

1946- 40 Years for Children
1986



CF/HST/MON/1986-004

UNICEF IN THE AMERICAS

**For The
Children
of
Three Decades**

*UNICEF HISTORY SERIES
MONOGRAPH IV*

(134p + 16)

THE AUTHOR

KENNETH E. (KEN) GRANT started his career in UNICEF in October 1950 as a procurement officer. Beginning in 1954 and until his retirement in mid-1979, Mr. Grant was engaged in UNICEF programme cooperation with countries in The Americas. He was successively programme officer with the Regional Office in Lima and in New York, chief of The Americas programme desk at Headquarters, UNICEF Representative for Central America and Panama in Guatemala, and Deputy Regional Director for The Americas in Santiago. During his last year with UNICEF he coordinated preparations for the Special Meeting of the UNICEF Executive Board held in Mexico in 1979. Prior to coming to UNICEF Mr. Grant was with Friends Ambulance Units in Burma, India and China (1941-1946), and an administrator of a missionary hospital in Yunnan, China (1946-1950).

UNICEF in the Americas

V. Tarzie Vittachi

1

5

6

7

7

9

11

11

12

13

15

17

18

18

18

21

23

25

26

26

27

27

28

30

31

33

33

34

43

51

53

53

Links in the human chain	55
Nights at the round table	56
And at the Board	57
Days of reality	58
 The Seventies : Steppin' Out	 61
Promoting national policies and involving youth	62
Integrated basic services	63
More links in the chain	72
Celebrating the child	74
For the "Better off" countries	76
At the Board once more	77
 Emergencies	 80
 EPILOGUE	 81
 Into the 1980's:	 82
And when the children ask	88

ANNEXES

- I Membership of UNICEF Executive Board by countries of The Americas, 1946-1979
 - II UNICEF expenditure by countries
 - III UNICEF expenditure by major programmes categories
 - IV Regional Directors - The Americas
 - V Administrative structure
 - VI Government contributions 1947-1979
 - VII Private contributions 1947-1979, including greeting card campaign receipts
 - VIII Government and private contributions in percentage of total contributions 1947-79
 - IX Countries assisted in programmes of food and nutrition
-

ANNEXES (continued)

- X. Countries assisted in programmes of malaria control
- XI. Countries assisted in programmes of disease control
- XII. Countries assisted in programmes of basic health services
- XIII. Countries assisted in programmes of social services
- XIV. Countries assisted in programmes of education
- XV. Availability of minimum health services (1971)
- XVI. Urbanization
- XVII. Publications
- XVIII. Greeting cards using works of artists from The Americas, 1955-1979
- XIX. Infant mortality rates
- XX. Child mortality rates

REFERENCES

INDEX

GLOSSARY

BCG	Bacillus, Calmette-Guérin (vaccine against tuberculosis)
CARICOM	Caribbean Community
CARIFTA	Caribbean Free Trade Association
CDC	Communicable Disease Center US Public Health Services
CFNI	Caribbean Food & Nutrition Institute
CIAP	Inter-American Committee on Alliance for Progress
DPT	Diphtheria/Pertussis/Tetanus (Pertussis: whooping cough)
ECLA	Economic Commission for Latin America
FAO	Food & Agricultural Organization
IDB	Inter-American Development Bank
IIN	Inter-American Children's Institute (Formerly American International Institute for the Protection of Childhood)
ILPES	Latin American Institute for Economic Social Planning
INCAP	Institute of Nutrition for Central America & Panama
IYC	International Year of the Child
JCHP	UNICEF/WHO Joint Committee on Health Policy
Joint	UNICEF/Scandinavian Red Cross Societies, Anti-tuberculosis Enterprise operation
MCH	Maternal and Child Health
MCW	Maternal and Child Welfare
OAS	Organization of American States
ODECA	Organization of Central American States
PAHO	Pan American Health Organization (Formerly Pan American Sanitary Organization)
PASB	Pan American Sanitary Bureau
PIAP/PNAN	Inter-agency Programme for Promotion of National Policies in Food & Nutrition
SIECA	Permanent Secretariat of the General Treaty on Central American Integration
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNRRA	United Nations Relief & Rehabilitation Administration
US/AID	United States Agency for International Development
WHO	World Health Organization

FOREWORD

The Americas is often thought of as a homogeneous continent largely because most of its component countries speak Spanish and most of its people are Catholics. In fact, the region exhibits a mosaic of many different hues.

There is a great deal of heterogeneity, politically, historically, culturally, economically and socially -- distinctions which determine particular national realities. Brazil, for instance, with its enormous size and population is Portuguese-speaking and differs in many other ways from even its contiguous neighbours in the southern cone as well as those in the north and west. And Cuba, for the past 26 years since 1959, has been a communist State. Its past links it ethnically and culturally to its neighbours on the mainland and in Central America, but its recent past and present are unique to the region.

These differences have, of course, influenced UNICEF's cooperation with The Americas in style, in emphasis, in content, in volume as well as in the pace of activity.

A brief history such as this of UNICEF in The Americas, will inevitably tend to blur these distinctions and stress the homogeneity. Brevity may be the soul of wit but it also oversimplifies reality. This historical sketch should, therefore, be read as a chronological account of facts and events which offer the general reader a quick sketch of the problems of children and mothers in The Americas since about 1947 and of UNICEF's efforts to advocate their cause, influence government policies and assist them to deliver services -- initially mostly health and nutrition services but later expanded to include other aspects of child survival and development. It also offers a collection of materials and bibliographic source references which may stimulate other historians, preferably of the region, to make more detailed stories.

It is a rich story.

Reading about efforts to eradicate malaria by attacking the vector, the anopheles mosquito, yaws by mass campaigns to reach and inject sufferers with the then new "wonder drug" penicillin, and tuberculosis with BCG, make it important not only for its historical value but perhaps even more so because malaria is resurgent, there are extant pockets of yaws, and tuberculosis is still proving intransigent.

Immunization outreach continues to be narrow in The Americas. Recently some Governments have adopted a campaign strategy to lift these rates from 20 and 40 per cent to 80 and 90 mainly by mobilizing mass media, church officials, even policemen to spread the word and serve as extension services to the health ministries' immunization capability. The intention is to

accelerate the process, clear the backlog and, through the resulting increased "conscientization", stimulate the demand among parents for access to vaccination facilities in the communities so that new babies are vaccinated early.

The story of accelerated efforts to eradicate the child-killer diseases of the Fifties, Sixties and Seventies offers many insights on Do's and Don't's as well as on human and institutional resources and obstacles for planners and those carrying out the plans of the Eighties for the Expanded Programme of Immunization. It points also to the continuing need for health education and training of health workers and communications.

One important insight which comes through continuously is that UNICEF's contribution of resources of money and people to programmes in The Americas was minute in "size" relative to the need addressed, as well as to the effort the countries themselves put into children's programmes. Whenever it did bring about a change for the better, it was because it was applied sensitively and served as a spur to the nation's own efforts.

Many fine people contributed a great deal to the welfare of children in The Americas since the 1945 war. A few of them are named in the text. Many remain anonymous. To all of them this brief "preliminary" history is offered in tribute.

V. Tarzie Vittachi

V. Tarzie Vittachi

Deputy Executive Director
for External Relations,
UNICEF

PREFACE

The year 1948 was the beginning for UNICEF in The Americas, a region where "Hemisphere solidarity is rooted in the fact that The Americas constitute a basic geographical and historical community, above and beyond any political boundaries, cultural influences, or restrictions imposed by creed or race."¹ A region made up of individual countries each with an intense national pride, countries with long historical backgrounds, varied cultural heritages, differences in their political systems and a dualism in the structure of their societies. There were, as in other regions of the world, extremes within countries -- the wealthy landowning classes and the poor masses, the highly educated and the illiterate. Fortunately there were, in Government as well as in the private sector, many dedicated and talented persons with whom UNICEF came into contact.

Throughout the next three decades there was emphasis around the region on industrial growth and economic development, periods when the GNP growth rate was high and such achievement became the major and ultimate goal of national and international efforts. Sub-regional groupings were formed to facilitate common aims in economic development and trade. Expanded communications and migratory population movements brought to different sectors of the population, glimpses of other conditions and lifestyles, whetting appetites for change and raising hopes of improved conditions. They were decades during which there were Governments overthrown by revolutions and by 'coups', and when major changes in the political systems of some countries were realized.

It was in this setting that UNICEF began operations and amidst these changes and influences that it grew.

The history of economic development and political change in The Americas is well documented. This monograph is intended only to give an overview of the evolution and growth of UNICEF activities in The Americas, of UNICEF reaction to some of the main streams of development in the region. While this monograph covers the three decades of the period between 1948 and 1979, many of the activities described in the early decade are also mentioned as they evolved in the later decades.

It is an overview presenting trends and highlights as UNICEF staff sought to understand the changing situations affecting the lives of children around the region, to develop activities relevant to those situations, and as they worked with those involved in the policies and programmes of the Governments to improve the social environment for their children. Through the insights it offers it is hoped that interest might be stimulated to review other materials on specific elements of a country's programme including UNICEF activities.

UNICEF IN THE AMERICAS

From the most efficient and timely delivery of milk, emergency supplies and equipment, and rather a financing arm for the programmes of other United Nations' organizations, to an agency with recognized competence in relation to a singular clientèle and a respected partner in the development process -- such has been the evolution of UNICEF in The Americas over three decades.

By the mid-1970s the UNICEF assignment in The Americas had developed into what could best be described as a conscience for the rights of children and their welfare, a constant watchdog over these rights and actions, a catalyst in actions aimed at ensuring the availability of the means to obtain these basic rights. UNICEF became also an organization ready and able to, as necessary, collaborate with Governments in providing the means for the growth and preparation of the children of The Americas in order that these young people would contribute to progress in their societies.

+ + + +

Through three decades UNICEF has learned a great deal about the situation of children in the countries of The Americas, has seen changes in these situations, has adapted its approaches. It has spoken in political neutrality of ideas to meet the needs of future generations, and has continued to evolve its programmes and activities in response to the changing conditions and the hopes of the peoples. These hopes reflected rising social expectations throughout the region.

As conditions changed in the countries so too did the experiences of the people. Improved and expanded communications -- surface travel, radio and ultimately television -- heightened expectations so that what had been no more than a distant hope for a family or a community emerged as definitive expectations.

However, the evidences of 'development' in the region were not always sufficient to respond positively to the growing demands for social improvements. In fact development in The Americas, because of technology and education imported from other regions, has been a rapid process often involving patterns adopted more as alien copies than as solutions emerging from an endogenous personality. It has not been a steady balanced process; hence the situations existing such as those clearly mirrored in the lives of the poorest, marginal population groups.

Industrial growth, with the mirage of employment, brought migration and urban growth. Each expansion of services still left so many unattended demands that there was the constant challenge for Governments and collaborating organizations to find more effective means to meet the basic social needs. It was fortunate then that the development process described above, was also one in which there has been a readiness to seek adaptations to the local situation and to change. When speaking of this development process, a director of the Inter-American Development Bank and a regional director of UNICEF each found a

quotation from the Spanish poet Antonio Machado aptly descriptive. It was, "Caminante no hay camino, el camino se hace al andar" (the traveller has no path; he makes his path as he goes). It is perhaps this feature which has contributed most to the region's survival, as it has, under the burden of pressures and demands on its social and economic systems.

The words of Machado might also be applied to UNICEF. Over the years the lives and work of many individuals have fashioned a path for the organization in The Americas. They too might join today in pointing with pride to the many signposts which have marked the progress of a journey not concluded:

- The contribution made to society by any of the children who received direct assistance
- The mothers, who not only were given help to treat their sick children, but were also helped to an understanding of the cause and effect
- The villagers who were encouraged to participate in a project, who received some training and who found that they were able to make a positive contribution to development
- The young people who not only became aware of social problems affecting their families and communities but discovered practical ways to help solve them
- The professional whose outlook was changed as he/she became more involved in the programmes
- The administrators who saw the benefits of an inter-sectoral approach in which families and communities are reached by converging services
- The planners who found the essential balance between social and economic components for their national development plans
- The officials and politicians who had to make the decisions on policy and on the implementation of plans and programmes
- The man in the street whose opinions were changed and who spoke out in support of these politicians and their approach

+ + + +

Looking back, several things appear to have influenced and helped to make possible UNICEF's contribution to the well-being of the region's children over three decades: Events, opportunities, individual visions, the dedication of countless workers in the programmes, and even the actors in this drama - the children themselves - all conditioned that contribution.

While across the region considerable information of a general or sectoral nature could be found, there had been few attempts to relate any of this to a focus on the child. Country studies on the situation of children, and youth, which responded to this need, proved most valuable as basic references to students, researchers, and authorities with responsibility for plans and programmes. As a subject of conference and seminar discussions, the material was more widely disseminated and had some effect on public opinion. Equally, studies were an essential tool in any UNICEF consideration of its activities in a particular country.

Activities in the region began, in coordination with a few United Nations and Inter-American organizations, with exploratory visits and consultations in the countries. Through the years, coordination continued although patterns and partners changed to meet current situations -- expanding greatly with regional and sub-regional organizations. Regional programmes enabled great flexibility and attention to many matters which might otherwise have never received funding or adequate UNICEF support. They were invaluable in: promoting an understanding of different approaches; trying out new ideas and refining them for wider application; providing opportunities for greater emphasis on a particular area of activities; enabling interchange of technicians between countries; simplifying administration; and in support for training at regional institutions in both their regular and specially tailored courses.

Further, the posture of children's advocate guided the operations in The Americas. Not just a 'buzz-word', it was a practice followed by UNICEF staff in the region. Over the years the content of the message was enriched and adapted to local experiences and needs and addressed to ever widening networks of supporters in Government, the academics and among the general public. Equally importantly, substantive contacts were made and working relationships developed with those from various disciplines and sectors, in public and private life, throughout the countries and organizations operating in the region. Those contributed both to the quality of UNICEF activities and to its image in the region.

Besides these, the ease of travel to Central America in the 1950's contributed to establishing a wealth of informal contacts between governmental officials, concerned individuals, staff members and visitors, and to most useful discussion and exchange of experiences. These would later help in the determination of policies and programmes appropriate to meet the needs and address the conditions and aspirations of the children and parents in the region. Among the visits made were those by the Programme Committee of the UNICEF Executive Board and later by the Board. Also, with the promotion of tourism came a succession of visitors having some connection to the organization or one of the National Committees for UNICEF, a trend which later spread throughout the region.

THE TRAVELLER HAS NO PATH

THE EARLY DAYS

The year 1946. The United Nations Relief and Rehabilitation Administration (UNRRA) is being liquidated. A body for the "benefit of children and adolescents and for child health purposes generally"² is thought necessary to serve those countries receiving assistance from UNRRA.

So it was thus that the residual assets of UNRRA gives life to UNICEF (the United Nations Children's Emergency Fund*) in December of that year. Immediately an urgent problem: the continuation of a supplementary feeding programme in war-devasted Europe. By 1956 this programme was reaching 6 million children through some 50,000 distribution centres in a dozen countries.

UNICEF, also authorized to receive voluntary contributions from Governments and individuals, quickly set about its first task in The Americas - to obtain government contributions for its work. UNRRA had received most of its support from three countries (the United States, the United Kingdom and Canada which together provided some 94 per cent of its operating costs), but also secured substantial contributions from many other countries. Among these, 19 countries in The Americas which provided a total of \$60 million during the three years of UNRRA's operations - the largest amount, \$40 million, came from Brazil.³

Maurice Pate, the first Executive Director of UNICEF, had worked in relief operations in Europe both during the First World War and following the Second World War. He had also directed the Prisoners of War Relief Section of the American Red Cross which involved large supply operations. In May/June 1946, he accompanies former United States President Herbert Hoover on a tour of The Americas. Made at the request of United States President Harry Truman, its purpose is to discuss the problem of world famine and possibilities of countries both conserving the use of foods and increasing exports as measures to relieve the food shortage in Europe until the next year's world crops. Pate, whose greatest concern had always been the welfare of children, is also able to use this opportunity to enquire about the health of children and to observe the living conditions of the poor.

Early 1947. The Executive Director holds several meetings with the five Latin American members of the UNICEF Executive Board (Annex I) to discuss fund-raising methods in The Americas: such contributions -- as well as those from outside the region -- might encourage action by the United States Congress then in the process of considering support of UNICEF. In mid-1947 Drs. Domingo Ramos (University of Havana and founder of the Finley Institute) and Howard Kershner (US businessman involved in international child feeding programmes in Europe) make a preliminary tour to introduce UNICEF aims and purposes to persons in Governments and agencies. Later that year fund-raising missions travel to each of the countries.

Interest in UNICEF expressed

At the same time the members of the Board from The Americas point to the needs of some countries in the region for technical assistance. It is recognized, however, that UNICEF's role in that context would be limited as there would be other sources for such assistance within the United Nations' family. As for material aid, the Chairman of the Board points out that once enough funds had been raised and UNICEF was in operation, emergency needs outside Europe could be considered.⁴

November 1947. The Inter-American Conference on Social Security, meeting in Rio de Janeiro, passes a resolution urging Governments in the region to give full support to agencies in the United Nations, especially UNICEF. Fund-raising negotiations are by now underway with each of the Latin American Governments. UNICEF, with sufficient resources in hand was moving from planning and organization to actual operations in Europe.

January 1948. The ninth Pan-American Child Congress being held in Caracas, Venezuela and attended by, among others, Katherine Lenroot*, passes a resolution⁵ asking the Executive Board of UNICEF to take into consideration the needs of children in The Americas. The resolution is brought to the attention of the Executive Board by the American International Institute for the Protection of Childhood (which later became the Inter-American Children's Institute) and is considered at the Executive Board's March 1948 session. The Board requests the Executive Director "to consult with the appropriate international organizations of The Americas concerning the needs of the children of the western hemisphere and the possibilities of furthering their health and welfare through the cooperation of the Fund."

Focus: The situation of the children

Consultations are initiated with the American International Institute for the Protection of Childhood, the Pan-American Sanitary Bureau (PASB), World Health Organization (WHO) and the Food and Agricultural Organization (FAO) and, in the latter half of 1948, exploratory activities set in motion.

* Katherine Lenroot was Chief of the United States Children's Bureau, United States Representative to the UNICEF Executive Board, Vice-Chairman of the American International Institute for the Protection of Childhood and had been involved in Inter-American child welfare concerns for a number of years. While in Caracas she discussed with officials of the American International Institute for the Protection of Childhood possible collaboration between UNICEF and the Institute.

Chief among these is the delegation of Dr. R. Passmore of Edinburgh University, as UNICEF representative to a Conference on Nutritional Problems in Latin America, sponsored by FAO, in Montevideo in July 1948. Passmore, a lecturer in the departments of Public Health and Social Medicine, has wide experience in practical nutrition problems in developing countries. Following the conference, he visits five Latin American countries, on the invitation of their Governments, to formulate recommendations to UNICEF.

Passmore's report⁶ illustrates the difficulties that confront UNICEF in determining the points at which UNICEF assistance, necessarily very limited, could best be made available in this region of 153 million population, of whom 40 per cent are under 15 years of age. He notes that statistical records are misleading. Collected on a scale greater than the limited medical and technical staff can supply, they are largely based on information provided by untrained persons. He observes also, that it has been possible for most of the countries to implement only on a small scale their generally advanced and elaborate social and sanitary legislation. The result, uneven distribution of the existing child health institutions and organizations and extreme variation in their efficiency and effectiveness. Children's services are generally limited and their administration erratic. Where comparatively effective services exist, they reach only small numbers of children, mainly in urban areas. These factors made accurate judgement of the state of children's health very difficult. High rates of illegitimacy (higher than 50 per cent of total births, according to some official records) were an important factor in child health and welfare.

Passmore estimates that between one half and one third of the children die before reaching their fifth birthday. Of those who survive, the majority exist at levels far below normal physiological development and in sub-normal health. Recorded birth rates vary between 33 and 50 per thousand population and infant mortality rates between 100 and 200 per thousand live births. Mortality below four years of age accounts for as many as 43 per cent of total deaths in some areas. Major causes of infant mortality appeared to be pneumonia, congenital debility, diarrhoea and enteritis, convulsions, and premature births. Major causes of child morbidity: intestinal parasites, tuberculosis and insect-borne diseases (malaria and typhus). Add to the cause of mortality, tuberculosis -- accounting in some statistics for as many as 10 per cent of total deaths. Manifestations of congenital syphilis are common in some areas.

Poverty, rather than shortage of food supplies was often the reason children were underfed. Frank starvation in children was not common but Passmore considers that a grave shortage of milk is perhaps the most important factor adverse to child health.

First assistance decided

November 1948. The Brazilian representative on the Board, Mr. R. Campos, arranges an informal meeting of representatives of Latin American delegations to the United Nations with UNICEF Board Chairman Ludwik Rajchman and the Executive Director, Maurice Pate. From suggestions made at that meeting Pate sends a letter⁷ to the Chief of each delegation outlining briefly the types of services which might be offered in accordance with the Fund's usual procedures -- supplementary feeding programmes, anti-tuberculosis vaccination campaigns, anti-syphilis campaigns, malaria and insect control to reduce infant mortality, development of milk dehydration plants and scholarships in social paediatrics.

March 1949. The Executive Board makes a first block allocation to programmes in The Americas on the basis of requests from the Governments concerned and on the advice of the agencies with which UNICEF was consulting. Following this block allocation of funds, UNICEF and the consulting agencies considers what could be the most appropriate use for these funds. From Passmore's and other reports, two things are very clearly indicated: many urgent needs and a generally acute shortage of trained personnel.

To further add to potential constraints UNICEF's own life expectancy is in question -- thus the obvious desire to avoid spreading UNICEF's very limited funds too thinly. Consequently, it is agreed that the funds should be used for programmes which would develop rapidly, yield immediate benefits, and which would not need highly trained personnel.

Those being the priorities it seems appropriate then to exploit the most readily available technical advice and assistance in certain fields. Dr. Passmore is eminently qualified to advise Governments as to the nutritional aspects of child health. The Institute of Nutrition for Central America and Panama (INCAP) is established that year, with Dr. Nevin Scrimshaw appointed as its director. Dr. Johannes Holm of the Joint Enterprise, a UNICEF/Scandinavian Red Cross Societies' anti-tuberculosis operation, is available to visit several countries and help them plan and prepare for BCG vaccination programmes. The WHO/UNICEF Joint Committee on Health Policy (JCHP), at its session in April 1949,⁸ in accordance with the findings of the WHO Expert Committee on Maternal and Child Health, recommends UNICEF assistance to the development of programmes in this field, and later in the year UNICEF sends Dr. Leo Eloesser to visit The Americas as a consultant. Eloesser had previously worked for UNRRA and for UNICEF in China helping develop training courses for village health workers. Because of the relationship of insect control to the reduction in infant mortality, UNICEF is ready to assist such programmes. Besides, the countries of the Americas have a severe problem in insect-borne diseases, particularly malaria, and PASB has consultants available in this field.

November 1949. Visits had been made to 20 countries in the region⁹ by several consultants from UNICEF, WHO, PASB and the Joint Enterprise. The programmes are a result of these months of consultations and country visits and of the intensive work by both consultants and government staff. And the UNICEF Executive Director presents to the Board for approval the first programmes for The Americas. Other programmes are approved in 1950. (Annex II)

Thus, within two years of the Board having first considered the needs of children in The Americas, block allocations totalling \$3.8 million have been made, programmes to utilize these funds in 18 countries (Annex III) have been approved and UNICEF-assisted activities to benefit children in The Americas are under way. These programmes, each of which received only a relatively small amount of assistance, are in nutrition, disease control and basic health (page 18).

THE ORGANIZATION

Having determined programme thrusts the task now was that of developing an organizational framework to administer the programmes. But first how to designate the area of operations.

When cooperation of the Fund with countries of the western hemisphere was decided UNICEF adopted the title Latin American Region for use in all its documentation. Geographically the area involved was to include the States and non-self governing territories in South America, the Central American isthmus, Mexico and the Caribbean.

At the March 1955 meeting of the UNICEF Executive Board the representative from Uruguay, Rodriguez-Fabregat, protested that that UNICEF was listing Caribbean countries under the heading "Latin America." He pointed out that Latin America consisted of a group of independent States among which it was not customary to include the Caribbean territories. In deference to this concern and to avoid any confusion in the future, the title was changed to "The Americas Region" and has thus been maintained in all UNICEF documentation and correspondence.

Administrative structure and staffing

Initial operations being principally in supplies delivery, with few missions needed, and with a concern to keep administrative overheads as low as possible, UNICEF felt that operations could for the most part be handled by correspondents in the countries, with support from headquarters. Future resident staff in the region was nevertheless foreseen.

1950. By that year's budget period the inadequacy of the above arrangement was acknowledged. A regional office and some five missions to countries with large assisted programmes was then provided for. The first staff assigned included several from countries of the region, staff who regrettably only stayed for a short time. For a few countries, with a smaller jointly assisted health programme, agreements were made with the Pan American Sanitary Bureau (PASB) to designate one of their staff to represent both organizations.

By 1951 there were UNICEF offices in five countries: Brazil, Chile, Ecuador, Guatemala and Peru. The office in Guatemala was designated as an Area Office and that in Peru a Regional Office. Each of these had responsibilities for more than one country, a pattern which was to evolve for the region.

1952. The first Regional Director, Robert L. Davee (Annex IV) assumed his post in Lima. At that time, it is interesting to note, of his four senior staff three were women: Gertrude Lutz, Alice Shaffer and Cordelia Trimble heading the offices in Brazil, Guatemala and Ecuador respectively.

