family pot. This system of nutritional monitoring had been in use in many primary health programmes supported by Unicef in various parts of the world.

The first of these - "G" for growth - was

The second technique was oral therapy - "O" - to rehydrate children suffering from the world's greatest single child killer : diarrhoea. Five million children a year died from the dehydration induced by diarrhoea, and five million more suffered persistent set-backs to their health. The diarrhoea itself often stemmed from no more than a mild infection; but the sudden loss of fluid put the body at risk. Mothers watching their children's strength ebb away often reacted by withholding food and drink simply to stop the flow. By the time the body was in the shock of severe dehydration, rehydration by intravenous drip was thought to be the only way to save life. In the early 1960s, quite by accident, it was discovered that adding glucose to a drink of salt and water increased the body's rate of absorption of liquid given through the mouth by a factor of 25. Other sugars, and even starch, could be substituted for glucose, to yield recipes that could easily be followed in the home. In 1978, oral rehydration therapy (ORT) was described by the British medical journal Lancet as "potentially the most important medical advance of the century".

The third technique was the promotion of breast-feeding and good weaning procedures –"B". It had long been recognized that from a nutritional point of view breast-milk

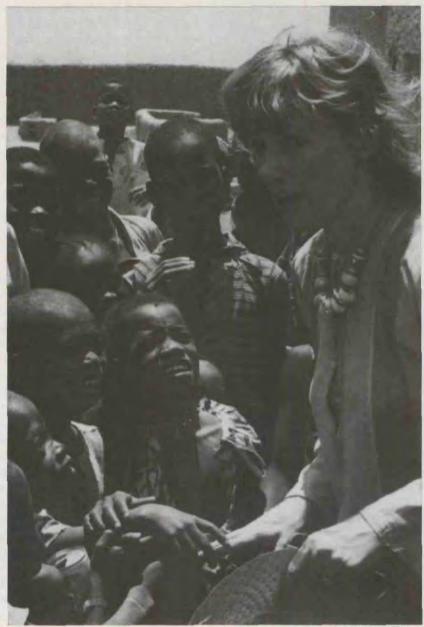
Oral Rehydration Therapy (ORT) is an effective treatment for dehydration due to diarrhoeal diseases in young children.

specific target of bringing the IMR to below 50 in every country by the year 2000.

Between the 1940s and the early 1970s, child disease and death rates dropped dramatically, largely because of the mass disease control campaigns. Then the decline slackened. The pernicious combination of poor diet and unsanitary living conditions – the hallmark of poverty – had not galvanized such an all-out attack as had malaria, yaws or smallpox. In the autumn of 1982 Grant assembled a group of experts from UN organizations and the academic world to consider how an assault could be mounted on nutrition and ill-health. The group's attention focused on four simple low-cost techniques which had proved their worth in primary health care and basic services.

ICEF 9274/Khan The "GOBI" techniques

A future for Africa's children?



The wave of decolonization that swept over Africa in the 1960s was accompanied by an upsurge of optimism in the newly independent countries, eager to tackle their own problems in their own way. Within a few years, worsening terms of trade and mounting import bills – particularly after the 1974 oil crisis – left many African countries struggling harder economically than ever before.

Worse was to follow in the mid 1970s

UNICEF 1359/85/Danois

when drought struck the Sahel, the semi-arid grazing lands lapping the southern fringe of the Sahara Desert. The lack of rainfall extended all across the continent to Sudan, Ethiopia and Somalia in the Horn. The herds of livestock on which millions of families depended perished. "The land is grown old" commented an old Somali woman watching a way of life disappear. Problems were exacerbated in many countries by political instability and intermittent conflict.

The problems of Africa deepened still further in 1983 and 1984 when drought struck again, extending as well this time to several countries in the south. Every international organization whose business had anything to do with famine, including Unicef, built up its operational capacity in Africa. Thousands of food cargoes were dispatched, and medical teams were sent to relief camps.

Spurred by mass-media coverage of famine camps and emaciated children. there was a generous outpouring of assistance, much of it generated by benefit performances by popular rock music groups. Liv Ullmann, who had first helped to focus the world's attention on the needs of Africa's children in 1980, again journeyed to the worstaffected areas and reported in moving terms on what she had seen. But, as Grant reminded the Executive Board in 1984, even before the shattering consequences of the new drought, the situation of children in Africa had been grim. In 1982 infant mortality rates in Africa were 42 per cent higher than the world average.