With staff assigned in the region they were able to travel, making periodic visits to most countries during which they sought further information on the situation of mothers and children and on possibilities for collaborating with the Governments. Staff attention was first directed to organizing delivery of UNICEF assistance for the already selected programmes and to the required

follow-up. This provided opportunities for firsthand observation of local conditions, a valuable complement to better understanding the means to support the welfare of mothers and children. Thus, gradually, direct channels of information were developed replacing that from the special missions which, in the first months, had been the prime source of information on problems affecting children and on potential programmes for UNICEF support.

1957. And there were now five main field offices; in Bogotá, Guatemala City, Lima, Mexico City and Rio de Janeiro (Annex V). The regional office had by this time been moved to New York and the pattern of offices covering a group of countries developed. This structure of area offices has been maintained and in 1978, to facilitate contacts with the increased number of independent countries in the Caribbean, a sixth was added in Kingston, Jamaica.

While the basic structure of area offices remains there have been adjustments in jurisdiction and countries served to reflect changes in the volume and types of UNICEF activities and requirements. With continued difficulties in communications with some of the countries these offices serve and the constant need for extended field trips by the staff, area offices introduced a variety of measures to alleviate their situation. Arrangements were made with United Nations Development Programme offices to provide the basic facilities of a local communications point and for shared secretarial services. In a few cases where contact with the UNICEF-assisted programmes entailed long internal travel, sub-offices were opened.

Missing in New York

The move, in late 1956, of the Regional Office to New York was an experiment in locating a regional director and his staff at UNICEF headquarters. Rather than operating through a headquarters liaison officer it enabled direct contact between the regional office staff and those of all headquarters divisions. While the regional director was still able to spend as much time as before visiting each of the area offices he was also now available in New York for negotiations on regional concerns and to participate in headquarters deliberations. The New York location thus facilitated potentially valuable contacts with others in the United Nations' system, such as the Bureau of Social Affairs and the United Nations Development Programme (UNDP). Proximity to Washington, home of the Organization of the American States (OAS), the Inter-American Development Bank (IDB) and the Pan American Sanitary Bureau (PASB) meant also that those regional contacts could more easily be nurtured.

But there was one requirement which New York could not satisfy: that essential yet intangible resource which comes from the culture and lifestyle and found only through living and working in a country.

1964. The regional office would be transferred once a suitable location was found. Several locations were considered taking into account such factors as major concentrations of UNICEF-assisted programmes and facilities for communications with area offices. Eventually Chile, the location of the

Economic Commission for Latin America (ECLA) as well as the regional offices of the Food and Agricultural Organization (FAO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), was selected. In 1966 the transfer to Santiago, Chile was made. The office was originally to be located in the new United Nations Building under construction by the Government of Chile and the United Nations to house ECLA. However increasing requirements within ECLA made this infeasible. After a period in other premises UNICEF was able to purchase its own office building -- the first instance of such an investment by UNICEF.

Creating the team

The United Nations' practice of a multinational secretariat was also UNICEF's goal in selecting staff. Among those it hoped to attract more of the many talented people of The Americas.

Many professionals preferred service in other United Nations' organizations requiring staff within their fields of technical competence. Others found salary levels and overseas assignments unattractive or did not have a second language. As noted previously, some of the first staff assigned in the region were nationals of The Americas. Over the years it has been possible to increase their number, many continuing in service and some later assuming assignments in other regions.

To attract junior professionals UNICEF introduced a category of 'National Professional' for recruitment in countries where area offices were located. This was mutually satisfactory, giving the individual a chance to gain experience in service without having to resettle his family and allowing the organization to observe the individual's potential for an international assignment. National Professionals were also an asset to the organization as they were able to share with their colleagues the background of their own culture and an intimate knowledge of the local situation, conditions and its history. UNDP offices found this successful experience attractive enough to apply it in their own organization. National officers undertook responsibilities and travel similar to those of the area office international staff. Later, other local staff were also charged with travel assignments and have made most useful contributions to the work of their offices through such assignments.

For sub-offices UNICEF accepted offers from European countries to make available the services of a Junior Professional Officer or of a United Nations Volunteer. They facilitated much of the routine work, were able to keep their area office abreast of the local situation, and to spend considerable time at the field locations of UNICEF-assisted programmes. This successful experience was later extended when, as the assisted programmes involved much more of an interdisciplinary approach and emphasis on community involvement, the countries requested resident project officers. Many suitably qualified persons from the region filled those spots.

Further, the professional talent within the region provided an increasing source of information and counsel to UNICEF staff -- both on a formal basis, through short-term consultancies and at meetings, and in less formal contacts, drawing on the wisdom and experience of individuals in discussion of matters of mutual concern. Perhaps one of the most significant of these was the group brought together in 1968 for a "Round Table" (page 57) to examine the most effective role of UNICEF in the prevailing situation and in light of development trends in the region. Then, for the national studies and conferences (page 62) on the situation of children there were both some formal consultant services and a large voluntary participation from the public and private sectors.

Staffing patterns were essentially fluid determined by a variety of factors including organizational structure and the needs of the programmes as they evolved. When the UNICEF regional office was located in Lima a WHO/PASB staff member, Dr. Oswaldo Costa, was assigned to the office as medical adviser. When it moved to New York this post was not necessary because of the proximity to the WHO/PASB Regional Office in Washington. Later, in Santiago, this type of assignment was only continued for a period as it was found that through contact and discussions at both regional and country levels with WHO/PASB, FAO and UNESCO, information and advice in their respective technical fields were available.

Other needs became apparent later as UNICEF enriched its advocacy role, which, it was felt, could only be met by having UNICEF staff with specialized training and experience assigned first to the regional office and then to area offices. These requirements were satisfied by recruitment within the region. The first, in the late 1950s, was Jaime Balcazar, a Bolivian engineer, to work with the milk conservation programme. In the 1960s, when UNICEF started regular contacts with national planning offices, Victor Raul Montesinos, a Peruvian with experience in economic and social planning joined the staff. Then, in the 1970s, when UNICEF undertook coordinating responsibilities for a planned series of interdisciplinary conferences on national policies in food and nutrition a well qualified Colombian, Javier J. Toro, came on board. Later, as the advent of International Women's Year generated increased interest in the situation of women and their families, Chilean sociologist Marta P. Mauras joined the regional office staff to lend her experience and expertise in this aspect of the work.

While to some extent the dollar volume of programme assistance bore a relationship to the workload and staffing needs this was not true of advocacy and advisory functions. Consequently, with the expanded role in relation to national policies affecting children and young people the level of field office staffing was significantly increased. Whereas the 1954 budget had included 12 professional posts there were 19, 28 and 34 in the 1964, 1969 and 1974 budgets respectively.

The various experiences mentioned above with different types of field staff proved useful not only for the immediate needs and situations but also as fertile ground for identifying international staff. There are those who began their life with UNICEF in the region as National Officers, as Junior Professional Officers, as Volunteers and as Project Officers who now continue to contribute as international officers.

These and other UNICEF staff members were perhaps aided in their professional growth by their participation in staff development activities aimed at forging not only a technically competent body of individuals but a team of professionals for whom 'esprit de corps' was more than a fashionable foreign phrase. A practice of meetings of regional staff was initiated in the first years and, from 1960, became an annual event. At first only intended as a means to share ideas and to plan regional strategy among senior staff, these meetings were gradually expanded to include all professionals and contributed to increasing staff capacity and to building team spirit. The sessions provided opportunity for a wide exchange of experiences and ideas as well as for discussion of problems and examination of methodologies. Additional time was provided in alternate years to include, through the courtesy of prestige institutions and professionals in the region, a seminar for staff training. Subjects such as social planning, administration, communications and programme evaluation were covered in formal seminars while analysis of integrated basic services was undertaken by field visits with the government staff to actual programmes.

Funding

From the very beginning, there had been consultations with the Latin American members of the Executive Board regarding potential contributions to the Fund by Governments of the region. The Dominican Republic and Uruguay were the first to respond in 1948, followed in 1949 by Costa Rica, Cuba, Guatemala and Venezuela. By 1951 12 Governments had made a contribution in funds or commodities to the resources of UNICEF. The Executive Director and the Board hoped however to achieve wide scale government interest in UNICEF, supported by their contributions on an annual basis.

The task of securing funds for UNICEF was entrusted to a Sub-Committee on Fund Raising of the Executive Board. The Sub-Committee, among other things, organized special missions by prominent figures aimed at stimulating increased financial support. Composed of prominent personalities the missions sought to bring information on UNICEF objectives and its activities to Governments and influential individuals in order to encourage their continuous financial support. For example, in 1953, José Correa visited four Central American countries -- Costa Rica, El Salvador, Honduras and Nicaragua. Then, in 1954, Hernán Santa Cruz, a Chilean diplomat who had been President of the Economic and Social Council, undertook a similar mission to another 11 countries in the region: Argentina, Brazil, Chile, Cuba, Dominican Republic, Haiti, Mexico, Panama, Peru, Uruguay and Venezuela. In his report to the Sub-Committee on Fund Raising, Santa Cruz advised that he had conferred with heads of States,

ministers of foreign affairs, and other high government officials in most of the countries, and in addition held press conferences with major media representatives. He found generally a great appreciation of UNICEF efforts in The Americas, though in a few cases there seemed to be insufficient knowledge of what the Fund had done.¹⁰

During those early years the Executive Director, Maurice Pate, devoted a great deal of his own personal attention to promoting government interest in supporting UNICEF. He worked at fostering his contacts with members of the United Nations' delegations and with influential individuals from the region, -- and made several trips within the region primarily to raise funds for the organization. Every effort was being made to enlist the higher income countries in particular, as contributors to UNICEF and in this, Pate's own visits complemented the work of the senior field staff.

Since that time, field staff have made continuous efforts to ensure that Governments are kept informed of UNICEF overall activities and to maintain their interest in continuing as annual contributors. Annex VI shows that the number of Governments contributing increased gradually to a total of 35, some small and less developed countries making a contribution largely symbolic of their support. Most of these Governments have been steady in their support over the years. However the level of support has not always been one which UNICEF staff considered commensurate with ability and economic situation.

The level of total government contributions from the region peaked at over \$7.6 million in the late 1950s, dropped off to under \$5 million 10 years later and only peaked again with \$7.7 million in the late 1970s when 34 Governments were listed as contributors.

Private contributions have also supported the organization's work in the region, though to a limited extent. National campaigns conducted under the 1948 United Nations Appeal for Children resulted in private contributions from organizations and individuals in countries around the globe. From these campaigns the equivalent of \$161,636 was allocated to UNICEF by 13 countries and territories in the region (Annex VII). On the other hand, campaigns for the sale of greeting cards have provided channels for private individuals to support the aims and activities of UNICEF. Proceeds from the sales of greeting cards, in 29 countries (Annex VII), have become a very significant factor in contributions to UNICEF from the region. By the period 1965-69 they had reached the equivalent of more than \$1.2 million, rising to \$3.3 and \$10.3 million during 1970-74 and 1975-79 respectively. Moreover a change in the pattern of contributions was most noticeable as the percentage from private sources gradually increased (Annex VIII) until during 1975-79 it exceeded that of those from Governments. This was due in large part to greeting card sales in Argentina, Brazil and Uruguay.

OPERATIONS UNDER WAY

THE FIFTIES - STARTING OPERATIONS

And work gets under way in earnest. The foundation: \$3.8 million in block allocations by 1950 and programmes in 18 countries approved. In finalizing plans for each of these programmes the respective Governments had undertaken commitments for local costs at least equal in level to the value of the UNICEF assistance. This important principle in UNICEF cooperation, apart from enabling UNICEF assistance to go further, emphasized the responsibilities of the Governments from the outset.

While in later years UNICEF agreed to cover some initial programme costs -- particularly those for training, such as stipends for trainees and honoraria for instructors -- the concept of Governments bearing the major responsibility for local costs has been maintained. Consequently, throughout the years, the investments made by Governments in programmes for the welfare of their children has been much greater than that of the assistance provided by UNICEF.

The beginning

The Board, in 1949 and 1950, approved three main programmes: food and nutrition -- supplementary feeding of children (mainly through schools, to demonstrate the value of good nutrition and the techniques of effective administration), milk production and the production of high-protein foods; disease control -- insect-borne diseases, diphtheria, typhus, yaws -- to mitigate primary health problems; and the first stages in basic health programmes.

While a deciding factor in selecting these first programmes was that they would be capable of developing rapidly and yielding immediate benefits, their pattern continued into the 1960s. However, as UNICEF's overall mandate changed in that period and permitted a longer-term approach, and with the benefit of experience these gains were reflected in UNICEF-assisted programmes. Some of the early activities led to related programmes while others determined changes in approaches and strategies.

Food and Nutrition

:Supplementary feeding

Among the earliest UNICEF-assisted programmes were supplementary feeding demonstration projects in five Central American countries. The objective: Further examination, along with the Governments, INCAP, WHO and FAO, of the ways in which the current programmes were related to long-term objectives of nutrition, health and education and how these could be developed as initial phases of long-term programmes. At that time UNICEF supplied mainly dried skim milk and some other foods from UNICEF or local sources.

The projects were planned not only as extensions of existing programmes, conducted mainly through schools (an available channel to many rural communities and an obvious locale for nutrition education), but it was hoped that programmes to reach children and mothers through health services centres and welfare agencies would subsequently develop. By 1955 reports showed that beneficiaries in the Central American countries had increased from 16,000 to 253,000.¹¹ Most interesting of all was the fact that while 76 per cent of those beneficiaries were school children, the programmes had been able to increase the number of mothers and preschool children being reached through health centres to 24 per cent of the total programme.

The Brazilian programme was a particularly special one. The largest single feeding programme aimed at reaching both school age and younger children, the programme had operations in eight of the states reaching 350,000 school children together with 150,000 mothers and preschool children through health centres and, an interesting feature, mothers' clubs. In addition to the nutritional benefits of the supplementary foods for mothers and young children, the clubs provided varied educational and service activities for mothers, including a rather ingenious use for the shipping containers. The plastic liners became materials for sewing demonstrations: items such as children's raincoats and ladies' handbags were produced, and the drums became infant cribs used in the clubs.

The supplementary feeding programmes themselves were important in terms of the direct benefit to the children and mothers reached. But, alas, the ones reached were not always the children in greatest need. Perhaps more significant in terms of benefit was the interest stimulated in nutritional problems. Further, the programmes helped to develop and crystallize a recognition of the importance of improved nutrition for mothers and children.

Teachers, community leaders, parents, medical and auxiliary personnel, were among the many who participated in implementing the feeding programmes. The popular interest aroused served as an additional stimulus to the Governments and by the end of 1952, the Executive Director of UNICEF was able to report to the Board that at least one Government was legislating to establish a nutrition division within its public health administration. Others had established nutrition councils, and certainly all those then participating in feeding programmes had undertaken additional activities in the area of nutrition. The Executive Director later observed, "It is gratifying now in 1954 to observe in a number of countries that government supported child feeding programmes have become an established part of public welfare policy."¹²

Strike one for UNICEF and the children!

+ + + +

Reactions to the programmes revealed both a share of somewhat amusing moments as too some serious controversies. On the lighter side, a situation existed in which the population in many villages had never seen powdered milk. Some of the men even thought it would be an excellent powder with which to whitewash the walls of their village school! The problem, once acknowledged, was readily overcome by special educational measures.

In another instance drums of milk had to be moved to remote communities which were outside the network of the most rudimentary of roads. The communities themselves through generous helpings of both man and donkey power resolved that dilemma.

In a somewhat controversial vein, the Director of the Institute of Nutrition for Central America and Panama, Dr. Nevin Scrimshaw, expressed strong reservations about the use of skim milk for supplementary feeding programmes. He felt that the answer to malnutrition lay in locally grown vegetable proteins. Strong government interest and FAO support contributed to an eventual change in INCAP position.

Further, in the northeast of Brazil the press in Recife claimed that 'Leche Fise', as the dry skim milk powder provided through UNICEF was known locally, was fit only to be fed to pigs. A claim based on a small quantity, inadequately stored in the heat and humidity of the seashore climate, which had become unfit for human consumption. The local press charged that the milk powder being distributed was causing diarrhoea and xerophthalmia, leading to blindness of babies. The accusations were later quoted by newspapers throughout the country.

As it turned out, the journalists responsible were anti-USA in their political sympathies and had turned their hostility to the milk powder because it was a US product. The UNICEF representative, Gertrude Lutz, saved the day, and the product for that matter, when she explained that the storage problems had been overcome, that UNICEF also provided vitamin capsules, and then went on to relate her experiences in Poland. She pointed out that in postwar Poland over a million children benefited from the same type of milk powder and that the Government had been most anxious to continue the feeding programme for as long as possible.

Another problem was presented which could have effectively weakened the benefits to be derived from the programme. It was not practical for mothers to attend a center every day. Consequently, most programmes provided the mothers with several days ration to feed their young children at home. However, constant education proved necessary since the natural tendency was for poor mothers to share the babies' ration among members of the entire family.

+ + + +

Despite such problems the pace of the programmes was not slowed. Indeed, the number of supplementary feeding programmes increased rapidly until, by the mid-1950s, UNICEF was providing skim milk powder and vitamin capsules for 28 country programmes (Annex IX). Some 60 per cent of the 1.5 million beneficiaries were school-age children reached through schools, and the balance, mothers and young children reached through maternal and child welfare (MCW) centres and mothers' clubs. By 1956 in three countries -- Chile, Costa Rica and Nicaragua -- the feeding programmes were utilizing skim milk powder produced by local plants established with UNICEF assistance (see below). While the plant at San Fernando, Chile, was not yet operating at full output, distribution through the National Health Service was being made to 31,000 mothers and children. The plant at San José, Costa Rica was already providing for the programmes' 60,000 beneficiaries through health centres and schools. Production at the Nicaragua plant had already reached 50 per cent higher than scheduled enabling the programme to provide for 64,700 mothers and children.¹³

After 1959, however, the programmes diminished because of decreased availability of skim milk powder from the US Government. In 1962-63, in order to save freight costs, UNICEF was able to turn over responsibility for the programmes' continuation to bilateral and voluntary agencies which received both milk powder and ocean freight costs from the US Government.

:Milk conservation

While the feeding programmes were being developed and, of necessity, relied on imported skim milk powder, the authorities in many countries were even then looking towards local foods to replace the imported supplies. UNICEF played a part here also. Together with FAO, UNICEF helped both with studies of the potential for increasing milk production in some countries as well as in exploring the possibilities for establishing facilities to collect, conserve and more widely distribute milk from local resources to the children.

The Government of Chile was first to request assistance to establish a milk-drying plant. A programme was approved by the Board in 1950 and subsequently, requests from other countries were submitted. By 1956, assistance had been approved for a total of 12 milk conservation plants in 11 countries (Annex IX). UNICEF's financial contribution to these milk plants was small in comparison with that of the Governments and when compared to the latter's continued support to welfare feeding projects for children. The most successful of these plants succeeded in bringing UNICEF-provided equipment into operation within three years of Board approval of funds. In other cases the time-lag extended up to 10 years. However, by the mid-1960s, all were in operation.

Some of the usual difficulties attended the plants: financial problems which held up building construction, shortage of trained technical and managerial personnel, inadequate local planning, political changes and natural calamities such as floods and earthquakes. Another factor in delays was that some

Governments tended to view the commissioning of their milk plants with a certain lack of urgency so long as imported supplies of milk were available as donations. The plants had been planned for local production of skim milk powder, as an insurance against the possible shortage of this commodity, in order that the supplementary feeding programmes would continue. However something of a disincentive plagued the plans since "subsequent to the decision to build the drying plants, large quantities of low-priced or free skim milk powder for welfare purposes continued to be available from import sources and, thus, the full use of these plants for the purpose intended was not attained."¹⁴

Nevertheless all was far from lost. While overall the capacity of these plants to produce milk powder was not fully utilized for welfare purposes, many of the Governments (Chile, Costa Rica and Nicaragua by 1956) did purchase skim milk powder for their feeding programmes. Plants in Bolivia, Brazil and Honduras came into operation in the late Fifties with purchases made for welfare distribution. These purchases continued for many years, in fluctuating quantities, as Governments sought to honour their commitments to purchase milk powder to match at least the value of the UNICEF contribution. Purchases for the feeding programme in Ecuador, where UNICEF assisted to increase the capacity of an existing fluid milk plant in Quito, were in the form of pasteurized bottled milk. As a result of the use of pasteurized rather than raw milk the Association of Paediatricians of Ecuador reported a dramatic drop in the incidence of intestinal diseases among children in the Quito area.

As everywhere else, it was clear that in The Americas the expansion of dairy projects would have to be part of a total agricultural policy which outlined appropriate priorities and which determined the framework for essential legislation. It was clear also that many of the problems experienced in dairy production in The Americas were similar to those in other tropical areas -- low average yields per animal, unproductive husbandry practices and generally unfavourable climatic conditions. Technical training of dairy personnel, increased and improved extension and demonstration work, better facilities for credit and proper organization of milk producers were shown necessary. UNICEF assisted with the training of personnel for the plants while FAO organized studies and helped Governments to address the problems in the agricultural field.

Though the level of welfare distribution may not have continued, the milk conservation programme undoubtedly had a beneficial influence on local milk production and certainly it stimulated wider use of milk by families. Some indications:

Bolivia. The plant in Cochabamba went into operation in 1960. The number of milk producers in the area, 179 when the plant opened, increased to 1,100 by 1979. Over the same period, milk received for processing increased from 1 to 19 million litres per year. The plant was able to handle this increase because in 1975 new equipment,

increasing its capacity three-fold, had been installed. Meanwhile, the original UNICEF-provided equipment was reconditioned and used to set up a plant in Tarija.

The plant's versatility was at first affected by the economic situation and government difficulties in purchasing, for welfare distribution, the full amounts foreseen. This was overcome when, in 1956, the Government changed its Social Security Code making the milk feeding subsidy for the first year of a child's life an in-kind rather than cash payment. The plant then had a permanent market for its milk powder and was able to develop markets for other products.

Colombia. A long series of administrative and financial problems first had to be overcome. Since then, milk production in the Colombian Chingiquira Valley has increased as has the number of private milk companies in operation.

Costa Rica. One of the countries which recognized both immediate and long-term potential of the milk plants. At a 1951 meeting of the ministries and national organizations involved in the programme, discussions ranged from production problems and economic aspects to the health and nutritional benefits of a good milk supply. The Costa Rican Minister of Health, Dr. Carlos Zaenz Herrera, noted then that, "It is remarkable what a glass of milk can do; the UNICEF child feeding programme has been responsible not only for starting the milk-drinking habit among children, but also for bringing together, for the first time, the many interests in the country which are bound to be concerned in the establishment of a permanent milk policy."¹⁵ That plant too has expanded in size and in range of dairy products, which growth is clearly seen in the stocks of stores and restaurants in the country.

Honduras. The plant in San Pedro Sula has also increased its output since it commenced operations. Throughout its growth however, the operators have tried to live up to a social responsibility through their endeavours to provide products to the lower income families at reasonable prices. Moreover, the national market has expanded and another three large dairy plants and some smaller ones have gone into operation.

:Production of high-protein foods

Another area in which considerable efforts were undertaken to meet nutritional needs in The Americas was the research and development of indigenous protein-rich foodstuffs, as another source of nutritious food. In the early 1950s the Institute of Nutrition for Central America and Panama (INCAP) and other nutrition institutes in Brazil, Chile, Ecuador and Peru were already conducting experiments in the area of indigenous foodstuffs. UNICEF

nutritionists maintained contact with these institutes and provided some limited assistance.

Overall, however, the field of indigenous, high-protein foodstuffs suitable for young children, while at times raising high hopes, has more been one of frustration in The Americas. While closely following the efforts in other parts of the world to establish production-scale facilities to process fish flour, a source of high-protein food supplements, UNICEF took additional steps and in 1955 approved assistance to Chile to set up a processing plant. Local acceptability tests using fish flour in bread and soups had been encouraging. With the considerable efforts of the Government, the local fish plant, and UNICEF over a 10-year period, it was still not possible to provide at an economic production level, defatted and deodorized fish flour suitable for use as a weaning food. Faced with technical and economic realities, and unable to fulfill the ultimate aim of the project, it was discontinued by mutual agreement.

Again, in Brazil (the only other UNICEF-assisted project in this field), success in developing a new infant food mixture proved just beyond reach. Perspectives had changed, there was less emphasis on so much high protein and the aim was for a balanced weaning food and on that basis the project in Brazil received UNICEF assistance. Support was provided for testing and establishing commercial channels to distribute a weaning mixture for infants. In addition UNICEF provided supplementary equipment to further develop their work on indigenous food mixtures suitable for young children. A mixture based on soya beans was, after successful acceptance tests, being considered for wide-scale distribution. Then misfortune struck. Newspapers throughout Brazil reported the deaths of thousands of turkeys due to a toxic Brazilian soya bean cake. Even though soya beans of good quality were available those reports made it illusory to try, at that time, to convince mothers of the value of a new infant food mixture.

+ + + +

Despite the problems which plagued the projects described, others have triumphed. Two nutrition institutes in the region have successfully developed and marketed a mixture suitable for infants and young children. The first of these, the Institute of Nutrition for Central America and Panama (INCAP), named its mixture "Incaparina". The other, the National Institute of Nutrition in Colombia, called its product appropriately, "Colombiarina."

More recently, high protein, weaning and other nutritious foods were again a focus of attention when in the 1970s, UNICEF joined others in responding to the declarations issued at Inter-American meetings of ministers of health and agriculture concerned about the nutritional situation of families (page 18). These called attention to an urgent need for national food and nutritional policies covering all aspects of production, distribution and consumption.

Disease Control

Insect-borne diseases were a very important cause of illness and death among children throughout The Americas. Spleen and parasite studies indicated that 75 per cent of the population was infected. Mortality rates per 100,000 ranged from 14 to 432.

Early consultations with PASB pointed to the long endemic history of such diseases in Central American countries -- the most widespread and persistent, particularly in coastal regions, being malaria, a certain factor in their high infant mortality rates.

:Malaria

In 1949 international experts assigned to Central America by PASB helped those countries prepare insect control projects. In 1950 UNICEF-assisted projects, using residual spraying of insecticides in their control operations, were under way in six countries. Assistance to similar projects in other countries was later approved, so that by the mid-1950s, 19 countries (Annex X) had been assisted by UNICEF.

Following a visit to three Central American countries in May 1954, the Programme Committee of the UNICEF Board observed in its report¹⁶ that UNICEF assistance "had enabled the countries to expand control to the point of complete coverage of endemic areas" and that "this in turn is making it possible for Governments to make the necessary budget provisions to continue control from their own resources." Overall reports varied, some indicating that the incidence of malaria had been reduced, others suggesting a need to intensify malaria surveys to determine the incidence of the disease, while a few pointed to evidence that spraying was not sufficient to control malaria in population centres.

The experiences would seem then to urge a shift from malaria control to malaria eradication. In March 1955, the Executive Director reported to the Board that the experience in malaria control had pointed up the need for faster and more thorough measures, and that WHO was urgently re-examining the position. Several documents¹⁷ presented to the Board emphasized the danger of malaria-bearing mosquitoes developing a resistance to insecticides. Those documents set forth, for the first time, the theory of malaria eradication.

A report¹⁸ by the World Health Organization/Pan American Sanitary Bureau (WHO/PASB) included a request from WHO for UNICEF participation in efforts aimed at an accelerated regional approach to malaria eradication in The Americas. Presented by the Director of PASB, Dr. Fred L. Soper, a proponent of the eradication concept and well known for his work on yellow fever, it pointed out that wherever malaria incidence was high it was one of the main causes of infant and child mortality and where it was chronic it undermined the health of mothers and children and stunted physical and mental development.

The Board was impressed with the evidence of the economic importance of malaria campaigns called to its attention by PAHO. However, members expressed deep concerns about involving UNICEF in the proposed large-scale campaign. Why? Because of considerations such as: UNICEF's subsequent ability to assist other types of programmes in The Americas, as well as the resultant disproportion in levels of aid between the geographic regions; availability of trained personnel; per capita cost levels; organization and management; epidemiological surveillance systems and inter-country coordination for a programme on a continental scale.

The Board endorsed the general proposition that UNICEF provide increased assistance to enable Governments to intensify their control programme in order to achieve eradication.¹⁹ But, in view of the seriousness of the obligations proposed to be undertaken by UNICEF, it invited an early special meeting of UNICEF/WHO Joint Committee on Health Policy (JCHP) to clarify for UNICEF the relevant technical and policy aspects of malaria eradication programmes. Following the JCHP's recommendations,²⁰ the Board at its September 1955 session agreed,²¹ in allocating assistance for malaria, to give first priority to eradication programmes. With that, insect control changed to malaria eradication in the second half of the 1950s and became, in the next period, the largest financial investment by UNICEF in any single programme field in The Americas.

:Typhus

Results at controlling typhus were excellent. Exploratory visits made in 1948 brought to attention that, in the Andean highlands, one of the problems affecting families and their children was that of louse-borne typhus, although not a significant problem elsewhere. Consequently, the Governments of both Bolivia and Peru selected typhus control as one of their first requests to UNICEF. Equipment and insecticide were provided for use at control stations and after three years operations no typhus developed in the areas regularly dusted against lice. In a related educational campaign the distribution of soap stimulated local interest to a point where several communities in Bolivia built showers in their schools to enable children to use the soap. Both countries continued control of lice foci to prevent epidemics and to effect typhus control. This became a regular activity of all health centres in the highland areas.

:Diphtheria and whooping cough

Diphtheria and whooping cough were among the serious causes of child morbidity and mortality in several countries of The Americas. Four -- Brazil, Chile, Colombia and Peru -- included immunization campaigns in their priority requests to UNICEF. In each country UNICEF began by providing equipment and vaccines to start operations, and followed up with additional equipment and technical assistance so that the countries would eventually be able to produce vaccines locally. The latter would complete the campaigns and facilitate

continued use of vaccines in the regular programmes of the health services. The objective of the programmes was to immunize all children at risk within five years. Brazilian production was to cover the needs of the north-east States while in Chile, Colombia and Peru national vaccine requirements were targeted.

Later assistance to expansion of basic health services in all countries, as a stimulus to the regular immunization programmes, included supplies and equipment for this activity by health centres.

:Yaws

Treatment of yaws, previously endemic in the Caribbean and other tropical areas, proved a notable example of organization and creative programming. A highly infectious disease which caused great suffering to children in the region, it was considered eradicated after several years of work and eventual house-to-house sweeps. A 1948 United Nations Special Mission to Haiti had drawn attention to this disease as a most serious problem and recommended an intensified programme to treat, within a short period, all infectious cases by penicillin injection. The campaign in Haiti, for which UNICEF assistance was approved in October 1949, was the first yaws campaign in the region. PASB had promoted a regional approach to the problem in hopes of its eradication.

For its part, UNICEF provided assistance to nine countries (Annex XI) in their campaigns (treating some 6.5 million) -- the largest and longest being the yaws campaign in Haiti where successive sweeps of the country were made to treat the infected population. Realizing that this would involve extensive travel over difficult terrain with nearly impassable road conditions, an innovative approach proved the resolution to what might otherwise have been a serious constraint: instead of trying to train health technicians to drive jeeps, experienced jeep drivers were taught injection procedures -- a most successful experience! However, the disease is again endemic in some parts of a few countries, including Haiti, where cases are being identified and treated.

:Tuberculosis

Widespread incidence of tuberculosis in many of the countries of The Americas, the many enthusiastic advocates of BCG (which had been used for a number of years in some countries) and the fact that funds were available to UNICEF through its link with the Joint Enterprise, were among the several factors which moved Governments to include requests for BCG campaigns among the first programmes in the region.

Mobile teams were used in these campaigns. In each community it was necessary however to first get all children and young adults together for testing and, at a later date, for vaccinations. Community and church leaders collaborated with health staff in promoting participation while public-address equipment and film shows were used to attract the people to locations selected for team

operations. Having to maintain the vaccine under cold storage at all times complicated the logistics of the campaigns since many operated in tropical areas where, in addition to the temperatures, rainy seasons made roads impassable.

UNICEF assisted campaigns in 17 countries (Annex XI) enabling protection of 18.1 million children, and with the production of vaccines in Mexico, Chile and Uruguay. Mexico, in fact, became a source of vaccine for UNICEF shipments throughout the region. Because of the perishability of the vaccine, Governments experienced great difficulties in consolidating their campaigns and continuing vaccination of new-borns. However, the introduction, in 1962, of a freeze-dried vaccine alleviated this problem, and in some countries it continues to be provided through basic health programmes.

MCH Programmes

Improved obstetrical services was perceived as one means to achieve a major impact on the high infant mortality rates which were recorded in the region. Local medical personnel were in fact of the opinion that those rates were much higher in many rural communities than were indicated by overall national statistics. They estimated as many as 300 per thousand live births.

In the rural communities pregnant women were being cared for by traditional birth attendants ('empíricas'), village women whose knowledge came through handed-down experiences and who functioned using rudimentary hygienic standards. For this reason improved obstetrical services were sought to approach the problem. To this end UNICEF provided assistance to several countries (Annex XII) to equip maternal and childcare centers, maternity hospitals, and for training units. In most cases the projects were organized through the maternal and child health divisions of the health ministries. Their form varied from aid to isolated maternal and childcare units over wide areas, as in Brazil, to development of MCH services in particular areas of small demonstration projects. One such project was established by El Salvador in 1951. It was most interesting both in its concept and in its collaborating agencies. Set up as part of an overall rural development thrust in one area in which there was an emphasis on community participation, UNICEF provided equipment and supplies, technical advisers from PASB, FAO and other UN agencies participated, and there was a resident group of international volunteers assigned by the American Friends Service Committee.

The maternal and child welfare programmes aimed to improve both the quality of services and to expand the services to reach those areas not then served. Training was a key element to these ends. Courses for nurses/midwives and for supervisory personnel as well as in-service training for other staff was therefore provided, the bulk of the training being short courses for auxiliary midwives, auxiliary nurses and for 'empíricas'. UNICEF helped to equip the additional training activities and provided transport to students for field practice. Later some financial support was also provided to students living away from home. The first such local currency stipends to trainees went to

the 'empíricas' who, on completion of their courses, were supplied a simple midwifery kit.

+ + + +

But as in the life of all good programmes, the day came for the MCH programmes to be reviewed.²² As might well be expected that scrutiny revealed both successes and problems.

In 1953 the UNICEF Board considered a WHO review of MCH programmes including four in The Americas -- Brazil, Colombia, Paraguay and Peru. The report noted that continued successes would depend to a great extent on supervision, since hastily trained personnel could not be depended upon to maintain standards. It recommended incentives to attract personnel to work in rural areas and observed that though the auxiliary midwives had training which enabled them to give obstetrical care, there remained a glaring need for pre-natal care. The programmes had not provided for the latter.

At that same Board meeting the Regional Director, Robert Davee, commented: that "The obstacle most frequently encountered in this sector, however, is that any improvement in maternal and child welfare services necessarily forms part of a more general plan to impart a cohesive structure to a country's entire system of public health services. A Government which takes up maternal and child welfare must sooner or later make major budgetary provision for such structure, and this is the main reason for the slow progress of these programmes."²³ He also noted that "any maternal and child welfare activity has always been regarded as the opening of a door on to the family group, through which improved hygiene and better understanding of public health problems can enter" and expressed the hope that, with the cooperation of WHO/PASB colleagues, more MCH projects would be developed in the future.

Subsequently, in the mid-1950s, countries began to look at maternal and child health within the context of a general public health programme. The first steps were then being taken towards what later became known as the integrated health programmes (page 47). Simple training of auxiliary workers was supplemented by higher-level training of supervisors and instructors, model health centres served in training and demonstration for all types of medical and auxiliary personnel, including MCH, laboratory services began to be included to support public health activities and more emphasis was given to health education as an integral part of the MCH programmes. By 1958, the Executive Director was able to report to the Board that "in The Americas an emphasis toward integration of maternal and child welfare services within the general health services is becoming increasingly noticeable."²⁴

In the early 1950s UNICEF also gave support, on a one time only basis, to other basic health projects. Such support addressed a specific need and included:

- Equipment provided to Uruguay for the creation of a mobile maternity, child health and dental care unit
- Several individual children's institutions helped with equipment
- Provision of baby incubators for the premature care centre of a paediatrics hospital in Santiago, Chile
- Technical assistance and equipment provided to the National Bacteriological Institute in Chile, thus enabling the authorities to produce penicillin for use in the national health services and as a source in the region in the event of interruption of supplies from outside.

Environmental sanitation and water supply

Several countries showed interest in rural water supply programmes to complement their MCH programmes. Unhygienic conditions had been identified as contributing seriously to diarrhoea and parasitic infections -- among the major causes of illness in young children and of infant mortality throughout The Americas. In 1954, UNICEF programme support was approved for environmental sanitation in Nicaragua and Panama. Over the next five years the number of programmes had increased to 20 (Annex XII). These were all programmes to serve rural communities, emphasizing community water supply, excreta disposal and training of sanitary inspectors and auxiliaries.

Responsibility for the first of these, water supply, resided in most countries in the departments of public works. Most of their resources was put into the cities. Through the UNICEF support for rural water supply, however, PASB was able to propose, for consideration by Governments, that responsibility for water supply in rural communities of under 5,000 inhabitants be placed in ministries of health, a measure which was adopted by most Governments in the region.

Growing pains and delays formed part of the early years of the water supply programme. Crews had to be trained and experience gained with the UNICEF-supplied drilling rigs. Sites selected for the wells did not always yield the anticipated flow of water and sometimes none at all. Moving and maintaining heavy equipment and supplies in rural areas with few roads was a time-consuming and trying activity. Often it was the interest and cooperation of the villagers which made the difference.

Nevertheless, wells were drilled and safe water brought to remote rural communities and into locations more accessible for mothers. These were practical demonstrations for the ministries of health. In Panama UNICEF equipment was assigned exclusively to the training of drilling crews. In Peru, UNICEF cooperation was ultimately a prime factor in the Government being able to negotiate a loan from the Inter-American Development Bank for a national programme for water supply in small rural communities.²⁵

Excreta disposal was a feature of each sanitation programme. Health authorities provided slabs to householders who were willing to dig their own pits, an activity requiring strong promotion and education by the health workers to gain acceptance. The work of the householder also had to be supervised. UNICEF collaborated in the training of the extra staff required to do this. While in some parts of the world, programmes concentrated more on water supply, in The Americas pit privies were included even though more difficult to promote.

A pattern of UNICEF assistance which was to continue through the 1960s began as the planning of health activities within the context of a general public health programme developed and environmental sanitation joined maternal and child health as components which UNICEF began to assist under the title "integrated health services."

Finding a place

The 1950s were formative years in the search for a UNICEF identity and role in The Americas. Early missions revealed many problems affecting children and stressed the variety of needs to be met. Of necessity UNICEF relied heavily on United Nations' technical agencies, particularly WHO/PASB and FAO, to guide national authorities in preparing and implementing the programmes being assisted.

UNICEF staff, as they travelled in the countries and became directly familiar with the situations affecting mothers and children, soon developed their own concerns regarding approaches and priorities in meeting the needs. They found the predominant problems and needs in rural areas, whereas most services were concentrated in the more urban areas.

Vertical disease-control campaigns penetrated sporadically into remote rural communities, but few of these had access to even the simplest of maternal and child health services. However, while the prospects for extension of such services were slow they were potentially the heart of an integrated health service.

Supplementary feeding programmes in schools brought UNICEF into communities in rural areas which were without any form of health service. There, however, in addition to contact through the school system, there was often some contact with an agricultural or social welfare agency. This led to great interest in "applied nutrition" programmes as another entry point to reaching children in rural areas, an approach made part of assistance policy by the Board in 1957. Visits to villages where there were programmes of supplementary feeding, maternal and child health or environmental sanitation often provided dramatic evidence of the local interest, of a readiness of the people to work for the overall good of their villages, and of a valuable programme asset and a sound approach which could be developed.

New investments in the social area were not easy to obtain in The Americas of the 1950s. Considerable government investment as well as private resources were being applied to increased production and improvement of the infrastructure, mainly in the areas of transport and power. Negotiations for establishing milk conservation plants, consideration of family and child health programmes for unserved rural areas, all programmes requiring funding to build infrastructure and a related permanent new budgetary commitment, those investments were somewhat less readily forthcoming. However, UNICEF did manage to have an impact during this period. Following the 1954 visit of the UNICEF Programme Committee to Central America, the Panamanian minister of health joked to the Regional Director, "What you international organizations are doing is presenting us with problems and ending up by forcing us to settle them."²⁶ UNICEF unwittingly was probably first among the wicked!

+ + + +

THE SIXTIES: THE START OF SOMETHING BIG

The child and national development

The early 1960s was a time when those in the UNICEF Secretariat and on its Board could well have carolled the refrain 'this could be the start of something big'. For indeed, the period presaged fundamental changes for the organization. The Board had requested and been able to review a first comprehensive survey of children's needs and rather than just considering the specific aim of a particular programme there began to be concern at how it fitted into national development plans.

As policy was liberalized by the Board to include cooperation in education (page 53), the last sector to be included, interest began to focus more on a country than a sectoral approach to programmes. The 1960s had been designated by the United Nations General Assembly as the "United Nations Development Decade," and the Board was now considering how development plans would address the preparation of children so that they might be able to effectively contribute to economic and social growth in their countries.

For The Americas the Sixties was a time when the "Alliance for Progress," with its hopes for increased development cooperation for the region, had raised in equal measure the hopes of the man in the street for social change. The Alliance was also stimulating more forceful action on the part of national authorities.

It was in this atmosphere of challenge and rising expectations that the UNICEF Regional Office opened discussions with Raul Prebisch, the Executive Secretary of the Economic Commission for Latin America (ECLA) and Director-General of the Latin American Institute for Economic and Social Planning (ILPES), on the possibilities for a joint project on planning for children in national development.

Under joint sponsorship with ECLA and ILPES, a regional conference on Children and Youth in National Development in Latin America was held in December 1965, in Santiago, Chile. The conference had as its objective "to study the needs of children and youth in Latin America, to examine present approaches followed by Governments in meeting these needs and to consider how to improve the methods and organization for giving the younger generation its rightful place in national development."²⁷

A senior UNICEF officer from the region, Bert Reynolds, was assigned to assist the organization of the conference, to visit all Governments in the region to bring to their attention the objectives of the conference, to encourage their participation and to solicit a national report or case-study. At the conference there were 20 such country papers.²⁸ Background and working

papers²⁸ were also submitted by ECLA, ILPES and many of the UN and regional organizations participating in the conference. Sixty-nine participants represented 24 countries as well as major regional organizations concerned with problems of national development.

The conference was organized to first review the problems and needs of children and youth in The Americas and discuss ways and means for dealing with them, then to study the experiences of some countries in planning for the place of children and young people in national development and to consider the basis for a national policy in respect of young people. A consensus of general conclusions was achieved and some specific recommendations offered, among which the following:

- Development requirements cannot be satisfied simply by speeding up economic growth. Social development is equally important, and the two processes should be pursued in unison. A more systematic examination of all the questions bearing on children and youth therefore include an enquiry into what long-term plans would require from children and young people, since development as a process of change, calls for new skills and attitudes in the non-adult generation
- Economic and social development plans should pay due attention to the needs of children and young people
- The policy envisaged is one of integrated development in which economic and social aspects are not merely the sum of one another, but should be considered in terms of their fundamental interrelationship
- If a policy of this kind is adopted, activities in the social field will, instead of confining themselves to treating the symptoms, strike at the root of the various anomalies

Can planners contribute?

National planning offices generally enjoyed a high profile in each country, some as separate ministries and others as offices attached to the presidency. Functions, capacities and strengths varied but, in general, the focus was economic and budgetary. ECLA, with advisory services and overall direction, and ILPES with staff training, contributed greatly to the capacity and competence of these agencies in economic analysis and planning.

A first UNICEF step towards more directly influencing planners in the region was taken immediately following Board approval of a programme in 1962. For ILPES, an institute where the emphasis was more on economic than social matters, UNICEF subsidized the appointment of a professor in social development and provided post-graduate fellowships for assistants to other professors who would concentrate on social issues. Fellowships also offered sponsorship to some national officials for the ILPES course in planning.

As the programme continued and developed, other elements were added to the training core including investigations of particular problems affecting children -- such as the social consequences of urbanization, a problem common to most countries in the region -- and case-studies in selected countries. Both through returning trainees and through missions of its staff ILPES was able to provide some direct assistance to in-country planning.

Cooperation continued throughout the Sixties and by the 1970s planning offices became a main contact through which all aspects of UNICEF collaboration were reviewed. There was collaboration in special regional studies organized through ECLA and ILPES and implementation of national studies. They also played a coordinating role in UNICEF-assisted programmes. This led to consideration of how UNICEF might help to increase their capacities and various types of assistance, tailored to individual circumstances, resulted. Technical advice to strengthen or establish social planning sections came from UNICEF planning officers through short-term consultants or the assignment of a resident adviser. Subsidies for additional staff posts were also subscribed by UNICEF for an initial period. Staff training, to complement that available through the regular ILPES courses, included special regional seminars and in-country training. The latter involved seminars and courses to provide basic orientation to a maximum number of the planning office staff as well as more in-depth courses for those of the social planning sections.

+ + + +

The early 1960s did create a more favourable atmosphere for that balance in the economic and social sectors which was sought. Supported by the aims of the United Nations Development Decade adopted at the Fifteenth Session of the General Assembly and, more importantly within the region, those of the Charter of Punta del Este, adopted at a meeting of the Inter-American Economic and Social Council in Punta del Este, Uruguay, August 1961, it was a time when planning was fashionable; when there was political will to speak of social as well as economic development. The eradication of illiteracy, hunger and disease which adversely affect the productivity of developing nations and the capacity of their youth to learn were among the issues being emphasized during the period. It was a time which offered an opportunity for UNICEF to present the situation of the future generations and to suggest ways to improve their prospects and contribution to society.

Meanwhile, UNICEF programme assistance policy was already broadening in terms of scope and flexibility. Assistance for social welfare had been approved by the UNICEF Executive Board in 1959. A global study of needs of children was under way. That study was to have a major impact on Board policy in 1961 and led to including UNICEF aid for education. However, while changes in policy opened exciting possibilities, commitments to the malaria eradication campaign which were then absorbing a very high percentage of UNICEF resources threatened to limit possibilities for increased levels of assistance to other programmes in The Americas.

Moreover, field staff were already reporting financial and political crises in most of their host countries. Falling prices for export crops were having a serious adverse effect on national economic situations, resulting in drastic budget reductions for ministries with which UNICEF cooperated. Consequently, they were less inclined to consider new programmes and activities where new funds would be required.

With the prevailing mood, the problems presented, the approaches suggested by the Santiago Conference and the experience of work in the region, UNICEF sought to develop the most useful and effective cooperation which would enhance the interests of the child in The Americas and which could very well begin a trend for cooperation between the various parties so concerned.

The programme

The Americas presented an image of countries with a high degree of sophistication and level of development, of countries with national development plans and of economic progress. However, working relationships in the region had revealed to UNICEF staff that such generalizations were not valid for large segments of the population. Indeed, statistics over the 1950s showed declining infant mortality rates in some countries, increases in a few, but, overall, a continuing high level of infant deaths. Statistics reflecting prevalence of diseases and malnutrition, availability of drinking water, levels of education, etc., confirmed that services to provide for the basic needs of mothers and children were not available to a majority of the population.

UNICEF entered the 1960s in The Americas with its assistance to programmes already defined in three areas: malaria eradication, applied nutrition and integrated health services. But other concerns were also developing -- including social services, education -- and to these too UNICEF determined to apply its skills and experience.

:Malaria eradication and the war on mosquitoes

The danger of malaria-bearing mosquitoes developing resistance to the insecticides being used in control operations, called for the development of careful strategy. WHO malariologists consequently urged a methodology for eradication before vector resistance developed, using DDT, a relatively inexpensive insecticide. This was described by PASB Director Fred Soper, when he came before the UNICEF Executive Board in March 1955 to present the case for UNICEF support for an eradication campaign in The Americas. After extensive consideration of the matter at its two sessions in 1955 and even though it had many misgivings (page 26) the Board, agreed that in allocating assistance for malaria it would give first priority to eradication programmes and to support them for the entire period of spraying -- the attack phase.

The theory behind the eradication plans was to break the transmission cycle during the three-and-one-half-year period it takes for a malaria infection to clear from the human bloodstream. This was to be achieved by spraying all homes and occupied buildings in malarious areas with DDT once every six months. Through this, the malaria mosquito, which always rests on the nearest surface following a blood meal, would receive a lethal dose of insecticide before being able to bite and infect another person.

The Americas was proposed as the first region for application of the continent-wide malaria eradication campaign, and WHO/PAHO requested that UNICEF participate. Health ministers, through the Pan American Health Organization, had already agreed to support a regional campaign. WHO/PAHO argued that if countries could be helped with transport and equipment to mount the size of campaigns required and with supplies to carry out the four-year attack phase, they would be able to complete the campaigns with their own resources. UNICEF agreed to participate expecting that its assistance would end by the early 1960s. But this turned out not to be so.

WHO/PAHO increased its malaria staff and, during 1955 and 1956, had some 50 officers assigned to assist in redirecting the programmes from control to eradication. Control programmes were gradually consolidated and, by 1956, all were being planned for eradication on a regional basis. Using a model format prepared by WHO/PAHO, countries compiled a comprehensive document which in addition to malaria incidence and distribution included data on overall health problems and services, population distribution and migration, communications, climate, education, agriculture and industry. The documents, referred to with much affection as "the bibles", served the campaigns for planning and reference as well as providing valuable consolidated reference material for other services. Administration and logistics were recognized as key elements for these campaigns and, to this end, UNICEF staff joined with WHO/PAHO and national staff in the final review of staffing, equipment, supplies and budget estimates.

+ + + +

Mexico was the first country for which the Board, in 1955, allocated funds to a malaria eradication campaign. At \$2.4 million, it was the largest that would be made to a campaign in the region as well as being the largest single allocation made by the Board up to that time. By 1956, UNICEF made allocations to 14 other countries which had completed their eradication plans. The Executive Director later reported²⁹ to the Board that this move constituted "perhaps the largest coordinated continental planning in the history of public health."

Once under way, a total of 24 countries in the region (Annex X) received assistance from UNICEF, with the campaigns initially covering over 50 million people in affected areas. In some years allocations neared \$5 million. By the end of the 1960s, UNICEF had allocated over \$51 million for eradication of malaria in the region; earlier in March 1955 estimates of costs to UNICEF had been projected at \$14 million.³⁰

The costs to the Governments were also underestimated. Originally it had been projected that, through the attack phase which was to have been the period of UNICEF assistance, the costs to the Governments would amount to the equivalent of \$51 million. However, during the actual period of UNICEF assistance these costs had risen to around the equivalent of \$245 million. Contributions by other partners in the eradication campaigns -- for example input by WHO/PAHO, mainly in the technical advisory services which they provided, was covered through a malaria budget which rose to around \$2 million a year. US/AID provided assistance to the campaigns in Bolivia and Haiti as well as to Brazil which, because of its size and cost, UNICEF did not assist.