In 1985 Grant called a group of his senior staff together to review the situation in Africa in relation to the longer-term prospects of the continent's children. Their work led to a report : "Within human reach, a future for Africa's children", which argues that a major cause of Africa's crisis has been neglect of the "human dimension". It suggests that the widening gap between Africa and the rest of the world received too little attention in the years before the emergency had reached such devastating proportions. Even in 1981 some 30 per cent of the children in many African states were malnourished, while Africa's per capita food production had been dropping year after year - seven per cent during the 1960s and 25 per cent during the 1970s - climaxing in the disastrous crop failures of 1983/84. "The drought and the famine," the report stated, "are only the obvious symptoms of a deeper malaise, a vulnerability starkly revealed by a hostile climate."

While grandiose development projects had saddled many countries with huge external debts, Africa's small farmers had been left to struggle on. Rarely had policy-makers understood the importance of their contribution, or made their agricultural efforts a focus of investment. Women, working in the fields eight to ten hours a day, were treated by economic planners as if they did not exist. The folly of such policies has lately been proven in Zimbabwe, where small farmers receiving the attention normally concentrated on commercial farms and large estates harvested enough maize in a drought season to feed the entire country and vield a million-ton surplus.

More areas of development than simply agricultural policy demand urgent rethinking, the report contends. More investment and international assistance is needed, to put a floor under poverty. Resources should bolster such "human" priorities as women's role in food security and family well-being; basic services such as water supply and expanded education; protection for children's health; and rehabilitation of the environment.

The report concluded that a convincing case could be made for a new kind of major investment in African economies : an investment in people. "A healthy, educated and skillful population is the driving force that can take African countries through this crisis and beyond. A future for Africa's children *is* within human reach – if all Africans are allowed the strength and the opportunity to grasp it."

This call for a major international investment programme brings to mind the situation in Europe in 1946 when Unicef was born, a situation that at that time seemed equally grim. The old Somali woman's vision – that "the land is grown old" – does not have to prevail. But it will take more than an improvement in the weather to bring the African continent back from the brink of distress.

was the perfect food for babies. Recent research had led to recognition of its remarkable immunological properties. Breast-fed babies, even those living under unhygienic conditions, were not only better nourished than their bottle-fed counterparts : they had considerably fewer infections. Protecting the practice of breast-feeding in an era when bottle-feeding was fast taking its place as the modern way to feed an infant had become something of an international cause célèbre during the late 1970s. In 1979, wно and Unicef had jointly sponsored a conference in Geneva on sound infant feeding and nutrition practice, in which representatives of the international infant formula manufacturers and consumer activists had participated. One of its outcomes was an international code of marketing practices for the promotion of breast-milk substitutes, passed by the World Health Assembly in 1981; but this was only one among many measures which were needed if breast-feeding was to make a comeback in the increasingly urbanized Third World.

The fourth technique was "I" for immunization against six widespread communicable diseases : diphtheria, pertussis (whooping cough), tetanus, measles, poliomyelitis, and tuberculosis, which together carried away five million young lives each year. Unicef had been a partner in who's Expanded Programme of Immunization (EPI) since 1974, and had enthusiastically supported a target of universal child immunization by 1990, declared in 1977 as part of the larger primary health care target of "health for all by the year 2000". By 1982, Unicef had become the main supplier of vaccines to about 80 countries in Asia. Africa and the Middle East, as well as cold chain equipment - refrigerators and cool boxes - and training for vaccinators. As scientific advances had made vaccines more reliable and less dependent on constant refrigeration, the costs of immunization programmes had fallen. Moreover it had been demonstrated that paraprofessionals could administer vaccines effectively. An accelerated drive against these six "vaccinepreventable" diseases was now envisaged.

Grant's call for a "child survival revolution" based on the widespread use of these techniques was first elaborated in his December 1982 *State of the World's Children* report, an annual publication which he had honed into an impressive public relations vehicle. None of the measures were new discoveries; but as a package of measures, Grant was convinced, they had a previously unrecognized potential which was a "discovery". From a technical and cost point of view, they had arrived at a point of development where there were no obstacles to their widespread use; in addition, the expansion of primary health care facilities and the training of health auxiliaries, the proliferation of women's groups, the rise in literacy, and the phenomenal spread in the reach of mass communications, as witnessed by the ubiquity of the transistor radio, meant that there were ways of reaching people with them. On their own, they could not offer a complete answer to all the problems of high infant mortality and childhood disease; but they offered a significant partial answer. Grant emphasized three other measures alongside "GOBI" : family spacing, the distribution of food supplements to poorly nourished children and nursing mothers, and the promotion of female literacy. But although these measures were also important. none passed the tests of low cost, political support, and potential for popular acceptance. They were not to be ignored; but they were not, in Grant's view, as "do-able".