A year of intensive activities characterized the preparatory phase for the campaigns. Field organization of former insect control services had to be upgraded to the requisite level for eradication operations, additional staff engaged and intensive training programmes implemented. The roster of preparatory activities included detailed locality mapping, operational schedules, means to achieve maximum of understanding and cooperation with the communities, handling equipment and supplies in quantities not previously utilized.

+ + + +

And so the campaigns were launched.

In Mexico, the first of the campaigns to commence operations on an eradication scale started with the appropriate fanfare and publicity to show the entire population the need for this large undertaking of outright war on the mosquito. At the ceremonial inauguration, the president of Mexico reviewed the line-up of staff and of the vehicles provided by UNICEF. It made an impressive sight, with 602 campaign vehicles clearly identified by their distinctive yellow colour and by the emblems of the malaria service and UNICEF. Throughout the nation cinemas showed a special film on the campaign. The drama unfolded to an attention-grabbing opening, set to martial music, followed by a presentation of how a person becomes sick with malaria, of how the campaign hoped to overcome this, and of ways in which each person could cooperate in the campaign. Each country, in its own distinctive way, inaugurated its campaign and took steps to gain people's cooperation. Posters, audio-visuals, health education teams and, most importantly, training of the frontline workers - spraymen and supervisors - in appropriate techniques all formed part of the strategy.

Once into the attack phase, the communities welcomed the spraying because their homes were rid of many troublesome bugs. However, that experience was not to be carried over into later cycles as the effect on other insects was seen to be of short duration and householders did not like the inconveniences of moving furnishings for the spraymen to work. Constant and renewed efforts were required throughout the campaigns to maintain the cooperation of the population.

Spraying, rather than finding and verifying malaria cases took priority in all campaigns both in planning and in operations. However, once spraying operations were effectively underway, steps were taken to organize "case finding". A system of "voluntary collaborators" was devised since it was recognized to be economically impossible to employ and equip a large staff for this purpose. Consequently, in each community one or more persons -- village leaders, school teachers, and health workers where they existed -- were recruited and trained to take blood smears of any person in their community who was having a fever. The smears were collected by evaluators of the malaria service who made periodic visits to the communities and arrangements made for the voluntary collaborator to give malaria drugs to those found to have malaria. This, the first large-scale use of lay persons with minimal training in a health programme, proved a most important element of the campaigns.

The immediate result of this case-finding activity was that the first years of the campaigns reported generally a higher incidence of malaria than was recorded at the start of the campaigns. The upward curve in the statistics soon peaked, however, reflecting a truer base line. Only in later years did the curve begin to drop, reflecting the impact of the campaigns and bringing with it an optimistic outlook for their success.

In some islands in the Caribbean, where the problem was self-contained there was indeed cause for optimism but in general that optimism needed to be tempered. As the attack phase progressed and the monthly statistics on malaria cases were analysed in a breakdown by areas of a country and type of infection, it became clear that progress was uneven, that the attack phase would have to be extended beyond four years and that ultimately other measures might be necessary in some areas if transmission was to be interrupted.

Independent evaluation teams periodically examined the situation, particularly in countries where progress was slow or where there were special problems. The teams, made up of staff from WHO/PAHO, UNICEF, US/AID, CDC and malariologists from other countries, spent time in a country, examining all records, scrutinizing financial and administrative aspects, visiting representative areas to observe field operation and to study problems, and reviewing their findings with the malaria service staff. The result of that process was that in addition to being able to pinpoint specific problems and needs for a particular campaign, several more general problems came to light.

First, the strategy for eradication depended upon a single tool, that of insecticide spraying. Human frailty being what it is, the high level of efficiency required in such situations could not be maintained for an extended period. Second, the interest of the population began to wane once they felt the problem no longer directly affected them or found that the burden of cooperation outweighed any immediate and visible benefits to their family. Third, widespread use of insecticides in agriculture was affecting their value in malaria eradication, yet it was impossible to achieve any restriction in agricultural use, either through persuasion or legislation. On the other hand airlines were persuaded to treat the interior of their craft when on flights from any malarious area.

The truth of the matter was perhaps contained in the very simplicity of the plans and expectations of early success. Engineers were emphasized to a greater extent than were malariologists, whereas the emerging difficulties required the attention of the latter. There was a tendency to believe that spraying was the only methodology applicable to eradication and an unfortunate reluctance to admit a place for any others associated with control operations.

+ + + +

The campaigns required consummate administration and logistics as well as an unequalled level of cooperation among all involved. Within UNICEF they required a maximum of coordination between the programme staff and those of the Supply Division who were called upon to purchase and deliver large quantities of materials within operational deadlines. And it worked. The Supply Division earned the gratitude of the national campaign staffs as they maintained supply lines and responded to "emergency rush rush" requirements to meet a changing situation and need.

However, in the area of transport operations things went less well. Proper maintenance of the vehicle fleets soon became a problem for malaria services unaccustomed to large-scale transport operations. In Mexico, the service made an agreement with the army to provide staff and operate the campaign transport. Other campaigns maintained their own staff and facilities, which meant more extensive training, establishing use and maintenance regulations and overcoming such problems as staff who felt vehicles were constantly needed and did not believe they should ever require maintenance. So it was that UNICEF, recognizing the seriousness of the problems, engaged its first transport officer to provide advisory services to Governments on fleet operations.

Further, in the interests of sound and effective management of the campaigns and because of their continental character, coordination between countries was essential. To this end WHO/PAHO sponsored annual meetings of directors of malaria services to present progress reports, exchange information and discuss particular problems. These proved to be an effective stimulus and means of bringing to attention matters which required ministerial-level attention. At the international level, too, there were regular annual coordinating meetings in which the principal partners were WHO/PAHO, UNICEF, US/AID and later, the Communicable Disease Centre of the US Public Health Service when it became directly involved and established a study and research centre in El Salvador. At these meetings concerns of each partner regarding administrative, financial and technical aspects of the campaigns and their progress were freely discussed under rotating chairmanship and host.

+ + + +

The most serious problem encountered was vector resistance to DDT. In areas of countries where DDT had long been used for different purposes, vector

resistance was such that a change in insecticide was imperative. The only other insecticide, available at that time, with an adequate residual effect when sprayed on house walls, was Dieldrin. It was much more expensive than DDT however, and required protection for the workers from toxic effects while spraying. Adjustments were made to plans to counter the situation in problem areas. Closer timing of spraying cycles to local transmission seasons, more frequent sprayings using DDT, and use of Dieldrin were all tried with varying results. Control methodologies such as larvicides to destroy the mosquito larvae were resorted to in some places. Using drugs provided by WHO/PAHO, chemotherapy for suspected cases was applied by voluntary collaborators and radical treatment of confirmed cases intensified. On an international level efforts were also intensified -- to test other insecticides, to find a vaccine, to search for other weapons which could be used as alternatives or complements to residual spraying.

Problem areas in some countries responded but the real hardcore problem, with more widespread vector resistance to DDT and developing resistance to Dieldrin, was in Central America. WHO/PAHO, CDC and the International Study and Research Centre in El Salvador directed tremendous efforts at finding a solution. Among the more publicized were field studies of a long-action injectable drug, field trials of mass chemotherapy and the development of a colony of sterile vectors. As areas which had been cleared became re-infected, an increased and coordinated action was made increasingly obvious. The countries agreed to a three-year coordinated plan, including spraying, larviciding, radical drug treatments and, as its major complementary measure, mass chemotherapy. UNICEF agreed to assist and to provide the drugs which, with little delay, it was able to obtain and ship in the large quantities required for simultaneous operations. However, some countries were unable to meet the planned schedule for change-over to the revised plans. The start of chemotherapy went more slowly than anticipated and more interest was shown in a newly-tested insecticide, Baygon. However its short residual effect, which affected costs and complicated logistics, and the indication of vector resistance caused many to question the feasibility of any extensive use of Baygon.

1969. And two years into the three-year plans, real progress was not being shown. A situation existed in which some national technicians were questioning the results of the methods in use, yet they were unable to propose any other technical approach. It was also doubtful that Governments would be willing to continue the high levels of investment. New reviews of the plans were being called for at which time UNICEF suggested a complete change in approach. The thrust of a new approach required activities integrated into a general health service. Evaluators and voluntary collaborators with additional training as polyvalent health workers, could provide a useful complement to existing health services and a valuable extension to those communities not then reached by basic health services. Malaria control activities could be geared to the epidemiological situation in a locality and communities directly involved in their implementation. The suggestions in the framework of a programme possible within the reasonable resources of a Government -- as both a holding operation in malaria control against the day

when new eradication methods became available and as a major addition to basic health services -- were not then favourably received by malaria services.

However, because of interest being shown in some countries by others in the health services, the Board in 1970 allocated resources for a regional fund to encourage programmes which sought to engage malaria workers in basic health services.³¹ In Central America, Costa Rica was the first country to use part of this fund to introduce a programme which later was brought to world-wide attention as an example of primary health care.

+ + + +

With the attack phase extending beyond the period foreseen, the financial burden increased for all parties. For UNICEF in The Americas, it meant that less resources were available to consider development of other types of programmes. For the Governments, not only was it absorbing a large part of national health budgets, but it was also becoming an increasing overall burden, restricting their ability to give adequate attention to other health and social needs. Several countries curtailed or interrupted their campaigns when finances were inadequate to continue both a full-scale attack and increased case-finding and vigilance activities.

Concerned about the slow progress encountered in most UNICEF-assisted malaria eradication campaigns, the UNICEF Executive Board, in 1959 and several times during the 1960s reviewed special reports on their progress.³² It also considered a system for grading prospects for eradication as well as for reviewing its own assistance policy. As a result the Board adopted criteria linking continuation of UNICEF cooperation to assurance of the technical, administrative and financial conditions for success in a campaign.³³ Annual evaluations, particularly those by the independent evaluation teams, provided data to grade the prospects.

+ + + +

Notwithstanding a perhaps disappointing rate of progress, achievements were recorded. In 1955, at the start of the malaria eradication campaigns, over 50 million people were estimated living in the malarious areas of the 24 countries (Annex X) which UNICEF assisted. These were estimates which, naturally, would be affected by normal population growth, an average annual rate of 2.7 per cent in the region. However, one factor was not foreseen: a large movement of population into many of the previously affected areas occurred as soon as the malaria problem was brought under control.

By 1970, some 15 years later, the population of these originally malarious areas had reached an estimated 77 million. Of these 7 per cent lived in Cuba, Dominica, Grenada, Jamaica, St. Lucia and Trinidad and Tobago from which malaria had been declared eradicated. A further 61 per cent were located in areas where the risk of infection from the disease had been reduced but where

continuing surveillance was essential. The remaining 32 per cent lived in areas still plagued by malaria transmission and where continued effective attack measures were being undermined by financial problems in one-third and by technical problems in the other two-thirds. Equally positive for those families and their children living in many isolated areas was the first contact with health workers which had been provided by the malaria services. The networks of voluntary collaborators which had been organized for case finding activities in some cases became the forerunners of primary health care.

As time passed without further progress towards eradication, authorities were reminded of the Board policy. Most of the Governments understood and fully supported UNICEF's decision to phase out from the campaigns. Only in Central America some directors of the malaria services could not accept this and caused letters of protest and requests for change in policy to be sent by ministers of health to the UNICEF Board. The Board nevertheless confirmed its policy³⁵ and the last allocations to malaria eradication in The Americas were made in 1971. For Central America the Board agreed to sponsor a high-level interdisciplinary conference for development of a better-adapted strategy. However, when after initial preparatory negotiations it was found that it was neither opportune nor possible to hold such a conference, energies were directed to projects aimed at extending health coverage.

Thus ended, unfortunately without it reaching its goal, UNICEF participation in a regional campaign against a serious disease problem. It was a campaign where planning had focused on a single tool and a mechanical approach, planning which time had shown to have been inadequate in considering biological aspects, social factors and political realities; a campaign facilitated by outstanding cooperation and coordination, both at national and international levels, but which reached an impasse where vested interests with other priorities, such as the private sector in agriculture, were involved. It was also a campaign which demonstrated government resolve, incurred very heavy investments, involved outstanding human effort, which reached into communities never previously served by health services and which showed the feasibility of large-scale involvement of volunteers in health activities. And in these it was more than successful.

:Applied nutrition

Meaningful statistics notwithstanding, and even given the general availability of food, UNICEF from its earliest days, identified child malnutrition as a serious problem in The Americas. As a result, the organization has placed continued emphasis in the field of child nutrition in programme assistance in the region.

In his 1948 report³⁶, UNICEF representative to the Montevideo Conference on Nutritional Problems in Latin America, Dr. Passmore, pointed out that in rural areas there was seldom acute pressure of people on the land and therefore, the shortage of food which existed in many parts of densely populated Asia was not duplicated in The Americas. He found the fundamental cause of nutritional

deficiency diseases are due more to a lack of parental understanding of the nutritional values of foods and their relation to health, while in the cities, the frequent cause was poverty which resulted in the children being underfed.

Passmore, however, postulated protein deficiency when he noted that a grave shortage of milk was seriously affecting child health. Later studies and reports confirmed this -- particularly that of Dr. Glen King³⁷, a special UNICEF/FAO consultant, in a 1957 field survey in Brazil and other countries. King noted that:

"Although the estimated net calorie value of the food supply in 1952-53 was estimated at 2350 per day, compared with about 1600 in India, 2200 in Japan, and 3200 in Denmark for the same period, the weakest spot in the entire food pattern is obviously in the excessive consumption of the starchy root crop, manioc, by those with low incomes. Among infants, small children and mothers, the high intake of manioc results in widespread caloric deficiency in parallel with protein, vitamin and mineral deficiencies. There is no doubt of the widespread incidence of severe malnutrition among infants and small children. The type of protein deficiency represented by typical kwashiorkor is not uncommon, but a much more prevalent condition is represented by the onset of combined starvation, dehydration and diarrhoea. Most of the official records have not identified kwashiorkor or protein deficiency (or other specific forms of malnutrition) as a specific entity, so it is difficult to arrive at valid conclusions regarding the cause of high infant death rates. As in Central America many of the leading physicians regard malnutrition as the most important contributing factor."

Hence the supplementary feeding programmes, milk conservation and high-protein foods search of the 1950s.

Applied nutrition programmes,³⁸ when introduced in 1957, won immediate acceptance in The Americas. The Latin American Regional Conference on Nutrition problems, held in Montevideo in July 1946, had foreshadowed such programmes in one of its recommendations urging "the improvement of nutrition in selected demonstration areas by the cooperation of experts in agriculture, animal husbandry, sociology, education and medicine."³⁹ King's visit in 1957 served as renewed stimulus. The Executive Director reported to the Board that year that in The Americas several initiatives were being considered, among them: greater emphasis on milk channeled to the pre-school child; exploration of ways to use local high-protein foods; nutrition training for all types of personnel; direct nutrition education; and planning which would directly reach the villager and help him produce and consume more nutritious food. By 1962, the Board had approved assistance to applied nutrition programmes in seven countries and, within a few years, programmes in 24 countries had received assistance. (Annex IX)

+ + + +

The nutrition programmes were aimed primarily at educating families. They would emphasize the needs of mothers and children, the value of good nutrition and support activities within the communities to increase family food supplies and to improve their health and nutrition status. Field staff, trained in interdisciplinary approach which drew on agriculture, education and health, channeled their educational activities through an array of media including health centres, nutrition centres, schools, agricultural extension agencies, community development centres. But they did not stop there. Education was accompanied by practical activities involving all members of the family and ranged from school and community gardens, raising small animals, food preservation and storage, to feeding and nutrition rehabilitation centres.

Most countries welcomed the opportunity of the programmes to develop and extend experiences from their own feeding or nutrition programmes, while in others it was occasion to involve different agencies and interests. In Colombia, the National Coffee Growers Association adopted and supported the programme as beneficial for the families of workers in the coffee-growing regions. To encourage small-animal raising, mixing plants were set up to provide families with feed mix. Community gardens featured in the Panama programme. A cooperative effort of all, appropriate tasks were assigned to both children and adults. Costa Rica established a network of nutrition recuperation centres where mothers participated in the care of the sick child. At the same time, the mother was being taught measures to prevent repetition of the condition in her other children. In Brazil extensive services of the Association for Credit and Rural Assistance (ABCAR) became a major channel for the applied nutrition programme. Here, both the association technicians and the community volunteers, through whom they operated in reaching the families, participated. In Paraguay, applied nutrition was a major component of social programmes for the new settlements set up as lands were opened and roads built in the interior.

All applied nutrition programmes shared at least one element, however, school gardens. These depended to a large extent on the teachers for their development: which highlighted another need, namely, a reference or textbook on school garden operations, including the nutritional values and uses of potential produce from the gardens. UNICEF responded through its area office in Guatemala which enlisted the help of Wilson Popoenoe from the Zamororo Agricultural School in Honduras. Popoenoe prepared a text for use in countries of Central America which later, after inputs from WHO/PAHO and FAO, UNICEF had printed in 5,000 copies and distributed to all applied nutrition programmes throughout the region. "Nuestra Huerta Escolar" -- Our School Garden, became so popular and widely used that it was subsequently revised and reprinted.

Each applied nutrition programme emphasized in-service training at various levels. Some workers received training in a specific discipline, while others were instructed in the technical or administrative aspects of the coordinated approach. All participants however were given a basic understanding of field activities in each of the disciplines.

UNICEF also supported participation in courses and seminars offered at regional training centres. Among those who received nutrition training were health workers at INCAP in Guatemala, agricultural engineers at the Agricultural University of Peru "La Molina", programme planners at the University of Puerto Rico, social workers at the Inter-American Children's Institute in Uruguay and home economists at seminars in Santiago, Chile.

However, it became clear that The Americas needed an institution which could offer training which addressed the joint needs of professionals from all the ministries participating in the coordinated approach to an applied nutrition programme. UNICEF, with the collaboration of WHO/PAHO and FAO, interested the Agricultural University of Peru "La Molina" in sponsoring such a course, and UNICEF participation in a regional training programme was approved by the Board in 1967. At the last moment, a change in location became necessary, and the first of several annual courses took place the following year in Colombia, sponsored by the National Institute of Nutrition. To accommodate the participation of those occupying high-level positions in their governments, the course was of five months' duration. The applied nutrition programme in Colombia cooperated in field observation and demonstrations.

The complications involved in coordinating personnel of the ministries of agriculture, health and education -- who had never before worked together -- stirred something close to dismay. Even so, in 1961, the Executive Director was able to report that "expanded nutrition activities have not yet performed any miracle but they have, for the first time, created a pattern of administrative coordination involving education, agriculture and health services at various levels, including that of the community itself. These activities have, to some extent relieved the isolation in which the villages lived."⁴⁰ Coordination varied greatly between programmes, and stimulus for their field operations and continuity came from different sources: one ministry taking the lead and providing more resources to the programme, a few dedicated individuals bringing fresh ideas and leadership, or ultimately, the interest of local organizations overcoming apathy at other levels.

The training of so many workers from the different participating services was only one of the many positive elements in the applied nutrition programme. Training directly related to nutrition had more of an impact than that addressed to aspects of coordination and integration of activities.

Overall, the applied nutrition programmes achieved only partial success. They were not based on sound administrative structures nor were they able to develop an effective coordinating mechanism. Hence, as in Peru, it was soon realized that the programmes could be more effectively implemented within a rural development programme with its established infrastructure and where special emphasis could be placed on food production and nutrition education.

But greater success was to be achieved later on when more emphasis was placed on community responsibility and community participation actively encouraged. Finally, in the 1970s, applied nutrition became one of the fundamental activities of the integrated basic services programmes which recognized the importance of involvement of the local authorities and local communities.

Integrated health services

The 1950s trend towards integration of maternal and child health within the general health services became a pattern of the 1960s. WHO/PAHO advisory services assisted national health staff in planning, as part of their national health plans, of integrated health services with a balance between curative and preventive. In this UNICEF found a natural place and key role in assisting maternal and child health services, the hard core of the peripheral services. At the 1961 Board session, the Regional Director noted that, for the first time since 1956, the numbers of public health projects was higher than those of malaria eradication. In terms of UNICEF investment in funds, however, it was still lower.

Integrated health service programmes were established in a district of the country, selected either because of its isolation and scarcity of health services or as a first step in the development of an area. The pattern generally was a network of hospital/health centres, health centres and sub-centres to provide services to the communities, and a central office to coordinate their administration and supervision. Usually located within the main referral hospital, the central office would have attached a variety of special services such as environmental sanitation and nutrition.

Women and children were the principal clients of the centres. Equipment was a major component of UNICEF assistance, as was transport, to enable their adequate supervision and regular visits by professionals to sub-centres. Prior joint interests and activities were often reflected in the programme. Where, for instance, maternity centres, mothers' clubs and day-care centres had been previously assisted, they would now generally be found in the integrated health services programme. The programme also provided opportunity for further development of other elements of the health services.

An example is environmental sanitation. Where there had been UNICEF assistance in environmental sanitation, the integrated health district became the priority locale for any UNICEF aid to rural water supply and latrine development in that country, recognizing that there was a greater impact when such services were not provided in isolation.

In the case of tuberculosis control the integrated health districts were selected as the location for use of inexpensive chemotherapy and for pilot area tuberculosis control projects in 10 countries (Annex XI). The pilot projects were based on a WHO recommended concept. The idea was to fashion a testing ground where incidence in representative areas could be checked, where methodology for a potential national tuberculosis control programme could be developed and tried out, and where personnel could be trained. Unfortunately, because of long delays in obtaining x-ray equipment that was in accordance with the standards established by WHO, these pilot projects did not develop as had been planned.

Further, the interests of the conservative school of tuberculosis specialists predominated in most projects. These concentrated on using expensive multi-drug treatment regimens for optimum results rather than developing means to reach larger numbers using one of the cheaper vaccines. The pilot projects did not produce, as UNICEF had hoped, an interest and capability in tuberculosis control using simple and inexpensive diagnostic and treatment procedures for the large numbers of infectious cases which represented the greatest danger to children in their communities.

An objective of all integrated health programmes was regular protection for children. The experiences showed that protection of children against diseases preventable by vaccines was not so much a problem of availability of vaccines but rather one of delivery systems and a lack of health services coverage.

The health services had budgets for vaccines and they had suppliers, including production laboratories, for DPT and BCG vaccines, which had received assistance from UNICEF in the 1950s.

Only one country received assistance with measles vaccines when the vaccine became available in the mid-1960s. UNICEF assistance was only being recommended by WHO in special situations. Chile however, had the highest mortality and morbidity rates from measles in the region and had already undertaken field trials in the use of the vaccine. Generally, existing health services organization could handle the vaccination of all children eight months to five years, within a limited time. UNICEF assisted Chile in meeting the initial high cost of the vaccines, some 1.5 million children were vaccinated in two years and there was an immediate reduction in the number of deaths reported.

Later, in the 1970s when there was more experience using the measles vaccine, and when it became available at a more reasonable cost, UNICEF provided vaccines to three countries to enable them to extend their immunization programmes for national coverage to protect children against diphtheria, whooping cough, polio and measles in Belize and Surinam, and for expanded coverage in Colombia.

+ + + +

In the development of the integrated health services, a number of support facilities and functions were required.

- Public health laboratories were considered essential for all programmes, and the development of a network of laboratories extending to all health centres was included in the plans.
- Outside of urban areas, access to dental services was very limited and preventive care for children did not exist. Several programmes included dental services at the main centres of their networks. To increase their capacity in preventive care and oral hygiene, some of those introduced dental auxiliaries into their clinic staffs.
- Inadequate health statistics, even the vital statistics of births and deaths, was a problem encountered throughout The Americas. Consequently, understanding the value of such statistics was included in staff training. As an additional measure to facilitate collection and compilation of essential health statistics, a few programmes made provision for statistical assistants. An interesting approach was tried in the Dominican Republic, namely, training in area of health statistics the staff in government field offices who were involved in gathering other statistical information.
- Communications too was given its due share of attention in the context of the programmes. The geographic size of health districts, the type of terrain, roads and other communications facilities were factors affecting the quality of service offered, and its supervision on the one hand, and accessibility to it by isolated communities, on the other. Transport -- vehicular and water -- was a major UNICEF input in all programmes. This facilitated distribution of supplies, brought professionals to locations more convenient to communities at the network periphery, and enabled regular supervision of all activities. To maintain more frequent contact between health workers at the periphery and central staff than would normally be possible over land in the difficult terrain, radio communication was introduced into the Peru programme. This was a first for UNICEF in the region and probably the first instance of a health service maintaining its own radio communication facilities.

+ + + +

But not only would the programmes require strong technical support in terms of facilities such as those provided in the area of communications, but they would also require the support of a well-trained staff for their effectiveness. The integration concept of the programmes, foreign to those long accustomed to separate and independent services, together with the quantitative and qualitative development of services foreseen, dictated therefore the need for a strong training component. UNICEF had long been assisting in training sanitary inspectors, auxiliary nurses and 'empíricas', not only through equipment but with training stipends. Appropriately the scale of training increased in these programmes, with participants ranging from doctors to auxiliary and voluntary personnel. Courses too ranged from in-service for current staff to pre-service for the additional auxiliary personnel needed. All staff, professional, technical and auxiliary, were also given in-service courses and seminars in the integrated approach to health services. Courses for the auxiliaries also provided opportunity for refreshing and upgrading their skills.

'Empíricas', who through their work in the communities were already becoming more accepted by the nursing profession as an asset to the health of those communities, were also being trained. Both at training centres established within the integrated service districts and at other national training centres, UNICEF provided stipends to those in training to fill positions in the programme as auxiliary nurses, auxiliary midwives or sanitary inspectors. Auxiliaries also had to be trained to develop their network of public health laboratories, as had the new dental auxiliaries and statistical assistants to be trained for those programmes which had now decided to strengthen their dental and health statistics. UNICEF was able to respond to their initiatives and assist with equipment and stipends. The period saw not only an increased scale of training but attention was also being given to the training of those now classified as paramedics.

Finally in the area of training, regional level post-paediatric education was developed with joint support from WHO/PAHO and UNICEF. Under the programme, fellowships were provided to faculty members in paediatrics and to health administrators for specialized short courses at medical schools in Chile and Colombia. The courses focused on the social and preventive components of paediatrics and infant nutrition and, in so doing, were aimed at changing the essentially clinical approach of the health services and of most facilities of paediatrics.

+ + + +

Undoubtedly the integrated service programmes were valuable undertakings. Not only did they positively affect the quality of health services, and reach those previously unserved, but they furnished useful experience in programme planning, in particular using an integrated approach. The latter proved most valuable to all parties when, in the 1970s, UNICEF became involved in the coordinated development of basic services in education, health, nutrition and social welfare for selected areas.

:Social services

While three main categories of programme assistance were evident at the beginning of the 1960s, UNICEF staff were already aware of the interests of Governments to address other problems. Policy decisions taken by the Board opened the door for concrete discussions of some of these problems, needs and the appropriate potential programmes in this regard.

In most nutritional and maternal and child health programmes, some attention had also been given to social welfare. This direction was pursued with the help of social welfare advisers assigned through the United Nations Bureau of Social Affairs: Maude Barrett in Central America and Panama 1950-1955; Laura Vergara serving the region from Santiago, Chile in 1953. However, in 1959 the UNICEF Board adopted a policy which made it then possible to consider specific programmes to perhaps prevent further growth of some of the social problems which they were seeing. This followed consideration of a special study by the United Nations Bureau of Social Affairs⁴¹ to which Alice Shaffer, a senior UNICEF staff member from The Americas, made a major contribution. As a result, during the 1960s though the amount of UNICEF assistance was relatively small, some 10 countries (Annex XIII) received help with significant projects.

Concomitantly UNICEF recognized the urgent need to train persons who might contribute to developing effective legal and administrative machinery for dealing with social problems at local and national levels. Prior to such training being made available, much of the training of social workers in the Americas was oriented toward a caseworker treatment approach which did not result in social workers with a preventive outlook towards the welfare and needs of children. So, UNICEF collaborated in a study of social work schools, their curriculum and standards, to determine where and what kinds of change would be required.

Schools in several countries, including the University of the West Indies, which serves the Caribbean countries, were assisted in programmes centred on curriculum development and adequate field practice. Support went to upgrading teaching equipment and materials as well as for transport to facilitate field practice and student supervision. The largest such programme was that in Brazil, which included eight schools throughout the less developed north-east region. A school in Mexico was set up to train auxiliary social workers who would be assigned to work with other staff in the rural health services. Assistance was phased out when other more amenable channels for training community workers in the social field were presented for UNICEF involvement.

Common in the objective of all programmes was the improvement and extension of day-care services for children. Standards for their operation, adequate educational and play equipment for stimulation of the children and in-service training to all workers in the centres were some of the means by which this was assured. In Costa Rica, where social services were somewhat more developed, the programme sought to establish diagnostic centres for observation of children with problems. There parents could also consult with the staff on the many aspects of the behaviour and attitudes of their children.

With an eye on young adults, UNICEF, in collaboration with the Inter-American Children's Institute, assisted seminars for juvenile court judges in Colombia, Ecuador, Panama and Venezuela. In each of these, participants from other countries of the region contributed to a sharing of experiences and ideas. Participation by the Latin American Association of Jurists was also instrumental in disseminating information from these seminars.

Also involving youth was the programme undertaken with the National Child Welfare Foundation (FUNABEM) in Brazil. The programme attempted to get young people interested and involved in the work on social problems in an effort to encourage their continued involvement and interest through later life. Under the programme, centres for university students, future teachers and educational leaders were set up and a series of courses and seminars offered on factors affecting the development and welfare of children, elements of community health and welfare, and preparing children for life in society. Through these centres the students were encouraged, and given the necessary guidance, to help social programmes in the community, particularly those for children.

Street children -- young children living off their wits and developing anti-social habits -- were not left out. The focus of a 1964 programme in Colombia, where the number of such children was increasing in the capital as an aftermath of civil strife in the countryside, and arising from an initial study of the background, situation and behaviour of these children, in which UNICEF had cooperated,⁴² the programme involved first a pilot project in a residential institution which would later serve as a training centre. This was followed by steps to provide them some training to prepare them for productive participation in society. Continued studies of the extent of the problem and possibilities for service programmes to provide adequate care and direction for these children also became part of the programme. A later study, the result of shared concerns for the problems these children continued to face, saw UNICEF assisting the Colombian Institute of Family Welfare in 1976, with a further in-depth study of the life conditions of these children.

:Education

Board liberalization of policy to include UNICEF aid to education was welcome news to UNESCO and the many ministries of education involved with UNICEF for many years in the school health and nutrition programmes. In that year, 1961, not only were there too few primary schools, especially in the rural areas, but existing ones were sadly lacking in teaching equipment and educational supplies. Those concerned with education hoped then that the change would lead to more direct collaboration in overcoming some of the basic problems in their education systems.

Inadequate facilities to train teachers, insufficient teachers in the existing schools, non-certification and a lack of formal training in the case of many teachers were all factors contributing to a low quality of education for the children. Hence, the hopes for UNICEF collaboration by the ministers of education facing the problems and hampered by low budgets. Within two years UNICEF had programmes under way in six countries, growing rapidly to 20 by the end of the 1960s. (Annex XIV)

The problems and the needs were so great that priorities had to be ordered to best make use of limited support which UNICEF could give to the education programmes in the Americas. Quality of education was seen as the priority. The quality of training for primary school teachers had sooner then be addressed followed by an increase in their numbers.

To this end there were many common elements in each of the countries with UNICEF-assisted programmes. To begin with, and to avoid a continuing infusion of underskilled teachers, curriculum, standards and methods of the normal schools and teacher-training institutes were improved, their facilities and teaching materials upgraded and provision made for field practice in more adequately equipped schools. Teachers from the primary schools received in-service training, including courses to enable those who had little or no formal training to work towards certification. This group was particularly important since they formed a very high percentage of the teaching staff in rural schools and, coming from these rural localities, were very much more likely to continue in their posts.

Better preparation of the teachers would clearly not be enough since they were unlikely thus to succeed in a vacuum. School supervision also had to be strengthened and to that end in-service training courses were arranged to upgrade the training and experience of primary school supervisors. Their field offices were, in addition, supplied with equipment to enable the supervisors to prepare materials to be circulated to the teaching staffs as needed. Transport was also provided to facilitate periodic supervisory visits to all schools in their network.

Again, the sheer magnitude of the needs directed UNICEF assistance this time to the primary school network of a selected geographical area in the country. UNICEF stipends enabled a wider participation in the in-service training courses by the teachers. The teaching equipment and educational materials to the schools permitted the teachers to apply their new skills for the benefit of all their students, stimulating the older ones to find something of continuing interest. Without this interest only a small percentage of the students continued for more than one or two years, a crippling waste of the limited education facilities available.

+ + + +

In addition to the teachers, UNICEF also applied its limited available resources to special aspects in education. In the 1960s, after UNESCO drew attention to the inadequacy of science training in the curricula of both primary and secondary schools in the Americas, science education was given more particular attention in a few UNICEF-assisted programmes. At primary school level the emphasis was placed on basic aspects, especially where those could be related to the environment in which the students lived and which required only simple equipment or the adaptation of locally available items for use in demonstrations. Training courses and seminars in science teaching as well as equipment kits and teaching manuals formed part of the UNICEF assistance programme.

UNICEF was also ready to consider help in pre-vocational training for young people. In The Americas only a few countries requested this type of institutional support. However, there was, related to activities in health, social services, applied nutrition and, later, the basic services programmes considerable assistance given for more community based training. These were non-formal educational activities such as those which helped to prepare children for future vocations, provided women with skills to supplement the family income, contributed to better family life, demonstrated the value of good nutrition and increased family food supply, or which related to the care of the young child.

+ + + +

Links in the human chain

Throughout the years, as UNICEF has defined and redefined its programme of work in the Americas, one thing has not changed. That constant remains, even today, the spirit of cooperation which the organization has sought to better ensure its most efficient and effective operations in the region.

While UNICEF had maintained working relations with Inter-American organizations such as the Inter-American Children's Institute (IIN), the Pan American Health Organization (PAHO), and with organizations in the United Nations' system, there were also others working in the area of social change.

Efforts were intensified to maintain communication and cooperation with these other organizations and agencies involved with plans and programmes for economic and social development or which were able to provide assistance. Among the first such products of cooperation were the working relations developed with ECLA and ILPES (page 33) as one means of bringing the needs of children to the attention of national planning staffs.

Continuing close relations with the Organization of American States (OAS) and its bodies was unquestionable, but UNICEF also recognized the need for links to the new sub-regional organizations which represented the political decision of a group of countries for integrated approaches. There was the Caribbean Free Trade Association (CARIFTA), which later became the Caribbean Community (CARICOM), serving the English-speaking countries. In the Central American isthmus there had always been cooperation with INCAP on nutrition activities. There were also the Organization of Central American States (ODECA), a politically constituted body, and the Permanent Secretariat of the General Treaty on Central American Economic Integration (SIECA), active in the integration of economic development and trade within the isthmus. In South America, there were groupings of countries with common interests in trade and development such as the Andean sub-region and later the River Plate Basin.

With Governments relying on external loans to finance many of their development programmes, there was need, in the light of conclusions of the 1965 regional conference (page 34), to establish communication with international credit institutions, particularly the Inter-American Development Bank. Then later, arrangements were made for inputs to the review meetings of the Inter-American Committee on the Alliance for Progress (CIAP). The report and recommendations of these reviews had impact upon external financing for a country's programmes. At country level contacts were also maintained with bilateral agencies to share information on assistance being provided and on unmet needs in which they could be interested. A great deal of effort went into maintaining the contacts with these various organizations at regional and country levels. Relations were always cordial and the dialogue interesting with fruitful outcomes sometimes almost immediately visible.⁴³ However, as is likely with government contacts, changes in functionaries could interrupt continuity and sometimes result in a contact unsympathetic to social issues.

As UNICEF assistance policy broadened, further links became possible with various agencies of the United Nations' family, including a closer relationship with UNDP. However, with those in UN agencies often looking upon UNICEF predominantly as an additional source of funding for their special interest projects, the desired partnership was not always possible. Nevertheless, it was possible to maintain valuable relationships at country and regional levels with the representatives of these agencies though, as would be wont to happen in all relationships, there were times when changes in interests and conflicting priorities resulted in tensions and deterioration in working relations, a situation which did not aid progress in activities of interest to Governments.

+ + + +

Information on situations affecting children and on possible UNICEF activities in the region was generally directed to those in a position to influence national policy and plans. In areas where there was a UNICEF-assisted programme, the name UNICEF might be fairly widely known, but it was associated more often than not with the material assistance than with the objectives of the programme.

The Conference on Children and Youth in National Development in Latin America in 1965 (page 33) provided opportunity to change that. Being a regional conference, both in subject matter and location, it courted a wider audience and, in addition, the local press demonstrated far more interest than in any meeting of the UNICEF Executive Board. Besides, the decision to publish, in convenient pocketbook size, the conference report, provided an obvious tool for reaching that wider audience. Field staff were able to provide copies for distribution at working levels within ministries to local government staff and community leaders, libraries, the media, professional and civic organizations, local institutions, the academic community and to any otherwise interested parties.

This was the beginning of UNICEF sponsorship of publications, in languages of the region, offering additional information and ideas which might stimulate dialogue and interest more people and organizations -- both the public and private sectors -- in the situation of children and youth and means for improvement.

Nights at the Round Table

Publications were not enough however. UNICEF recognized the need for action to reinforce the recommendations of the Conference. It sought then to attract resources to maintain the requisite follow-up. In consequence, it was felt that a few experienced national planners, programme administrators and scholars brought together to critically analyse the structural problems affecting the situation of children might be a useful starting point, and so

in October 1968 a "Round Table" was organized.^{1/} Among other things, the meeting addressed itself to questions of UNICEF's most effective role within the prevailing situation and development trends in Latin America. The participants, there as individuals rather than government representatives, brought their knowledge and experience in frank and open discussion of both the situation of children and of UNICEF as an organization attempting to fulfill its mandate.

Certain principles became clear from those deliberations. First: effective national programmes depended upon the capacity of the authorities to mobilize themselves for coordinated action. Second: communities would need to be stimulated to action and their capacities engaged as partners in such programmes.

The message to UNICEF: it should embark upon realistic and active advocacy for improvement of conditions of children in the poorest groups. This dialogue, involving both administrators and scholars -- the so-called doers and thinkers -- was most valuable to future activities in the region.

And at the Board

While the normal practice of the UNICEF Executive Board had been, for economic reasons and convenience of delegates, to meet at United Nations Headquarters in New York, it had accepted invitations to meet in developing countries. The first such invitation took the Board to Asia (Bangkok) in 1964 and Africa (Addis Ababa) in 1966. An invitation by the Government of Chile for 1969 resulted in the first session of the Board in The Americas (Santiago). Situated at the extreme south of the region, its location offered delegates the opportunity for stopover visits to observe for themselves the situation of children in the region. Several Governments cooperated in arranging country tours for Board delegates able to participate. Visits were made to national programmes, of which some were UNICEF-assisted, meetings arranged with government heads and local authorities as well as briefings and discussions held with community leaders.

^{1/} The discussions are summarized in an unnumbered document - Round table on promotion of policies to benefit the family, children and youth in Latin America (October 1968 Santiago, Chile)

Days of reality

As with Board sessions in other regions, a Special Meeting, which concentrated on matters affecting the region, preceded the regular sessions. All Governments in the region, as well as each Inter-American organization, were invited to the 1969 Special Meeting on Children and Youth in Latin America. The "Round Table" discussions a year before provided a useful background for this new round of talks which considered among its basic documentation a summary of the socio-economic situation of countries in Latin America prepared by the Economic Commission of Latin America (ECLA),⁴⁴ studies on both the rural child⁴⁵ and the urban child,⁴⁶ and a UNICEF regional report⁴⁷ on past investments in The Americas with recommendations for future action. The basic documents, contact with participants from The Americas with direct knowledge and concerns, and the personal experiences of those Board delegates who had just arrived from country tours all came together in the Special Meeting to present the Board with a unique opportunity to better understand the meaning of underdevelopment for children, their future and the reality of life in the communities where these children were being brought up.

To begin with, the reality which is The Americas is one of dualism: in politics where power is vertical; in education with cultural elites and illiterate masses existing side by side; as well as that shown in rural-urban situations. A dualism which accounted for many of the social problems.

Studies under the ECLA/ILPES cooperative programme demonstrated that whereas in other regions migration was accompanied by a mingling of dominant characteristics of the new and the old, in The Americas, migration from the East saw those dominant cultures superimposed upon the indigenous population without ever mixing. This would perhaps explain the persistent dualism in The Americas which results in, among other things, large sections of the population maintaining their traditional structures and observing strict cultural traditions; remaining in fact marginal to any effects of general and economic development.

In 1961, the countries of The Americas, by the Charter of Punta del Este (page 35), showed a firm desire for social change in the region. They established targets for overall development, including social aspects which were later reaffirmed by heads of State at their meeting in 1967. However, despite their declared intentions, at the end of the 1960s, some 50 per cent of the total population still lived in poverty.

The aspirations tendered at the beginning of the decade created a class of victims, perhaps even more marginalized now by the inability of the massive development effort, in both economic and social areas, to have an impact on their already "marginal" conditions. From the rural marginal population where, through radio or cinema, segments had been given a glimpse of different conditions and a desire for a better life, the quiet movements to the cities in expectation of work became a thundering march. Ill-equipped for the often

non-existent work that had lured them, these people became part of the growing urban poor, living under conditions more miserable than they had left. Increasing social tensions was what might be expected and what was delivered. A principal victim: youth.

+ + + +

The Charter of Punta del Este established targets in various social sectors. Progress over the decade was uneven:

- Education. The very large financial investment in education had enabled larger school enrolments at all levels. However, the benefits of this investment in rural areas failed to keep pace with education in the urban areas. Absenteeism and dropout statistics showed little change over the decade, pointing to a high wastage rate in the investment.
- Health. The mortality rate in the one-to-four age group dropped rapidly. For children under one year, the decrease in rate was much less satisfactory and the overall number of infant deaths remained high, particularly in the marginal populations groups, both rural and urban.
- Nutrition. There was little improvement in overall levels of nutrition as food production in the region decreased and consumption among the low-income strata in many countries declined.
- Family income. Changes in income were not uniform among different segments of the population, and increases were concentrated in the cities where average income was 10 times that of the rural population.

It was such undisguised realities about the structure of Latin American society, about the poor, about the aspirations and progress of the decade, and about children and young people as they were being affected at that time which the participants took into the 1969 Special Meeting.

A summary of the documents presented, the discussions and the conclusions reached during the Special Meeting were presented as a report to the Board at its regular session.⁴⁸ A more complete account of the Special Meeting was published later under the title "Children and youth in Latin America 1969. Problems and perspectives for future action," Santiago, June 1969.

This Special Meeting, together with the discussion on The Americas which took place during the ensuing regular session of the Board, climaxed a process which examined the situation of children in The Americas, considered the place of children and young people in national development, reviewed viable activities and priorities to address problems affecting children and which clarified the role to be played by UNICEF. The latter determined that UNICEF

staff in The Americas would, above all else, continue as advocates for children in representations to the public and the authorities. They would collaborate directly with Governments in the promotion of policies and the development of plans to take into account the needs of the child, and would give priority in material assistance to those programmes which involved the communities and brought basic services to benefit the children in the poorest, marginalized areas.

THE SEVENTIES: Steppin' Out

The decade of the 1970s might also be described as the decade in which UNICEF in The Americas reached maturity and was now stepping out on its own. No longer, as in the Sixties, were its energies and resources shackled in already defined programmes. With the dawn of the 1970s, the seemingly remote notion of a significant change in UNICEF's role in The Americas was now a committed reality. The Board and the countries of the region had issued a mandate.

Most of the countries of The Americas experienced considerable strengthening of their economies during the 1960s. The gross national product had continued to grow. However, rather than that benefiting the poor, the gap between this sector and the so-called modern sector had widened. Entering the 1970s, the growth rate of the economy was slower, inflation was becoming a serious problem, population was increasing at a high rate, and there was a high level of unemployment coupled with large numbers of the population employed in low productivity activities. Given such a scenario, Raul Prebisch addressing the fourteenth session of ECLA in 1971 echoed the anxieties of those concerned about the future of the poorest and otherwise marginalized groups in the population when he observed: "I think that it should be borne in mind that man does not live by GNP alone, that GNP is a means of leaping towards other high ideals, towards ideals that transcend the economic system. Any ideology of social transformation that does not clearly fix objectives beyond those of economics - beyond the economic system - is an incomplete ideology and can even bring us enormous frustrations."

The Seventies was also a time of a resurgence of culture in the region which was dedicated to solving specific problems through measures that reflected the identities of the countries of The Americas. The trend was evident during several meetings which took place prior to the 1969 session of the UNICEF Executive Board and the Special Meeting on Latin America, namely, the Thirteenth Session of ECLA, a special meeting of the Special Committee on Latin American Coordination (CECLA) and two meetings of the Inter-American Economic and Social Council (IA-ECOSOC). It was a recognition that the dominant society in The Americas had remained dependent upon outside values which, in spite of important quantitative economic achievements and social advances, had had adverse effects on economic development and on educational and social welfare systems. The result: a society in which the lower strata had been excluded from the development process and in which all others had been estranged from their own national ethos. Speaking in 1970 of that "personality crisis", the president of the Inter-American Development Bank referred to a great dynamic force among the peoples of The Americas which "not only tries to consolidate a generic common destiny but is also aimed at the more effective participation of all social groups, especially those which have traditionally been most neglected."

Speaking to the Board in April 1970, Roberto Esquerro-Barry, UNICEF Regional Director, described the organizations' new role as having "three features: firstly, the formulation of specific policies in favour of children, the family and youth; secondly, the inter-disciplinary combination of the different public and private efforts at social programming; and, thirdly, the mobilization of the potentialities of youth and volunteers to encourage community participation in the development process."⁴⁹

Promoting national policies and involving youth

In consequence, an even greater and concerted effort was made to promote, both at the level of the general public and among the decision makers, an awareness that the health, welfare and development of children and youth was more than an individual concern: it was a fundamental requisite for progress and the future of the countries and perforce, belonged appropriately in the realm of national policy. Those with responsibilities to formulate or implement policies and plans for national development had always to be made aware of this notion in an attempt to solicit their fullest attention to the needs of future operations. Ultimately, the UNICEF objective was to lay a foundation for a long-term impact on the situation of a majority of children rather than providing aid which, given inherent limitations, would only affect the condition of a few.

The cooperation, commenced in the 1960s (page 34), with national planning offices to help them increase their capacities in the social aspects increased in the 1970s. Initially UNICEF assistance was funded through a regional programme and later -- particularly where longer-term advisory services, staff subsidies or equipment were involved -- became part of the direct country programmes.

Studies or "situation reports" on children and youth in several countries had resulted from the 1965 Conference on Children and Youth in National Development in Latin America. UNICEF encouraged and assisted countries to prepare or update such studies and suggested an overall format for the purpose as a first step towards understanding the problem and devising possible solutions. Studies were, in most cases, coordinated by the national planning office in cooperation with private and public sector institutions. In several countries these studies were used in a national conference on children and youth, bringing together individuals drawn from the public and private sectors, and from various disciplines to review the situation outlined in the studies and to discuss the possibilities for overcoming problems and formulating more effective programmes for the welfare of children. Commissions on specific aspects and local area meetings with the participation of community leaders and groups were among the activities which prepared the conferences, in an attempt to obtain the widest spectrum of input.

The countries of Central America and Panama held a joint conference, arranged under the joint sponsorship of the Organization of Central American States (ODECA), the Permanent Secretariat of the General Treaty on Central American

Economic Integration (SIECA), and UNICEF. The six countries involved established a joint commission for overall guidance. In each of the countries there was an extended period of preparatory work, studies, papers, meetings, etc., in which national planning offices, sectoral ministries, local authorities, community leaders, NGOs and youth groups, were among those involved. The latter was most important by nature of the issues being considered and were keenly encouraged to participate in all phases of the preparatory work in each of the countries. They were later represented in delegations to the conference, to which they made valuable contributions.

The conferences, to their credit, stimulated public interest and opinion and provided new insights to those in national planning who had previously been more involved with the economic aspects of development. The tendency, however, was toward sectoral arrangements in the conclusions and recommendations. In each case, unquestionably, they left a wealth of material potentially valuable for many years yet.

Integrated basic services

Pursuing its mandate, UNICEF then set out to develop programmes to bring basic services to neglected communities and to benefit the poorest children. The approach: coordinated action engaging all disciplines, involvement by local authorities and the communities to be served, and use of the many experiences in sectoral programmes.

The approach reflected not only a practical outcome of the conclusions of the Special Meeting and the thinking of the 1968 Round Table, but it was one which evolved from, and was able to take into consideration, experiences in maternal and child health care, in integrated health services and the applied nutrition, primary education and social service programmes. The first of the "Integrated Basic Services" programmes in Chile, Guatemala and Mexico received Board approval in 1969. While assistance did continue for sectoral programmes, the overall trend was towards more interdisciplinary approaches and coordinated actions. Before the end of the Seventies, 18 countries (Annexes IX, XII, XIII, and XIV) had received UNICEF assistance for such programmes.

+ + + +

Many factors were considered in selecting the area in each country for an integrated basic services programme. They were, at the beginning, very experimental in nature, the only prior experience in coordinated interdisciplinary action being in the applied nutrition programmes. Above all, it was fundamental that the area be one of the poorer and least developed, where little had been done for its children. Other considerations included: the locale's part in regional or national development so that potential for replicability and extension of the programme could be determined; accessibility of the area to ensure systematic and efficient

monitoring at the highest level by ministries and organizations involved and further, that it might come to the attention of a maximum number of opinion makers and leaders in the country.

Consequently, national planning offices were involved, from the outset, in selecting the area and in planning the programme. Involvement of the national planning offices varied from country to country, but most welcomed the programmes as a means to become more familiar with local social conditions, with activities in the different disciplines and with the field administration. They could also participate in the evaluation of the programme's impact on life in the communities and on development of the area.

In setting up the programmes, certain common features were established while not denying innovative features peculiar to a specific programme.