The ball starts rolling

The Executive Director's call for a Child Survival and Development Revolution (CSDR) was endorsed by the Executive Board at both its 1983 and 1984 sessions and by the UN General Assembly. From the beginning, it was evident that any success that Unicef could contemplate in launching this "revolution" would depend to a very great extent on its ability to awaken the widest support among government leaders, opinion makers, and professional groups around the world. From 1982 an important part of the organization's effort went into "action through advocacy". The series of Unicef State of the World's Children reports that appeared annually from 1982 onwards, effectively argued the CSDR case, citing examples of initial successes throughout the developing world. Achieving widespread endorsements from national and international figures for the campaign, as well as press, television, and radio coverage, both in developed and developing countries, was part of the overall strategy. Grant himself poured his energies into the job of promoting CSDR untiringly, carrying sachets of oral rehydration mix and growth charts in his breast

pocket, and promoting their benefits through speeches, articles, interviews, and television appearances.

The response was heartening. The prestigious American Academy of Pediatricians and the International Pediatric Association lent their support to ORT and the other child survival measures. A number of heads of state gave strong support to the imperative of reducing infant and child mortality, and announced campaigns to give a boost to one or more of the GOBI measures. National and international allies joined a strong and impressive list : President Belisario Betancur of Colombia; Prime Minister Indira Gandhi of India, and her successor, Prime Minister Rajiv Gandhi; UN Secretary-General Javier Perez de Cuellar; Prime Minister Olof Palme of Sweden: President Napoleon Duarte of El Salvador; and many others. Some of the outpouring of support was largely rhetorical. But as a growing number of countries announced child survival campaigns and targets, it appeared that there was a great reservoir of genuine concern over the lot of children waiting to be tapped, and that in his dramatic CSDR proposals, Grant had managed to do just that. Acting with support from who, undp and other un agencies, and constantly emphasizing that child survival belonged not to Unicef, but to everyone, Grant was also able to form strategic alliances with many important NGOS. These included the League of Red Cross and Crescent Societies, whose own "Child Alive" programme was launched in 1984, as well as Rotary International, which promised to pay the bill for all the polio vaccine supplied by Unicef over a period of 20 years.

At the heart of child survival: the mother

When it came to the actual implementation of the child survival revolution measures, there was a role for everyone from government ministers and planners, right down to the simplest village health worker. But in the final analysis the key person was the mother. As Grant wrote in his 1985 *State of the World's Children* report, "the mother needs to be seen as the centre of child health care". It was the mother, he pointed out, who decided whether to breast-feed, whether to use oral rehydration therapy, whether a child would be taken for a full course of immunization and to be periodically weighed. The other three measures specified as needed for a CSDR were also to do with improving women's health and well-being. Female education might be a key to the spread of all of them : literate women were knowledgeable women, and women who were willing to entertain the idea of changing the lifestyle they had copied unquestioningly from their mothers and mothers-inlaw. Even within low-income communities, for example, children born to mothers with no education had been shown to be twice as likely to die in infancy as those born to mothers with as little as four years of schooling. Grant concluded that "the empowering of the mother and the building of concentric circles of support around her" was the only realistic hope of reaching the majority of the world's children. The "revolution" for children represented not a departure from, but a part of an overall strategy for accelerating traditional programmes of Unicef cooperation, including programmes for women, water supply and sanitation, primary health care and nutrition, formal and non-formal education, and early childhood development.

By 1985, there were encouraging developments to report. In Sri Lanka a mass media campaign to promote breast-feeding and a ban on all advertising of infant formula helped increase breast-feeding in urban areas to over 70 per cent. Government hospitals in Brazil and Philippines banned the use of artificial feeds in all except extreme cases and "roomed-in" newborn babies with their mothers. In Thailand the number of growth charts in use rose from 400,000 in 1980 to 2.5 million by the beginning of 1984. In Botswana, to help cope with a state of nutritional emergency, the mothers of 95 per cent of all the children under five were given growth charts. In Egypt, a national programme to halve deaths from diarrhoeal disease by promoting ORT was launched. The Bangladesh Rural Advancement Committee, a non-governmental organization, had trained over 1,000 teams of oral rehydration workers; they had visited more than a million mothers and taught them how to make and use home-made oral rehydration mix.

If all the measures for child survival had scored notable successes, the one that had truly taken off by the middle of 1985 was "I": immunization. One of the most striking programmes took place in Colombia, and provided a copybook illustration of Grant's thesis that a combination of political will and expert orchestration of all communications channels could mobilize an entire society behind a "revolution" for children's health. On a series of national vaccination days in 1984, launched by President Betancur himself, a vaccination "crusade" reached 800,000 children and raised the nation's immunization rate to more than 75 per cent of all six vaccine-preventable diseases. In December 1984, Betancur announced that Colombia now had a National Child Survival and Development Plan to reduce infant and child deaths to 40 per 1,000 by 1989. He added : "we are going to keep on immunizing all our children until the time comes when there are no more cases of vaccine-preventable diseases in our country".