The activities common to most programmes which were assisted by UNICEF included:

- Basic health services, using the primary health care approach and applying the experience from earlier integrated health services programmes
- Water supply and environmental sanitation to increase the availability of potable drinking water to the communities, to stimulate use of sanitary latrines and to promote improved appearance and cleanliness of the communities
- Food and nutrition, bringing experience of the applied nutrition programmes in such aspects as nutrition education, home economics and school and community gardens
- Primary education through teacher training and provision of educational materials
- Out-of-school education for young people and women.
- Mothers' clubs and day-care centres for young children.

Each programme had, nevertheless, its own individual features and some developed interesting special activities.

- In Bolivia, the programme was a part of the regional development plans and was linked to efforts to build-up a social planning capability in regional planning offices.
- In Chiapas, Mexico, a radio station was set up. This proved the most publicized of the UNICEF-assisted integrated basic services programmes and was one in which the communities were very much involved. In its daily broadcasts in each of the local languages,

the station featured items of local news interest and educational messages on health, nutrition, etc., which it interspersed with its music programme.

In the Puno region of Peru, centres for the young child, known as "Wawa Wasi" (house of the child), were built by the communities and staffed with volunteers from that community. What made them even more special was that these were not just passive day-care centres: the workers had received training and made educational play and stimulation for infants and young children, reflecting the culture of the region, a part of the centre's activities.

+ + + +

In their administration the programmes had some form of a coordinating committee, with one of the ministries or authorities taking a lead role. However, in all, representatives of local authorities and of the community were considered essential. In fact, the most successful programmes were those where the interests and perceived needs of the communities received priority consideration and where communities and their leaders participated in the investigation, planning and implementation stages of the programmes. Flexibility in management and coordination were also keys to the success of the programmes.

Further, it was natural that a fundamental consideration in planning basic services programmes would be the primary health care approach. From the first days of assistance to maternal and child welfare services through the period of integrated health services, UNICEF had been concerned about the families and communities which did not have reasonable access to any form of health services. UNICEF assistance emphasized not just facilities but far more, staffing: witness the continued high investment in training programmes for 'empíricas', and for all types of auxiliary health personnel and volunteer health workers.

Accessibility of communities to health services was considered in the initial evaluation of the Ten-Year Health Plan for the Americas. The evaluation submitted to the Directing Council of PAHO at its XXIV Meeting, in Mexico City in September 1976 showed that most health facilities were located in larger communities and that there were many countries (Annex XV) where more than half of the population living in communities of under 2,000 inhabitants did not have reasonable access to even minimum health services. There was clearly a need for the primary health care approach.

During the malaria eradication campaigns, UNICEF had firmly advocated the use of voluntary collaborators (page 39), pointing out that they, and the 'empíricas', were the only readily accessible health workers for numerous rural communities. When some areas had reached the consolidation or final stage of the campaign and, later, as a change in approach for countries not showing progress, UNICEF suggested training and engaging the voluntary

collaborators and malaria evaluators as polyvalent health workers to extend the reach of the basic health services' infrastructure. A regional fund for this purpose was later established (page) and utilized in several countries. One of the first countries to adopt this approach in its areas of consolidation was Costa Rica. There the programme, the brain child of the Director of Health, Dr. Rodriguez Arabañez, was gradually extended on a national scale and, subsequently, promoted as an example of primary health care.

It was this background of interest in making health services accessible to all; fully involving community participation in all aspects; using community health workers, volunteers and local workers of other sectors for simple health procedures as well as for educational and promotional activities; and the multisectoral consideration of solutions to health problems which set the pattern for UNICEF collaboration to the health component of the integrated basic services. These concepts and approaches in primary health care long supported by UNICEF, did not gain warm acceptance by all the national and international health workers in the field until after promotions at regional level and the Alma Ata Conference in 1978.

+ + + +

With little work for the unskilled, their dreams unfulfilled, their swell in the misery-ridden urban slum areas, were reaching proportions to warrant deep concern. Further, the rapid expansion of these slum areas around capital cities was a problem increasingly referred to in Inter-American forums and noted in UNICEF contacts with national planning offices. Late in 1969, a Hispanic-Portuguese-Latin American conference of local authorities was held in Chile. UNICEF presented a paper on children and youth in poor urban areas and on strategies for overcoming some of the problems produced by their living conditions. With assistance from UNICEF Headquarters' specialized staff, it was possible to examine aspects of the problem in more depth in several countries and to make suggestions towards solutions.

UNICEF felt that the approach of an integrated basic services programme should be as viable in an urban setting as in the rural environment. For these families, unaccustomed to life in the cramped quarters of the urban purlieus, the basic services of health and sanitation were absolutely essential. Training programmes could help them to adapt to their changed conditions and life-style as well as to improve their possibilities for gainful employment. Community organization and facilities could enable them to develop self-help and income-producing activities, to provide recreation for the young people and to set up day-care centres for the young children of working mothers. UNICEF-assisted programmes were developed for urban slums in three countries: Colombia, Mexico, and Peru.

Colombia: the Cartagena project: Begun in 1973, the success of the Cartagena programme prompted the government decision in 1977, to extend it to 13 small cities. A somewhat ambitious programme the aim was not only to improve the

situation in slum areas in those cities but also to achieve some redistribution of population away from the densely populated cities and to divert further growth to intermediate towns.

Mexico: In 1961, UNICEF had approved assistance to a programme to improve living conditions in the shantytown periphery of Mexico City, the first attempt by UNICEF to collaborate in a project designed for an urban area. Its main elements were water supply, self-help improvement of homes, and vocational training directed to the latter. Subsequent jurisdictional and administrative questions resulted in UNICEF assistance being cancelled, although the project was implemented by the local authorities. Mexico, with perhaps the largest urban migration in The Americas, continued to develop programmes for its fast-growing poor urban areas, including activities in health, nutrition, housing, sanitation and education. In these, as members of the Board observed in 1979, the social workers evolved some interesting approaches to create an awareness of problems, to educate members of the community and to stimulate them towards self-help solutions. UNICEF collaboration in an urban programme in three cities in Mexico was approved in 1979. It involved studies of the situation of children in those cities and exploring actions directed to benefit the young child.

Peru: 'Pueblos Jóvenes'

Lima, Peru has seen a phenomenal growth of shanty dwellings under precarious sanitary conditions and without any access to basic services. In 1973 UNICEF approved assistance for a programme of 'Pueblos Jóvenes' - new towns - for which planning drew on the experiences from some small-scale activities in the urban slums and from the integrated basic services in the Puno region. A main focus of the programme in Lima was the services for the young child in facilities built and operated by the community. Through these they provided for the care and education of young children in a programme where parents were trained to continue, at home, their attention to the health, nutrition and early education of their children.

+ + + +

But while UNICEF focused attention on these new programme thrusts of the Seventies, old concerns were not neglected and in fact accommodated quite easily into the new integrated approach.

For example, historically nutrition had been at the forefront of UNICEF concerns and activities. In The Americas supplementary feeding programmes, among the first of those approved, provided direct nutrition to countless mothers and children. Then there were the milk conservation programmes, and applied nutrition programmes. Throughout there were training programmes in nutrition, reaching not only nutrition technicians but social workers, teachers, auxiliary health workers, project administrators and community leaders.

Consequently, it was natural that, in 1970, UNICEF should respond to the calls made at Inter-American meetings of ministers of health and agriculture which drew attention to the urgent need for national food and nutrition policies covering all aspects of production, distribution and consumption, and inviting United Nations' organizations to collaborate with Governments in this matter.

Initially the response took the form of a series of conferences by groups of countries to bring together representatives from the economic, industrial, agricultural, educational, health and social sectors with responsibilities for policies and plans having a bearing on food and nutrition. Sponsored by ECLA, ILPES, WHO/PAHO, FAO and UNICEF, with participation from UNESCO, the World Bank and Inter-American organizations, UNICEF took the lead in this programme, providing a full-time coordinator and funding for secretarial and documentation costs, for local coordinators and for travel of participants. Pre-conference preparations took longer than expected. Methodological guides, taking into account the various disciplines involved, were the first priority. Then, in each of the countries of the Andean Common Market, the guide was used to compile background material and to draft a proposed national policy on food and nutrition. Thus, at their conference held in Peru in 1974, participants were able to discuss the problem on the basis of comprehensive information, with practical experience in formulating policy and as a result, already having some insight into the difficulties which might be involved in its adoption and application.

As the programme developed, it became known as the Interagency Programme for Promotion of National Policies in Food and Nutrition (PIAP/PNAN). Its focus changed from conferences to direct country assistance in response to growing calls for help from countries interested in institutionalizing food and nutrition policy. The programme had a technical team of professionals appointed by ECLA, WHO/PAHO, FAO, UNESCO, and UNICEF -- the latter elected as coordinator -- a supporting staff and its office in Chile. The UNICEF-funded team, prepared an array of technical materials for training and information purposes in the countries, organized national seminars and training courses, provided advisory services including their own periodic country visits and assignment of consultants, and arranged for exchange visits of national staff.

To review the work of the technical team and programme priorities, the five sponsoring organizations met semi-annually at senior regional level. The 1968 review was assisted by a comprehensive evaluation of the programme carried out by an outside evaluation group, which then discussed its findings with the technical team and representatives of the sponsoring organizations. The evaluation group was able to point out many positive aspects⁵⁰ of the programme, including: creating increased awareness at the political level and among high-level technical cadres; training national, multidisciplinary, technical nuclei; contributing to specific knowledge of the situation in the assisted countries; providing a methodological guide; and influencing national planning offices within which national technical groups had been formed, particularly in the area of conception and operation of multifunctional initiatives. The group was also critical, drawing attention to some weaknesses. It recommended the emphasis of the programme, on preparation of

studies and formulation of regional food and nutrition plans and policies, be changed to one of assisting the countries in developing specific programmes and projects, with emphasis on a multisectoral approach.

Some countries such as Bolivia, Chile, Colombia, Dominican Republic, Ecuador, Haiti, and Peru used the PIAP/PNAN programme to help in establishing comprehensive policies of food and nutrition and for special programmes for the most vulnerable groups. In the Caribbean, cooperation was undertaken with the Caribbean Food and Nutrition Institute, and in Central America, with the Institute of Nutrition for Central America and Panama (INCAP), organizations established by the two sub-regional groups to aid them in the food and nutrition sphere.

+ + + +

With the advent of International Women's Year (1975) and the major conference scheduled in Mexico City, UNICEF joined in efforts of countries and regional institutions to examine more carefully the situation of women, particularly those in greatest need and those living in the poorest rural and urban areas. To assist in this and to compile information on UNICEF-assisted programmes benefiting women in The Americas, a specialist in women's affairs was added to the regional staff. Mothers' clubs, out-of-school education, as well as such indirect actions as the provision of village water supply to reduce drudgery, were just some of the cooperative efforts undertaken by UNICEF which benefited women directly.

Later, as a follow-up and to take advantage of interest generated through International Women's Year, UNICEF adopted a regional programme to promote the role of women in the community. The programme was also aimed at their participation in a development which would both increase the contribution of women to the production of goods and services and encourage the mutual involvement of men and women in activities relating to children and the home. The creation or strengthening of the institutional means to facilitate this would be necessary pillars in support of these objectives. The programme also provided for training and for collaboration in national programmes to further those aims as well as for exchange of information and new ideas within the region.

+ + + +

The young child has been the centre of many programmes. Supplementary feeding for mothers and children benefited the unborn, the infant and the young child. Young children provided a focal point in nutrition education of the family. Training in post-natal, as against only pre-natal care, for 'empíricas' was promoted by UNICEF out of a concern that such care was otherwise inaccessible to many mothers. Support for training of physicians in social paediatrics, through both a regional programme and one in Brazil, further reflected interest in the young child. Day-care centres and other

community social services met some of the needs of the younger child. National studies or conferences on children and youth, exercises which led to special efforts for children in the under-six age group was yet another approach to serving the needs of the young child.

In 1967 UNICEF had sponsored a conference on the Needs of the Young Child in the Caribbean,⁵¹ held in Barbados. As a follow-up, a review of the situation and discussions were held with the Governments and with the University of the West Indies (UWI), during which time ideas for an overall approach within the Caribbean region were considered. The programme which was subsequently developed, and which received UNICEF approval in 1971, included among its objectives early completion of specific policies for the pre-school child within national economic and social development plans, strengthening and extension of services within each country, and educational programmes to increase parental understanding of both the proper care of the young child and how vitally important that is to their growth. The experience of the Institute of Education at the University of the West Indies and the Van Leer Foundation (Netherlands) to improve the informal neighbourhood care of young children by "granny mothers", was taken into account. The programme sponsored the creation of the UWI-based Centre for Preschool Child Development to assist Governments in preparing national policies and to train staff. The publication "Beautiful Junk" (Annex XVII), or the creative use of discarded materials to make children's toys, also came out of this programme. An update on activities for the young child in the English-speaking Caribbean was prepared by the university as a background document for the 1979 Special Meeting of the Board.⁵²

The Barbados conference and its follow-up had resulted in some exchange of ideas and experiences about programmes for the young child within the Caribbean. However, as became more apparent during the preparations for International Women's Year and while examining activities which would benefit women, there was very little dissemination of information among countries in the region about schemes for the care of the young child. UNICEF therefore undertook to search out and share information on programmes which went beyond the passive 'baby sitting' type service. Efforts were made to identify experiences, approaches and innovative ideas not only in government programmes but through research institutes, private organizations and local communities. Consultant services, study visits and circulation of special reports contributed much to that exchange. UNICEF also assisted programmes in Chile, Colombia and Peru which were more advanced in their experiences with early childhood stimulation: The first a more formal institutional approach, the others more community oriented and based on local conditions and customs.

Chile. Initial work in early childhood stimulation carried out through the health service, with cooperation of the university. The programme:

linked with breast-feeding and nutrition of the mother; well monitored technical programme; results evident in the improved health of the children. A 1978 publication⁵³ described the work through two

editions. In 1979 the Ministry of Health incorporated psycho-social stimulation as an element of the services to be provided at its facilities throughout the country.

Colombia. Various approaches to caring for the young child: 'Centros de Atención Integral para el Preescolar' (integrated preschool care centers) a national programme ... Objective -- and overall balanced care; Cartagena ... day-care centres to assist urban working mothers ... sponsored by the community ... attention to local customs and includes feeding, hygiene and play; pre-schoolers ... 'Escuelas de banco' (bench schools), indigenous form of education in low income areas, usually carried out by local person in a home ... child literally brought his/her own seat.

Support was provided to the National Institute of Family Welfare for non-conventional approaches and to improve and expand services for the young child. UNICEF was also ready to help private groups involved in unusual approaches. One such of interest used children's toys: sets of children's toys simple and easy to duplicate locally, were so designed that they formed a basis not only for the education of the young child at different age levels, but also for parental guidance.

Peru. 'Wawa Wasi' (house of the child), experimented with in the rehabilitation programme following 1970 earthquake ... then to the Puno region ... families do not consider it a government programme, it is their own and supported and defended as such ... revolutionary in approach to the young child and in bringing families and communities into a participation in national development: communities established around 1,000 'Wawa Wasi' caring for about 40,000 young children. Later, ministry of education adopted early childhood education programme as model non-formal education programme to apply nationwide not using trained volunteers from the community to operate the 'Wawa Wasi' but paid workers ... non-formal community arrangement the more successful!

There had also been similar small-scale trials in the slums of Lima so that, in 1977, the 'Wawa Wasi' were a feature of the integrated basic services planned for the 'Pueblos Jóvenes' in Lima (page 67). UNICEF assisted in making a short film to demonstrate the activities and impact of the 'Wawa Wasi'. Shown to the UNICEF Board at its 1976 session, it has also been used by the Save the Children Foundation in recommending the approach.

Interest in the 'Wawa Wasi' continued to spread. Neighbouring Bolivia introduced the concept into its regional integrated basic services programmes, as did the Dominican Republic for its Division of Preschool Education. Ecuador was particularly interested in Colombia's experience with community participation in preschool childcare and brought that into their integrated basic services.

The countries of Central America and Panama became interested in the experiences with early childhood stimulation. In 1977 UNICEF approved a programme for these countries covering the promotion of public awareness, a wide range of training activities, studies of the young child in specific socio-geographic areas, the establishment of a documentation centre for use by the countries, as well as assistance to individual country projects. Some of the publications prepared by this programme are included in Annex XVII.

+ + + +

Through its collaboration in primary school education, UNICEF had become concerned about the large percentage of dropouts. Parents, it seemed did not fully understand the value of education nor were they able, it appeared to find alternatives to using the children as working members of the family unit. Further, neither the content nor the quantity of the educational curriculum stimulated the children to maintain their school attendance. Identified as possibly at the heart of the dropout problem UNICEF accepted to directly address these issues in the design of programmes which could assist a turnaround.

Then the Inter-American Children's Institute (IIN) drew UNICEF's attention to experiences which showed that some children were afflicted with dyslexia, a learning disability which could be overcome when recognized at an early stage. While it affected only a small percentage of children, UNICEF agreed to collaborate in an effort to ensure a cadre of educators with the appropriate skills to deal with the problem, as needed. The result was a programme, administered by IIN with the collaboration of UNICEF, UNESCO and WHO/PAHO, during which a series of three training courses (1970, 1972, and 1974) were conducted on the methods of identifying students with the disability and how to adapt the educational programme to treat their problem. Participants were mainly professors of teacher-training institutions and education supervisors, as well as some psychologists and paediatricians.

More links in the chain

As children's advocates, UNICEF devoted its energies equally to public information as to programme development. A variety of methods were employed. Through national conferences, individuals from both public and private sectors were involved in the efforts to influence policies in favour of children. They were also introduced to UNICEF as a partner with a conceptual role to play in the efforts to improve the services to children and to encourage, in their benefit, better utilization of resources available at national and local levels. This extended network in turn promoted the concerns among others and through their meeting, lent occasion to stimulate the interest of the national media in the issues under discussion.

In their efforts to stimulate interest among national media representatives, one UNICEF office (Guatemala) organized, in 1976, a seminar for journalists to look at the social situation and problems affecting children and youth, bringing to attention at the same time, examples of activities in their own countries aimed at alleviating some of the difficulties they faced.

UNICEF information staff in the region who, in the early years, had focused their attentions on preparing materials to interest and inform audiences in donor countries, were now giving equal attention to audiences in The Americas. Assistance was provided for local production of materials dealing with the problems of children and youth in a country, material which was later circulated in that country.

Further, in its continued endeavours to stimulate interest and encourage dialogue on the needs of children, UNICEF sponsored titles such as "El Niño y el Joven - Motores del Desarrollo", aimed at opinion and policy makers including, those in Government, in academic circles and in the private sector. This and "Los años postergados" were joint publications with Paidós, a major publisher in the region, using their established distribution channels to reach more readers. At a more popular level well known cartoonists, Joaquín Lavado ("Quino") featured Mafalda and her friends in "Declaración de los derechos del niño" and Renzo Pecchenino (LUKAS) illustrated "Para ti y todos los niños". An indication of the variety of publications is given in Annex XVII.

Besides the written, audio-visual materials which portrayed the general situation of children in the region and those which spotlighted national projects with interesting approaches and novel solutions to problems, were prepared for adaptation and use by the countries. Materials, such as films co-produced with television companies and filmed on location in the region were intended initially for audiences in donor countries, but were sometimes also issued in Spanish-language adaptations or dubbed into Aymaric, Quechua and Portuguese, for use throughout the region.

UNICEF greeting cards offered another opportunity to engage the support of wider audiences for the work of the organization. Involvement in annual UNICEF greeting card campaigns gradually increased over the years, and by the 1970s there were sales in 27 countries (Annex VII) of The Americas. Artwork contributed to UNICEF by artists from the region, of which 115 were selected between 1955 through 1979 and 99 already issued as greeting cards (Annex XVIII), helped to stimulate interest and sales. The campaigns were carried out by a variety of national volunteer groups, UN Women's Groups, and numerous local organizations, such as national Red Cross societies, who received a commission which they used to help finance their regular activities. As mentioned previously (page 16), not only did the campaigns result in a very substantial income for UNICEF, but equally important the sponsoring groups became involved in educating other audiences about the aims of UNICEF and programmes benefiting children in that country.

Finally, as the volume of projects which Governments were interested in implementing began to exceed the available levels of UNICEF's direct investment, more attention was given to bringing these possibilities to the attention of other sources. Among these were international banks, private foundations and bilateral aid agencies. Many projects for which UNICEF financial assistance could not be made available were able to receive assistance from sources in Canada, Europe and the United States.

Celebrating the child

Across the region there was positive response to the designation of 1979 as the International Year of the Child (IYC). National Commissions, with governmental and private participation, were formed to plan special events and activities to mark the year. UNICEF staff gave much of their time to assist these commissions.

While, in each country, special interests, needs and possibilities determined distinctive approaches to celebrating the year, many common concerns were reflected. Among the most frequent:

- Care of the young child through activities ranging from improvement of day-care facilities, to pre-school education, to promotion of breast-feeding.
- Nutrition, particularly in educational and promotional activities to stimulate a better understanding and consumption of nutritious foods.
- Examination of legislation affecting children, particularly those in special need such as the handicapped or abandoned, and in those special situations such as labour and the penal system.
- Special consideration of the young among the disadvantaged, in recreation and sports, and for training in job skills.
- Concern for the blind and others physically disabled and learning disabled.
- Educational activities aimed at strengthening family life.

IYC became an occasion to endorse and strengthen the many ongoing programmes for children and youth. It was a time to celebrate youth, the efforts to assist their development and, with equal vigour, an occasion for additional efforts by each country. Studies or reviews, new field projects and a wide variety of seminars, workshops, meetings, and conferences were all a part of the year's activities.

The media responded well as its various arms were enlisted during the many activities. Some commissions adopted a series of child-related themes which the media highlighted each month. The rights of the child were also widely featured in series. As the year progressed and the commissions were able to make more materials available there was good newspaper coverage, periodic feature articles, radio shows and some TV coverage. As part of their educational and publicity activities many countries were able to issue special publications and several prepared films, pamphlets, and posters.

Special events were arranged to stimulate wider involvement in IYC. Among the most popular were competitions for children to submit their artwork, photos, essays, and poetry related to the theme of the year. Numerous exhibitions featured activities benefiting children. Concerts, sports events, carnivals, theatrical shows were just some of the entertainments arranged to promote IYC and to raise funds in support of local childcare programmes. There were also a number of special postage stamps issued in commemoration of IYC.

When, in October 1979, the United Nations General Assembly arranged a three-day debate on IYC there were interventions by representatives from 15 countries in the region. Among these were the first ladies of four countries (Colombia, Costa Rica, Dominican Republic, and Mexico), each of whom had headed the National IYC Commission in her own country. These, together with the first lady of Panama and those of seven countries from other parts of the world were together again at the end of November 1979 at the invitation of the Government of Mexico. The occasion -- a conference of first ladies who chair national IYC commissions -- was a demonstration of the interest and sense of responsibility they have to influence policies and programmes to the benefit of children in their countries.

The success of IYC in the region was a result of cooperative efforts by the public and private sectors. Continuation of their cooperation was considered essential since, as the First Lady of Colombia, Sra. Nydia Quintero de Turbay Ayala, had noted in the UN General Assembly debate: "However strong it may be, the State cannot shoulder all the weight and the endeavours that this great fight entails. The private sector has unavoidable social responsibilities unless it wishes to widen the profound gap between the haves and the have-nots." Looking to the future, the First Lady of Costa Rica, Sra. Estrella Zeledón de Carazo, pointed out that an outcrop of the work undertaken had been to "discover not only our own problems but also our own potential." Both speaking of the success and looking to the future, the representative of Jamaica, Mr. Lloyd Barnett, felt that "the fundamental reason is global acknowledgement of the fact that our future rests in the hands of our children."

National IYC Commissions had been formed to commemorate the year but the representative of Peru, Sr. Hugo Palma, pointed out that their continuation in some form of permanent body "would lend continuity to the work which is still new and which in the future may be in danger of stagnating or coming to a halt." This was obviously a widely shared sentiment since most countries of the region later designated such focal points for IYC follow-up.

For the "Better off" countries

The IYC debate in the UN General Assembly highlighted the universality of problems affecting children in both economically developed and developing countries. Recognizing that even in countries with greater resources there were less developed areas with children in great need, assistance was requested and provided for programmes in both lower and higher income countries with little differences in the type of programmes. Later UNICEF began to take into consideration factors such as child population and gross national product (GNP) in an effort to establish priorities and levels of assistance for a more equitable use of its limited resources. More attention was then given in the region to countries with lower levels of GNP.

However, GNP was not felt to be a true measure reflecting children's needs throughout The Americas and better indicators were sought. In two papers presented at the Special Meeting in 1969 other factors were used in attempts to provide a typology-related to growth of social programmes⁵⁴ and a typology of countries using a mixture of economic and social indicators.⁵⁵ The meeting offered guidance for collaboration with the more economically advanced countries in the region in the efforts of their Governments to promote policies and develop national plans when it suggested that plans take into account child needs and give priority in material assistance to the poorest children of communities in the poorest marginal areas.

There was some collaboration with foundations and universities in the economically more advanced countries in the region. The feeling was that the resulting studies would not only be of benefit locally but that the experience would be useful to others in the region. In intra-country programmes such as the seminars for juvenile court judges, women in development, young child and learning disabilities, there was mutually beneficial collaboration with these countries.

Brazil was the only country in the region where, in the 1970s, collaboration was almost on par with that offered an economically more advanced country. For many years Brazil was among the countries receiving programme assistance in supplementary feeding, maternal and child health, water supply and primary education for its north-eastern States. Then there was a period when emphasis was on assistance through national organizations such as the Rural Extension Service (ABCAR) and the National Child Welfare Foundation (FUNABEM) which enabled a more innovative type of cooperation. However, in 1977, recognizing the changing situation, the GNP level and the relatively high level per capita income it was felt that for UNICEF assistance to have any real impact a change in approach was necessary.

To this end the UNICEF representative initiated a dialogue with the Government covering areas of mutual concern. They undertook a comprehensive review of UNICEF and Government collaboration over the years and proceeded to formulate a new pattern of collaboration in keeping with UNICEF policies and with the strengths and weaknesses of the Brazil of the day. A series of papers were

prepared to facilitate this dialogue between UNICEF and their government colleagues. Among these: a historical background of UNICEF in Brazil; advocacy as a UNICEF function, including suggestions for a plan in Brazil for support for the improvement and extension of services for children; review of a joint strategy for activities in nutrition. The major working paper was a draft document "UNICEF participation in Brazilian development. A planning perspective for children and youth" intended as a framework for discussions towards preparing a programme of cooperation for the next period. It summarized UNICEF concerns and priorities, and reviewed possible avenues of cooperation which had come up in conversations with government officials.

The UNICEF office in Brazil was strengthened, bringing in officers with specialized backgrounds and prior experience in UNICEF to help in the preparation of the working papers and to participate in the interaction with government officials. The result was the introduction of a high level technical assistance approach designed to assist the Government in organizing its own services and thereby more effectively employ UNICEF's modest financial contribution as a catalyst. Essentially UNICEF activities fell into three main categories; the collection and dissemination of information regarding the magnitude and complexities of problems affecting children; supportive and experimental activities for improved techniques and strategy; and activities aimed at establishing long-term policies, perspectives and planning development.

The Americas is a richly endowed "better off" region. Undeniably so if the criteria relate to professional and technical talents, rather than the more often applied measures of income levels and GNP. Collaboration with foundations and universities as well as inter-country programmes assisted by UNICEF, gave cause to draw on local talents. Also with collaboration, innovative ideas and new departures for programmes benefiting children were brought to wider attention. More use of these experiences, which have a potential for greater development in the future, could be made not only for the benefit of children in the countries of The Americas but for those in other regions.

At the board once more

The year 1979, and the Board accepts an invitation from the Government of Mexico to meet in regular session in that country. The Special Meeting on Children in Latin America and the Caribbean, which preceded that, was itself preceded by an intensive period of activities to ensure that the Special Meeting would be a stimulating and useful experience for both the Board members and for the other participants, including those from countries in the region. Further that it would result in policy and programme guidelines for countries and collaborating organizations in giving emphasis to the needs of children in national development.

Case-studies and reports on experiences and programme approaches relating to the themes of the agenda of the Special Meeting were prepared by experts from several countries. As basic background material for the meeting, UNICEF prepared a paper⁵⁶ on the situation of children in Latin America and the Caribbean while ECLA compiled a statistical compendium, "Indicadores sobre la situación de la infancia en América Latina y el Caribe/Indicators on the situation of children in Latin America and the Caribbean." This bilingual reference work, published under the joint sponsorship of UNICEF and ECLA, gives an analytical presentation of statistics on early childhood, the school-age child and adolescents. The situation of the young child is analysed on the basis of mortality rates by region within countries, relating these to differences in situations in indigenous communities and ethnic groups and the years of schooling of mothers. Regions of high mortality are found in all countries and factors generally associated with the condition of children - food and nutrition, health services and environmental conditions - are shown to be important to the life expectancy of the young child. The section on the school-age group presents material on primary education coverage in the countries, showing wide variations in the retention capacity and the impact of early entry into the labour market (particularly the agricultural and service sectors) on pupil dropouts. Material provided on the adolescent group relates to literacy levels, to their continuation in the higher educational system and to a description of their situation in the labour market.

The Government of Mexico also arranged field visits for Board members to observe conditions and programme activities in both a rural and urban environment. The rural visit, to the state of Chiapas and the UNICEF-assisted integrated basic services, gave the visitors an opportunity to see examples of most programme activities and to talk with programme staff and with members of the communities. The urban visit provided an opportunity to observe activities of the DIF (a national organization for Integral Family Development) in the poorest areas of Mexico City. The methods used by the social workers to promote -- through the involvement of young people and adults from the community -- an awareness of situations and practices having adverse effects on individuals and the community, evoked particular interest as did their demonstration activities to improve surroundings and lives.

+ + + +

The Special Meeting focused on: experience gained through activities and projects aimed at alleviating the impact of poor urban environments on the lives of children; innovative approaches in development efforts of direct or indirect benefit to children in rural areas; and activities directed to benefit the young child. The report on the meeting,⁵⁷ together with reprints of some papers, were given wider circulation under the title "The Child in Latin America and the Caribbean - Report on the Special Meeting, Mexico, 16-18 May 1979."

The meeting adopted a "Declaration on Attention to Children in Latin America and the Caribbean", (Declaration of Mexico, 1979)⁵⁸ in which the Governments of the region warned that the high rates of child mortality, morbidity and malnutrition, coupled with low levels of school attendance and inadequate housing, led to "meagre possibilities for full development of the child's potentials". The Governments of the region pledged themselves to a "dynamic exchange" of their experiences in childcare activities, with meetings to be held every five years. They emphasized that the establishment of the New International Economic Order must include policies geared towards protecting and developing the human resources of the younger generations. They reaffirmed that the International Year of the Child (IYC) must not be viewed as an "isolated event" but as the basis for new and more profound action for immediate advances in the attention given to the needs of all children. In this endeavour, Governments and communities must be linked, with support from international organizations when requested.

So ended another decade of UNICEF activities in Latin America with another opportunity, under the auspices of the Board, for countries to re-examine the situation of children in their region, to discuss means to improve that situation and to collectively reaffirm their determination in this regard during the coming years.

+ + + +

EMERGENCIES

In addition to the numbers of programmes it has been called upon to assist throughout The Americas, UNICEF has over the years 1949 to 1976, rendered emergency assistance to 14 countries after they were struck by natural disasters which caused extensive physical damage to facilities and services, most with loss of life and injuries, and all with serious effect on the lives of numerous families and their children. Seven earthquakes, four hurricanes and a volcanic eruption were just some of the tragedies which visited the region:

Earthquake	1949	Ecuador
Earthquake	1951	El Salvador
Hurricane	1954	Haiti
Earthquake	1960	Chile
Hurricane	1961	Belize
Volcanic eruption	1964	Costa Rica
Hurricane	1964	Cuba
		Haiti
		Trinidad and Tobago
Earthquake	1969	Colombia
Earthquake	1970	Peru
Earthquake	1972	Nicaragua
Hurricane	1974	Honduras
Earthquake	1976	Guatemala

In some instances UNICEF staff were at the site and had firsthand experience of the disaster, while in all, UNICEF was among the many organizations responding immediately to calls for aid and helping to assess the effects on children. There were occasions when staff time was diverted to meet the emergency needs for long periods, from the emergency through the rehabilitation stage. Where other sources were unable to provide immediate emergency needs, UNICEF was able to help. However, the major amount of UNICEF assistance to these emergencies was to help the Governments to rehabilitate and reconstruct the destroyed basic service: indeed, to try to develop basic services which would serve the health, education and welfare of the children better than they had before.

There were many other situations, such as the periodic serious droughts in the Northeastern States of Brazil or outbreaks of a serious epidemic, where unexpected needs were responded to through an adjustment or expansion of a current feeding or health programme.

+ + + +

EPILOGUE

Into the 1980's

Entering the 1980's the activities of countries during the International Year of the Child and the discussions at the 1979 Special Meeting of the Board were fresh and in focus. It was a time at which the overall declining economic situation made it more imperative to heed the warnings about development of the child's potentials and to consider the experiences and innovative solutions for tackling child problems which were highlighted at that meeting. In the majority of the UNICEF assisted country programmes the basic services strategy was fundamental and there were possibilities for some immediate adaptation of such ideas.

After a 1960's decade of strengthening national economies, during the 1970's the countries had increasingly faced inflation and slower economic growth. In the 1980's there have been the twin challenges of a shrinking pool of financial resources and an entrenched economic recession.

By 1982, a critical year for the region, the external debt for Latin American nations alone passed 300 billion dollars, nearly doubling since 1979. The GNP for the region as a whole fell by 1.2% in 1982, and the following year brought a major contraction in the regional economy. To confront what many regarded as the worst economic crisis in the region's history, most countries resorted to strict austerity measures. Debt servicing and internal adjustment policies began to take their toll, particularly on social sector resources, aggravating poverty, malnutrition and disease.

The erosion of per capita income, the elimination of food subsidies, the decrease in real wages, accelerated inflation -- reaching a 1984 level of 165.3% for the region -- and growing unemployment and underemployment have brought enormous suffering, particularly to the poorest children and their families.

Referring to the internal adjustment policies the Inter-American Development Bank noted, in a recent study, that while in a technical sense they were successful in most countries, nevertheless the social cost in terms of reduced living standards, high inflation and high unemployment has been tremendous and unequally distributed. Moreover that there is little likelihood of significant improvement in the near future.

On the political front, the 1980's ushered in a series of democratically elected governments, with other nations of the region reaffirming the strength of the democratic process. However, there were those tormented by civil strife, repression, terrorism and international tensions and where the complex economic and social situation resulted in considerable tensions among social groups with rising demands for change.

Nor has the toll of natural disasters missed the region. Earthquakes struck both in Chile and in Mexico. A volcanic eruption in Colombia was accompanied by an avalanche of mud. In Argentina severe flooding was experienced. These disasters, resulting in major loss and damage to resources and severe suffering to countless families and their children, increased the demands on the strained resources for the social sector of the national and local authorities.

The central question that faced national policy makers was how progress in child health and welfare could be maintained in the absence of increased economic resources. The search for answers to this question is one which was given increasing emphasis in UNICEF activities.

Some changes were made in UNICEF administrative structure in the region. In 1982 the location of the regional office was moved from Chile to Colombia, a more geographically central site facilitating communications. A new regional director, Teresa Albanez, was appointed and the technical staff of the regional office strengthened. There was also some restructuring of the countries served by area offices, bringing together those with common characteristics in terms of culture, language and history and, to some extent, similarities in problems.

Among the programmes continuing from the 1970's in several countries were those of integrated basic services, programmes aimed at bringing basic services to neglected areas and benefiting the poorest children. Aspects of some have been subject to adjustment and change to meet evolving situations, opportunities and needs. Community involvement at the grass roots level continues to be an important strategy. In 1982, when the Board considered an in depth review of the Peru programme, it commented on different elements and noted with appreciation that the overall objective was the adoption and implementation of the basic services approach.

Interest in the total development of the young child continues in the region and projects relating to early childhood development, both as part of the basic services approach and as separate activities in rural and poor urban areas have progressed. A workshop on "Alternatives for the child 1-6 years in urban areas in Latin America" was able to analyze non-conventional interventions and related problems of extension and scale to achieve some guidelines for lowering programme costs. An interesting and unique technological breakthrough in caring for underweight and premature babies comes from Colombia. Using the "mother kangaroo" technique these babies are wrapped closely to their mothers' bodies and breast fed frequently, rather than being placed in incubators. Through technical cooperation among developing countries (TCDC) this technique is being used in Bolivia, Haiti and in the Africa region with UNICEF support. Ironically, in 1958 UNICEF had helped provide infant incubators for a premature care centre in Chile. Now it is part of a growing effort to reduce their use.

The regional programme to promote the role of women in development, adopted as a follow up to International Women's Year was the subject for evaluation at a UNICEF staff workshop in 1982. There were numerous experiences with income-generating activities, not all of which had worked out satisfactorily. Consequently it was found necessary to unify criteria on the means for attacking the problem and to concentrate resources and efforts on a limited number of areas. An integrated, multisectoral approach was considered essential with the family serving as the basic unit for activities. Since that time specific activities for women have been included in the UNICEF assisted basic services programmes and there have been other projects to promote economic activities to generate employment and income for women. The underlying strategy in supporting these activities has been one of institutionalizing women's projects to extend their social impact.

The problem of abandoned and street children was first addressed by UNICEF in Colombia with assistance to a pilot project and later, in 1976, to an in-depth study of the life conditions of such children. The International Year of the Child drew attention to the increasing needs of abandoned and street children in the region and to the efforts in some countries to find effective, low-cost community based alternatives to meet those needs. UNICEF responded in 1983 with a regional programme to help in identifying the most appropriate ways of dealing with this complex problem. This enabled support to community based projects in Brazil, Colombia, Ecuador and Mexico exploring ways to provide opportunities for income generation while, at the same time, providing for formal and informal education, for basic health care and nutrition, for leisure activities and for the building of self esteem in the street children of urban areas.

Supported by special funding from the Canadian UNICEF Committee and CIDA the project in Brazil, through the Social Assistance Secretariat (SAS) and the National Foundation for Welfare of Children (FUNABEM), has been the catalyst for a national community movement around street children. Holding to its principles 'to learn with those who are doing' and 'responsibility through participation' it started from 22 localized activities and, through experience sharing workshops, dissemination of ideas and training it has grown to a national community action movement with a network of over 300 urban communities, commissions in every state and a National Commission.

The regional programme is also providing advisory services, working with other countries and interested groups to identify the most applicable alternatives and methodologies for the development of community based programmes and to promote the formulation of national policies to apply in meeting the problem of increasing numbers of street children.

Two global decisions of the UNICEF Board had a significant impact on the activities of UNICEF in the region. One was to include the infant mortality rate (IMR), together with the previously used figures of GNP per capita and child population, in the criteria used as a guide to the content and level of UNICEF programmes. This opened additional possibilities for UNICEF assistance to those countries with higher infant mortality rates, a concern shown at the Special Meeting in Mexico, and provided a more useful barometer of development

for UNICEF purposes than general economic indicators such as GNP. A special UNICEF IMR reserve fund was established to seize special opportunities in support of low cost measures for reducing infant mortality and morbidity, a challenge to which UNICEF staff in the region quickly responded.

The other was endorsement by the Board of an objective to promote child survival and to reduce infant and child mortality through the use of simple and inexpensive methods. These, through which gains in child well being could be achieved in a short time, were:

- Growth monitoring: use of simple inexpensive growth charts to monitor child weight gain and prevent malnutrition.
- Oral rehydration therapy (ORT): a simple mixture of salt, sugar and water given to the child by parents to prevent dehydration from diarrhoea.
- Breastfeeding: promotion of scientific knowledge about its advantages and the dangers of bottle feeding.
- Expanding immunization: immunization of children against the "big six" communicable diseases of childhood; measles, whooping cough, tetanus, diphtheria, tuberculosis and polio.

These actions lending themselves to application at the grass roots level in community-based activities and providing tools for the use by local level and voluntary workers, have been promoted and widely used throughout the region in the primary health care component of basic services programmes.

Among these simple low-cost measures, expanded immunization was selected as an immediate priority by some countries and in Colombia and El Salvador there were particularly impressive results. The President of Colombia, Belisario Betancur, gave his political support to an emphasis on child survival and development, deciding upon an intensive national immunization campaign as a first step. While such campaigns provide high visibility and can bring dramatic results, the idea was not without its risks. In 1979, Colombia had implemented a vaccination campaign that met with only partial success because parents neglected to return with their infants three times for the full course of injections.

The final achievements of the Colombian campaign proved that the risks were well worth taking. Launched in June 1984, after major departures from traditional campaigns, the "National Vaccination Crusade" culminated with successful immunization against five major diseases of 800,000 young children over three national vaccination days.

The key to its success hinged on massive social mobilization and outreach techniques. The formula, which was an alliance of critical partners composed of government ministries, international organizations and the media, served as a vehicle to spread the work and to spur the community and private sector organizations into action. By the campaign's end, some 200,000 teachers, 2,000 priests, 13,000 Colombian Red Cross volunteers, over 120,000 other volunteers, plus the police and the armed forces had been mobilized into action.

It was an experience showing that it could be important in many instances to concentrate initially on a narrow, more defined target where success could be more readily achieved and then to build on that success towards more comprehensive primary health care goals and other basic services for children. This concept was adopted in Colombia, shortly after the immunization crusade. On December 19, 1984 President Betancur announced a five-year plan for Child Survival and Development incorporating six priority areas to improve the health of his country's children.

The success in Colombia was followed by another breakthrough in El Salvador. Taking a somewhat similar approach, but tailored to unique circumstances, a nation-wide intensive immunization campaign was undertaken in 1985 with the co-operation of UNICEF and PAHO/WHO. During three "days of tranquility" spread over three consecutive months, government and opposition forces agreed to an informal cease-fire facilitated by the Roman Catholic Church. During these three days more than a quarter of a million children were inoculated against five principal vaccine-preventable diseases.

On those extraordinary days, the war-torn nation saw some 20,000 health workers and volunteers man over 2,000 temporary health posts across the nation. The government, the guerillas, the Red Cross, the Church, the media and international organizations joined forces in the remarkable achievement. In the words of the Executive Director of UNICEF, James Grant, El Salvador's vaccination drive marked "the first time on record a country-wide conflict gave way to a health intervention for saving the lives of thousands of children".

Other countries afforded priority to different low cost measures. In Haiti, with malnutrition and diarrhoea as a leading child health problem, the focus was on the use of ORT and the promotion of breast feeding. In Nicaragua ORT was also singled out for widespread application and growth monitoring was introduced. The Dominican Republic carried out a poliomyelitis vaccination campaign and, to tackle a serious problem of intestinal parasite infections, introduced a parasite control campaign in 1984. Recently the countries of the Central America isthmus, in coordination with UNICEF and PAHO/WHO, have prepared national five-year plans for child survival and development.

Under the banner "Health, a Bridge to Peace" the goal is to halve the region's infant mortality rate and save the lives of approximately 90,000 children each year. Specific life-saving measures include a major promotional effort for ORT and accelerated programmes to push immunization rates above the 80 percent mark. In a firm show of support, over \$30 million was pledged by Italy and the European Economic Community for the program in the isthmus.

Selection of a particular measure - be it immunization, ORT or growth monitoring - by a country as an initial priority for widespread application has been beneficial in its goals towards child survival. It is providing entry points through which a permanent infrastructure of basic services can be developed, an infrastructure essential to bringing the long term benefits of the PHC approach.

Both the church and non-governmental organizations (NGO) participated in the mass immunization campaigns of Colombia and El Salvador. There have also been increasing links with religious organizations and NGO's to promote wider interest in actions aimed at child survival and development, to exchange information and experiences and to foster joint participation in activities of mutual interest on behalf of children.

Maintaining regular contacts with the media, whose involvement was an important factor to the success of mobilizing cooperation in the immunization campaigns, is seen by UNICEF offices as an essential activity. The press and broadcasters can play an important role in influencing public opinion on social problems and their solution and in conveying social messages to encourage the assumption by parents of more responsibility for their children's well being. The Spanish Committee for UNICEF, in 1982, helped in promoting contacts with the main communication networks of the region when it sponsored a meeting of Latin American and Spanish speaking journalists from 17 countries. This led to the publication of a series of articles on UNICEF's work and has been a considerable benefit to UNICEF offices in their working relationships with the media. The annual 'The State of the World's Children' report is widely circulated by UNICEF offices and now receiving good press coverage in the region. Publications and audio visual materials continue to be issued by UNICEF offices in support of information activities. All these contributing, on the one hand, to mobilize public opinion and interest in child-related activities within the countries of the region and, on the other hand, to draw wider attention and attract potential donors to the efforts being made by countries to meet the needs of their children.

Looking forward in the 1980's, priority actions for UNICEF in support of country programmes are foreseen first and foremost in child survival and development interventions, combining health, nutrition and early childhood stimulation. In response to careful analysis of specific opportunities and available services, continued attention will also be devoted to activities such as: literacy programmes for women and young children; activities oriented to women in support of their role as mothers and as agents for development; simplified services for street children; basic service programmes for the urban poor; and activities addressing the severe impact on the most vulnerable groups resulting from the increasingly unmanageable external debt problem, depressed international markets and related economic adjustment policies.

And When The Children Ask

Taking into account the many intangibles, the individuals who have been involved, the ideas which were clarified at the Round Table in 1968, the process stimulated and continued since then, and the consensus shown by the Declaration of Mexico in 1979 in recognizing the elements of the situation and in affirming approaches and priorities, the conclusion about impact is positive.

Yes, unequivocally, it works. Cooperation works. Caring works. Training works. Creativity, innovation and flexibility work. People and ideas work for the children of The Americas. There may be difficult times ahead -- economic problems, political changes, civil strife, tensions and stress - as The Americas continues its development process and determines what kind of society it will have. However, with the help of at least some of these people and their ideas, those who in the words of the poet Machado have helped in making the path, that process can only continue to be influenced to the benefit of the children.

+ + + +

Annex I

MEMBERSHIP IN THE UNICEF EXECUTIVE BOARD*
Governments of the Americas
1946-1979

	ARGENTINA	BARBADOS	BOLIVIA	BRAZIL	CHILE	COLOMBIA	COSTA RICA	CUBA	DOMINICAN REPUBLIC	ECUADOR	EL SALVADOR	MEXICO	PERU	URUGUAY	VENEZUELA
1946	*			*		*				*					
1947	*			*		*				*			*	*	
1948	*			*		*				*			*	*	
1949	*			*		*				*			*	*	
1950	*			*		*				*			*	*	
1951	*		*	*					*	*			*	*	
1952	*			*						*			*	*	
1953	*			*						*			*	*	
1954	*			*						*			*	*	
1955	*			*		*				*			*	*	
1956				*		*			*	*			*	*	
1957				*		*			*	*			*	*	
1958				*	*	*			*	*			*	*	
1959				*	*	*			*	*			*	*	
1960				*	*	*			*	*			*	*	
1961				*	*	*			*	*			*	*	
1962				*	*	*			*	*			*	*	
1963				*	*	*			*	*			*	*	
1964				*	*	*			*	*			*	*	
1965				*	*	*			*	*			*	*	
1966				*	*	*			*	*			*	*	
1967				*	*	*			*	*			*	*	
1968				*	*	*			*	*			*	*	
1969				*	*	*			*	*			*	*	
1970				*	*	*			*	*			*	*	
1971				*	*	*	*		*	*			*	*	
1972				*	*	*	*		*	*			*	*	
1973				*	*	*	*		*	*			*	*	
1974				*	*	*	*		*	*			*	*	
1975			*	*	*	*	*		*	*			*	*	
1976		*	*	*	*	*	*		*	*			*	*	
1977		*	*	*	*	*	*		*	*			*	*	
1978	*			*	*	*	*		*	*			*	*	
1979	*			*	*	*	*		*	*			*	*	

Total, membership - 1946, 27 members; 1947 - 1956, 28 members; 1957 - 1979, 30 members

Annex II

UNICEF EXPENDITURES

BY COUNTRY

(\$ thousands)

Country	1949/59	1960/69	1970/79	Total
Antigua	57	78	17	152
Argentina	356	1 778	60	2 194
Barbados	31	49	37	117
Belize	180	333	258	771
Bolivia	872	1 717	4 870	7 459
Brazil	3 902	4 917	7 638	16 457
Br. Virgin Is.	8	14	3	25
Chile	1 426	2 384	4 029	7 839
Colombia	3 031	7 418	7 781	18 230
Costa Rica	538	1 461	996	2 995
Cuba	-	827	6 187	7 014
Dominica	71	97	107	275
Dominican Rep.	501	1 591	2 039	4 131
Ecuador	1 517	3 356	2 946	7 819
El Salvador	1 474	2 942	1 810	6 226
Fr. Guinea	23	-	-	23
Grenada	98	87	18	203
Guatemala	1 708	3 579	5 990	11 277
Guyana	91	321	453	865
Haiti	1 151	2 516	4 641	8 308
Honduras	915	2 328	3 849	7 092
Jamaica	780	653	540	1 883
Mexico	9 086	9 790	2 401	21 277
Montserrat	14	68	8	90
Nicaragua	927	1 988	1 745	4 660
Panama	567	2 135	1 529	4 231
Paraguay	814	2 340	3 116	6 270
Peru	2 425	3 918	5 586	11 929
St. Christopher & Nevis	90	77	16	183
St. Lucia	101	154	15	270
St. Vincent & the Grenadines	61	73	3	137
Surinam	171	280	326	777
Trinidad & Tobago	394	359	120	873
Turks and Caicos	1	8	3	12
Uruguay	177	320	135	632
Venezuela	22	781	237	1 040
Regional support	-	1 690	8 453	10 143
TOTAL	33 580	62 337	77 962	173 879

Annex III

UNICEF EXPENDITURES BY
MAJOR PROGRAMME ACTIVITIES

	(\$ thous.)				(percentages)			
	1949-59	1960-69	1970-79	Total	1949-59	1960-69	1970-79	Total
Child health								
Health services:	1 138	11 141	19 535	31 814	3.4	17.8	25.1	18.3
Water and sanitation	1 863	4 797	7 507	14 167	5.6	7.7	9.6	8.1
Disease Control:								
Malaria	19 674	32 857	7 270	59 801	58.6	52.7	9.3	34.4
Tuberculosis	1 216	1 175	a	2 391	3.6	1.9	a	1.4
Yaws/Syphilis	712	-	-	712	2.1	-	-	0.4
Leprosy	17	351	-	368	0.1	0.6	-	0.2
Other diseases	311	119	a	430	0.9	0.2	a	0.3
Penicillin/ vaccine prod.	<u>411</u>	<u>-</u>	<u>-</u>	<u>411</u>	<u>1.2</u>	<u>-</u>	<u>-</u>	<u>0.2</u>
Total health	25 342	50 440	34 312	110 094	75.5	80.9	44.0	63.3
Child nutrition:								
Feeding	4 714	1 347	-	6 061	14.0	2.2	-	3.5
Applied nutrition	153	3 878	10 141	14 172	0.5	6.2	13.0	7.1
Milk conservation	2 351	416	-	2 767	7.0	0.7	-	1.6
Weaning food prod.	-	82	185	267	-	0.1	0.2	0.2
Other nutrition	<u>-</u>	<u>27</u>	<u>811</u>	<u>838</u>	<u>-</u>	<u>0.0</u>	<u>1.1</u>	<u>0.5</u>
Total nutrition:	7 218	5 750	11 137	24 105	21.5	9.2	14.3	13.9
Social services								
for children:	a	885	7 599	8 484	a	1.4	9.7	4.9

Education:

formal	-	4 192	12 775	16 967	-	6.7	16.4	7.9
non-formal	-	155	3 635	3 790	-	0.3	4.7	2.2
Total education:	-	4 347	16 410	20 757	-	7.0	21.1	11.9

Planning:	-	341	6 876	7 217	-	0.5	8.8	4.2
-----------	---	-----	-------	-------	---	-----	-----	-----

Other long-range aid:	-	-	527	527	-	-	0.7	0.3
-----------------------	---	---	-----	-----	---	---	-----	-----

Emergency relief:	1 020	915	1 101	3 036	3.0	1.5	1.4	1.7
-------------------	-------	-----	-------	-------	-----	-----	-----	-----

Total:	33 580	62 337	77 962	173 879	100.0	100.0	100.0	100.0
--------	--------	--------	--------	---------	-------	-------	-------	-------

a / Included in health services.