Immunization had similarly caught the imagination in a number of other countries. Nigeria, Turkey, El Salvador, Pakistan, Bolivia, Nicaragua, Lesotho, Sri Lanka, Saudi Arabia, India, China, and Zimbabwe had all announced plans to step up their national immunization coverage to reach upwards of 80 per cent of children : the level which virtually guarantees that a disease cannot find a foothold in a population. Demand for vaccines world-wide was running at three times the 1983 rate. Unicef estimated that one million children's lives a year were being saved as a result. Alert to the tide of political will, Grant began to zero in on the goal of "Universal Child Immunization by 1990" as the cutting edge of the whole campaign.

On October 24, 1985, during the UN's 40th anniversary celebrations, the General Assembly unanimously endorsed the goal. Only a few years ago the 1990 target had appeared worthy but unrealistic. Now experts began to feel that it really might be possible to reach it. The chief ground for optimism was not any new technological breakthrough but the political and social mobilization that had made immunization campaigns in many countries such a remarkable success. The year 1990 will be just 40 years from the time when Unicef, turning its attention wholly to children of the developing countries, responded to requests from several of these countries to help launch their first mass vaccination campaigns against tuberculosis. Can epidemics of polio and measles, can outbreaks of whooping cough and tetanus, be relegated to the pages of history? Only time can tell.

THE STATE OF THE WORLD'S CHILDREN 1986

The State of the World's Children is the most up-to-date source of information on the issues of child survival and development available in a single volume.

This authoritative work contains a report by the Executive Director of Unicef, James P. Grant, detailing progress towards the large-scale implementaton of practicable, low-cost child survival measures – the potential impact of which has been described as "nothing less than revolutionary".

The book also contains a powerful reference section comprised of extracts and summaries from recent research and writings on critical child survival areas and provides a comprehensive collection of social and economic statistics relating to the health and well-being of children in 130 countries.

The English edition is published by Oxford University Press (Hardcover: \$19.95 - Softcover: \$6.95), the French by Aubier Montaigne (Softcover: FF 75.00). Spanish by Siglo XXI de España Editores sA (Hardcover: PTS 1,600 -Softcover: PTS 1,100) and German by Peter Hammer Verlag/Jugenddienstverlag (Softcover: DM 20.00). Copies may be obtained through any bookseller.

Children and the Nations by Maggie Black

Publication Date: November 1986

Describes the activities of Unicef in the wider context of social development and international co-operation in the years since the second world war. Portrays the evolution of thinking about key-events, programmes and people who have helped countries give their children a better start in life.

We are the Children by Judith Spiegelman Publication Date: November 1986

A celebration of Unicef's first 40 years, with photos, cartoons, and human interest essays about, and by, people who have helped make Unicef what it is, from post-war Europe to CSDR. Includes a special photo essay on "Children in Crossfire", covering Unicef aid to children in war and civil conflict.

Unicef's Almanac of the World's Children by Joan Bel Geddes Publication Date: Early 1987

A reference book with a detailed crossindex, packed with statistics, summaries and human interest stories about child health, nutrition, education, etc., and the work of Unicef; additional sections on the child in folklore, literature, art, children's games and toys. Contains a chronological summary of programmes for children, their progress during the past 40 years and predictions regarding their future. Unicef: The First Forty Years 29 minute film/video (English, French and Spanish)

Unicef: The Children of the World short radio programme

(English version narrated by Peter Ustinov; also produced in French and Spanish)

These two productions trace the evolution of Unicef from its earliest work in postwar Europe through the organization's present efforts to lower infant mortality rates throughout the developing world. Both programmes have been compiled from UN and Unicef archive material.

The programmes have been designed to give audiences an awareness that Unicef's history is closely associated with a growing world ethic of responsibility and compassion to meet the needs of mothers and children throughout the world. They explain that Unicef is a voluntarily funded UN agency that works in partnership with governments and local populations to improve the wellbeing of their mothers and children.

To obtain this Unicef film/video/radio tape contact the Unicef office or National Committee in your country or Unicef, Division of Communication and Information, United Nations, New York, N.Y. 10017. Further information about Unicef and its work may be obtained from :

Unicef Headquarters United Nations, New York 10017, U.S.A.

Unicef Geneva Headquarters Palais des Nations, CH 1211, Geneva 10, Switzerland

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