Annex IV

REGIONAL DIRECTORS - THE AMERICAS
1950 - 1979

1951/51	Albert J. Reynolds (Acting)
1952/62	Robert L. Davee
1962/67	Oscar Vargas Mendez
1967/74	Roberto Esquerro-Barry
1974/*	Carlos Martinez-Sotomayor

*/ Served in this capacity until May 1982 when succeeded by Teresa C. Albañez.

Annex V

ADMINISTRATIVE STRUCTURE
Field offices showing countries served

Office of the Regional Director				
Bogota	Guatemala City	Lima	Mexico City	Rio de Janerio
Sub-office: Quito		Sub-office: Santiago		
<hr/>				
Antigua	Belize	Argentina	Cuba	Brazil
Barbados	Costa Rica	Bolivia	Dominican	
Colombia	El Salvador	Chile	Republic	
Ecuador	Guatemala	Paraguay	Haiti	
Dominica	Honduras	Peru	Mexico	
Grenada	Nicaragua	Uruguay		
Guyana	Panama			
Jamaica				
Montserrat				
St. Christopher & Nevis				
Saint Lucia				
Saint Vincent & the Grenadines				
Surinam				
Trinidad and Tobago				

Annex VI

GOVERNMENT CONTRIBUTIONS 1947 - 1979
(US Dollar equivalent)

Country	1947-49	1950-54	1955-59	1960-64	1965-69	1970-74	1975-79	Total
Antigua	-	-	585	701	823	1,349	300	3,758
Argentina	-	-	227,596	195,197	189,919	402,918	575,000	1,590,630
Bahamas	-	-	-	8,400	13,200	14,435	14,810	50,845
Barbados	-	-	-	6,576	9,633	17,100	24,500	57,809
Belize	-	-	350	2,449	3,300	2,983	1,986	11,068
Bolivia	-	45,000	30,000	10,000	20,000	40,500	62,880	208,380
Brazil	-	701,436	3,177,506	1,577,033	341,697	430,712	470,000	6,698,384
Br. Virgin Is.	-	-	-	-	50	450	300	800
Chile	-	137,979	342,998	400,000	528,653	567,850	809,282	2,786,762
Colombia	-	142,358	1,084,892	621,233	651,040	1,324,312	1,738,670	5,562,505
Costa Rica	10,000	40,001	110,000	150,000	105,037	180,000	150,000	745,038
Cuba	15,000	-	-	355,659	320,000	330,333	400,521	1,421,513
Dominica	-	-	-	235	882	5,130	-	6,247
Dominican Rep.	120,000	170,000	100,000	40,000	-	-	11,000	441,000
Ecuador	-	29,664	37,635	68,906	56,640	48,982	150,150	391,977
El Salvador	-	20,000	80,000	100,000	40,000	-	95,000	335,000
Grenada	-	-	4,082	3,508	2,412	3,750	1,500	15,252
Guatemala	10,000	20,624	130,550	160,000	105,000	75,000	138,074	639,248
Guyana	-	5,000	-	1,875	14,654	28,812	21,154	71,495
Haiti	-	28,000	30,000	-	-	-	15,000	73,000
Honduras	-	78,300	100,008	80,000	100,000	100,000	100,000	558,308
Jamaica	-	-	16,771	41,958	55,353	64,300	55,969	234,351
Mexico	-	-	1,550,000	2,580,293	1,769,986	560,000	1,280,593	7,740,872
Montserrat	-	-	-	-	316	493	533	1,342
Nicaragua	-	24,000	50,000	50,000	60,000	-	30,000	214,000
Panama	-	10,000	40,000	60,000	85,000	100,000	72,000	367,000
Paraguay	-	5,000	35,000	50,000	20,000	20,000	17,000	147,000
Peru	-	346,408	432,117	379,490	356,452	500,000	602,831	2,617,298
St. Christopher & Nevis	-	-	-	292	1,834	3,750	3,510	9,386
St. Lucia	-	-	-	3,431	4,310	12,894	12,911	33,546
St. Vincent & the Grenadines	-	-	-	-	2,297	3,798	750	6,845
Surinam	-	-	-	-	-	-	13,000	13,000
Trinidad & Tobago	-	-	38,000	35,000	31,000	53,297	49,876	207,173
Uruguay	1,000,000	-	-	-	-	5,000	5,000	1,010,000
Venezuela	100,000	20,000	55,000	1,000	102,000	250,000	798,997	1,326,997
TOTAL	1,255,000	1,823,770	7,673,090	6,983,236	4,991,488	5,148,148	7,723,097	35,597,829

Annex VII

PRIVATE CONTRIBUTIONS 1947 -79
Including greeting card campaign receipts
(US dollar equivalent)

<u>COUNTRY</u>	<u>1947-54</u>	<u>1955-59</u>	<u>1960-64</u>	<u>1965-69</u>	<u>1970-74</u>	<u>1975-79</u>	<u>TOTAL</u>
Argentina	-	-	119	215,116	829,189	777,803	1,822,227
Bahamas	-	-	-	-	-	5	5
Barbados	-	-	-	606	458	-	1,064
Belize	4,320*	-	-	317	127	-	4,764
Bolivia	963	-	-	5,115	24,759	66,344	97,181
Brazil	3,000	-	6	229,620	1,463,496	7,172,960	8,869,082
Chile	29,355**	-	-	162,139	749,343	667,837	1,608,674
Colombia	-	-	6	49,117	113,256	307,327	469,706
Costa Rica	-	-	37	879	15,804	50,293	67,013
Cuba	54,017*	-	-	-	16,574	53,506	124,097
Dominican Rep.	18,042**	-	-	302	1,691	32,434	52,469
Ecuador	13,610*	-	-	9,602	18,849	69,016	111,077
El Salvador	-	-	-	8,082	34,026	44,367	86,475
Grenada	-	-	-	-	-	516	516
Guadalupe	-	-	-	-	-	710	710
Guatemala	6,212*	-	32	15,119	33,824	48,216	103,403
Guyana	-	-	-	5,480	15,787	31,322	52,589
Haiti	-	-	-	927	1,239	1,236	3,402
Honduras	11,428*	-	-	1,864	6,669	20,853	40,814
Jamaica	-	-	59	6,873	11,110	4,011	22,053
Martinique	-	-	-	704	-	-	704
Mexico	-	-	326	59,210	154,030	241,469	455,035
Nicaragua	3,610*	-	-	1,548	3,469	14,247	22,874
Panama	2,500*	1,000	20	12,603	24,650	55,592	96,365
Paraguay	-	-	-	4,423	18,172	62,531	85,126
Peru	16,273**	-	72	97,420	237,849	383,591	735,205
St. Christopher & Nevis	-	-	-	17	-	-	17
St. Lucia	-	-	-	648	2,926	2,463	6,037
St. Vincent & the Grenadines	677*	-	-	-	-	-	677
Trinidad and Tobago	-	-	-	4,994	8,200	7,230	20,424
Uruguay	8,050*	-	1,079	13,528	66,720	151,342	240,719
Venezuela	17,045*	-	648	2,290	31,958	78,233	130,174
GCO regional (est)	-	83,015	350,946	360,094	-	-	794,055
TOTAL	189,102	83,015	360,094	1,268,637	3,884,175	10,345,454	16,124,733

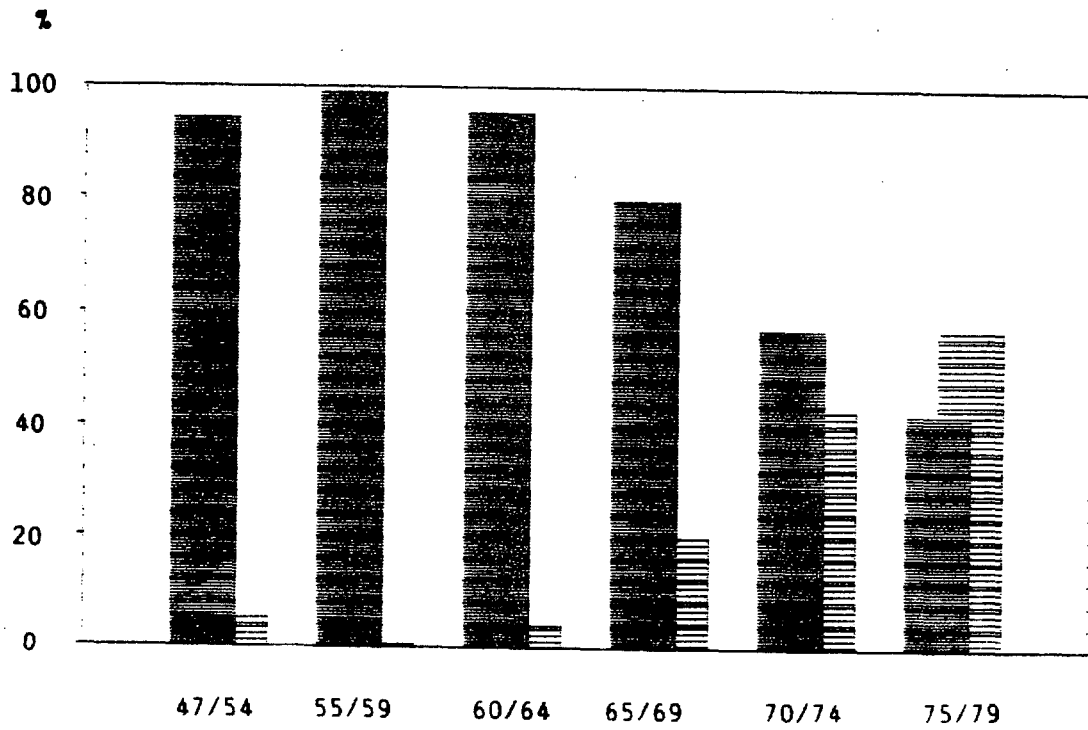
NOTES:

* United Nations Appeal for Children

** Includes United Nations Appeal for Children

Annex VIII

GOVERNMENT AND PRIVATE CONTRIBUTIONS
AS PERCENTAGE OF TOTAL CONTRIBUTIONS 1947 - 79



■ Government contributions
▨ Private contributions, including greeting card campaign receipts

Annex IX

COUNTRIES ASSISTED IN PROGRAMMES OF
FOOD AND NUTRITION

	1949	1950/54	1955/59	1960/64	1965/69	1970/74	1975/79
Antigua		FN	FN				
Barbados					ANP	ANP	ANP
Belize		FN	FN				
Bolivia		FN MCP	FN MCP			IBS	IBS
Brazil		FN MCP	FN	ANP	ANP	ANP IBS	
Br. Virgin Is.			FN				
Chile		FN MCP	FN	MCP ANP	IBS	IBS	
Colombia		FN	FN MCP	ANP	ANP	IBS	ANP IBS
Costa Rica	FN	FN MCP		ANP	ANP	ANP	IBS
Cuba						FN	
Dominica		FN	FN				
Dominican Rep.							IBS
Ecuador	FN	FN MCP		MCP ANP	ANP	IBS	IBS
El Salvador	FN	FN MCP	FN MCP	ANP		IBS	IBS
Grenada		FN	FN				
Guatemala	FN	FN	FN MCP	ANP		IBS	
Guyana		FN	FN	ANP MCP			IBS
Haiti			FN	ANP		ANP	ANP
Honduras	FN	FN	FN MCP	ANP		ANP IBS	IBS
Jamaica			FN	FN		ANP	ANP
Mexico		MCP	FN MCP			IBS	IBS
Montserrat		FN	FN				
Nicaragua	FN	FN MCP		ANP	ANP	ANP IBS	IBS
Panama		FN	FN	ANP	ANP	IBS	IBS
Paraguay		FN	FN	ANP	ANP	IBS	IBS
Peru		FN	FN		ANP	IBS	IBS
St. Kitts-Nevis-							
Anguilla		FN	FN	ANP			
St. Lucia			FN	ANP			
St. Vincent		FN	FN				
Surinam		FN	FN				
Trinidad & Tobago		FN		ANP			
Regional support			TR	TR	TR	TR POL	POL

KEY	FN - Supplementary feeding
	MCP - Milk conservation
	ANP - Applied nutrition programmes
	IBS - Applied nutrition through integrated basic services
	POL - Promotion of national food and nutrition policies
	TR - Training

Annex X

COUNTRIES ASSISTED IN PROGRAMMES OF
MALARIA CONTROL

	1949	1950/54	1955/59	1960/64	1965/69	1970/71
Argentina			Erad	Erad	Erad	
Belize	Con	Con	Erad	Erad	Erad	Erad
Boliva		Con	Erad	Erad	Erad	Erad
Colombia		Con	Erad	Erad	Erad	Erad
Costa Rica		Con	Erad	Erad	Erad	Erad
Cuba				Erad		
Dominica		Con	Erad	Erad		
Dominican Rep.		Con	Erad	Erad	Erad	Erad
Ecuador			Erad	Erad	Erad	Erad
El Salvador		Con	Erad	Erad	Erad	Erad
Grenada		Con	Erad			
Guatemala		Con	Erad	Erad	Erad	Erad
Guyana				Erad	Erad	
Haiti		Con	Erad	Erad	Erad	Erad
Honduras		Con	Erad	Erad	Erad	Erad
Jamaica		Con	Erad	Erad		
Mexico		Con	Erad	Erad	Erad	
Nicaragua		Con	Erad	Erad	Erad	
Panama			Erad	Erad	Erad	Erad
Paraguay		Con		Erad	Erad	Erad
Peru		Con	Erad	Erad	Erad	Erad
St. Lucia		Con	Erad			
Surinam		Con	Erad	Erad	Erad	
Trinidad and Tobago		Con	Erad	Erad		

KEY Con - Malaria control programmes
 Erad - Malaria eradication campaigns

Annex XI

COUNTRIES ASSISTED IN PROGRAMMES OF
DISEASE CONTROL

	1949	1950/54	1955/59	1960/64	1965/69	1970/74	1975/79
Argentina			TB	TB Lep			
Barbados			BCG				
Belize		BCG					
Brazil		BCG	Yaws	TB Lep		Imm	
Chile	Imm	BCG		TB	Imm		
Colombia	Imm	BCG Imm	BCG	TB Lep			Imm
Costa Rica		BCG		TB			
Cuba						Imm	
Dominica			Yaws				
Dominican Rep.		Yaws	BCG	BCG TB			
Ecuador		BCG		Lep			
El Salvador		BCG		TB			
Grenada		BCG Yaws	Yaws				
Guatemala			BCG				
Guyana		BCG					
Haiti	Yaws	Yaws	Yaws			Imm	
Honduras			BCG	TB			
Jamaica		BCG					
Mexico	BCG	BCG		TB Lep			
Nicaragua	BCG			TB			
Panama				TB			
Paraguay		BCG	BCG Lep				
Peru	TB	BCG Imm	Imm		TB		
St. Christopher & Nevis		BCG Yaws	Yaws				
St. Lucia			Yaws				
St. Vincent & the Grenadines		Yaws	Yaws				
Suriname		BCG				Imm	
Trinidad & Tobago		BCG	Yaws				
Uruguay		BCG					

KEY	BCG - BCG campaign
	TB - Tuberculosis control
	Yaws - Yaws control
	Lep - Leprosy control
	Imm - Vaccinations (diphtheria, whooping cough, measles)

Annex XII

COUNTRIES ASSISTED IN PROGRAMES OF
BASIC HEALTH SERVICES

	1949	1950/54	1955/59	1960/64	1965/69	1970/74	1975/79
Antigua			MCH		MCH*		MCH*
Argentina			MCH San	MCH San	MCH	MCH	
Barbados			MCH San	San	MCH MCH*		MCH*
Belize			MCH	San	MCH San	MCH	MCH
Bolivia		MCH	MCH		MCH San	MCH San	MCH San IBS
Brazil		MCH	MCH San	MCH San	MCH	MCH San	IBS
Chile		MCH	MCH San	MCH San	MCH San	MCH IBS	
Colombia		MCH	MCH	MCH San	MCH San	MCH San	MCH IBS
Costa Rica		MCH			MCH	MCH	MCH IBS
Cuba				MCH	MCH	MCH	MCH
Dominica				San	MCH MCH*	MCH	MCH San
Dominican Rep.		MCH	San	MCH San	MCH	MCH	MCH IBS
Ecuador		MCH		MCH San	MCH San	MCH San	MCH San IBS
El Salvador		MCH		San	MCH San	San IBS	IBS
Grenada			San	San	MCH*		San MCH*
Guatemala		MCH	MCH San	MCH	MCH	MCH IBS	San
Guyana				MCH San		MCH San	MCH MCH*
Haiti		MCH		MCH San	MCH San	MCH San	MCH San
Honduras		MCH	MCH	MCH San	MCH San	MCH IBS	IBS
Jamaica				MCH San	MCH San	MCH	MCH MCH*
Mexico		MCH	MCH San	MCH San	MCH	IBS	IBS
Montserrat				San	MCH*	San	MCH*
Nicaragua		MCH	San		MCH	IBS	IBS
Panama		MCH	San	MCH San	MCH San	IBS	IBS
Paraguay		MCH	MCH San	MCH San	MCH San	IBS	San IBS
Peru		MCH	MCH San	MCH	MCH San	MCH San	IBS
St. Christopher & Nevis			MCH San		MCH*		MCH*
St. Lucia			San		MCH San		MCH*
St. Vincent & the Grenadines			MCH San	MCH San	MCH	MCH	MCH*
Suriname						San	San
Trinidad & Tobago			MCH San		MCH	MCH	MCH*
Uruguay	MCH	MCH	MCH San	MCH San		IBS	
Venezuela			MCH	San	San		
Regional support					MCH	MCH	

KEY

MCH - Maternal Child Health and Integrated Health services

MCH* - Through program for English speaking Caribbean

San - Environmental Sanitation

IBS - Thorough Integrated Basic Services

Annex XIII

COUNTRIES ASSISTED IN PROGRAMMES OF
SOCIAL SERVICES

	1960/64	1965/69	1970/74	1975/79
Antigua	Soc*	Soc*	Soc*	Soc*
Barbados	Soc*	Soc Soc*	Soc*	Soc Soc*
Bolivia				IBS
Brazil	Soc	Soc Yth	Soc Yth	Soc
Chile	Soc		IBS	IBS
Colombia	Soc	Soc	Soc IBS	Soc IBS
Costa Rica	Soc	Soc		IBS
Dominica	Soc*	Soc*	Soc*	Soc*
Dominican Rep.				IBS
El Salvador			Yth IBS	Yth IBS
Grenada	Soc*	Soc*	Soc*	Soc*
Guatemala	Soc			
Haiti	Soc			
Honduras	Soc	Soc	IBS	IBS
Jamaica		Soc	Soc Yth	Soc Soc*
Mexico	Soc	Soc	IBS	IBS
Montserrat	Soc*	Soc*	Soc*	Soc*
Nicaragua				IBS
Panama			IBS	IBS
Paraguay			IBS	IBS
Peru			IBS	IBS
St. Christopher & Nevis	Soc*	Soc*	Soc*	Soc*
St. Lucia	Soc*	Soc*	Soc*	Soc*
St. Vincent & the Grenadines	Soc*	Soc*	Soc*	Soc*
Trinidad & Tobago	Soc*	Soc*	Soc*	Soc*
Regional Support		Yth	Yth	

KEY	Soc - Social welfare
	Yth - Youth
	Soc* - Through program for English speaking Caribbean
	IBS - Throught Integrated basic services

Annex XIV

COUNTRIES ASSISTED IN PROGRAMMES OF
EDUCATION

	1960/64	1965/69	1970/74	1975/79
Barbados			Prim P*	
Belize	Prim	Prim	Prim	
Bolivia		Prim	Prim IBS	IBS
Brazil	Prim	Prim	Prim IBS	Prim
Chile	Voc		IBS	IBS
Colombia	Prim	Prim IBS	Prim IBS	Prim
Costa Rica	Voc	Voc	Prim	IBS
Cuba		Prim	Prim	
Dominica			Voc P*	
Dominican Rep.	Prim	Prim	Prim	Prim IBS
Ecuador	Prim	Prim	Prim IBS	
El Salvador	Prim	Prim	IBS	IBS
Grenada		Prim	Prim P*	Prim
Guatemala	Prim	Prim	Prim IBS	Prim
Guyana		Prim		Prim
Haiti	Prim		Prim	Prim
Honduras	Prim	Prim	Prim IBS	IBS
Jamaica			VOC P*	
Mexico			IBS	IBS
Montserrat		Prim	p*	
Nicaragua		Prim	Prim	IBS
Panama		Prim	IBS	IBS
Paraguay		Prim	Prim IBS	IBS
Peru		Prim	Prim IBS	IBS
St. Christopher & Nevis			p*	
St. Lucia		Prim	Prim P*	
St. Vincent & the Grenadines			Prim P*	
Trinidad & Tobago		Prim	p*	
Uruguay			IBS	
Regional Support			Prim	

KEY	Prim	- Primary education
	Voc	- Pre-vocational training
	P*	- Through programme for English speaking Caribbean
	IBS	- Through Integrated basic services

Annex XV

**AVAILABILITY OF MINIMUM HEALTH SERVICES IN LOCALITIES
OF LESS THAN 2,000 INHABITANTS, 1971**

Country	Total Localities under 2,000 inhabitants	With access to health services	Population with no service (thousands)	Percentage population without service
Bolivia	3,144	1,595	1,857	59.1
Costa Rica	946	804	682	72.1
Chile ^{a/}	2,635	1,976	659	25.0
Ecuador	2,365	1,134	1,192	50.4
Guatemala	3,523	2,385	1,577	44.8
Honduras	1,866	939	1,414	75.8
Mexico	20,992	6,124	18,263	87.0
Nicaragua	1,070	321	736	68.8
Panama	765	523
Peru	6,555	3,933	4,862	74.2
Venezuela	2,888	2,454	295	10.2

^{a/} Less than 3,000 inhabitants

Source: PAHO. Evaluation of the Ten-Year Health Plan for The Americas, 1971-1980. Initial evaluation, 1976. Indicators on the situation of children in Latin America and the Caribbean.

Annex XVI

URBANIZATION

Country	Total population (thousands) 1970	Percentage of Population in localities with 20 thousand or more inhabitants			Percentage of population in in localities with 100 thousand or more inhabitants		
		1950	1960	1970	1950	1960	1970
Argentina	23,748	49.9	59.0	66.3	41.7	50.6	56.6
Barbados	239	39.7	35.3	37.0	-	-	-
Bolivia	4,282	19.4	22.9	27.2	9.9	15.3	20.9
Brazil	95,204	20.3	28.1	39.5	13.3	18.8	27.8
Colombia	21,261	23.0	36.6	46.2	15.4	27.5	35.7
Costa Rica	1,832	17.7	24.4	27.0	17.7	18.4	19.2
Cuba	8,572	36.1	38.9	43.4	23.5	24.5	30.8
Chile	9,358	42.6	50.6	60.6	28.5	32.9	41.7
Dominican Rep.	4,523	11.2	18.7	30.2	8.5	12.1	20.7
Ecuador	5,958	17.8	27.9	35.3	14.7	19.3	23.4
El Salvador	3,582	13.0	17.7	20.5	8.7	10.2	9.5
Guatemala	5,353	11.2	15.5	16.1	10.2	13.4	13.5
Guyana	709	-	12.5	26.2	-	-	23.4
Haiti	4,605	5.1	7.5	12.7	4.3	6.6	10.4
Honduras	2,639	6.8	11.5	20.2	-	7.1	15.8
Jamaica	1,882	7.5	9.1	12.3	7.5	7.7	6.2
Mexico	50,313	23.6	28.9	35.2	15.2	18.4	23.3
Nicaragua	1,970	15.2	23.1	31.0	10.4	15.3	20.9
Panama	1,464	22.4	33.1	39.4	15.9	25.4	30.3
Paraguay	2,301	15.3	15.9	21.5	15.3	15.9	16.7
Peru	13,504	18.1	28.5	40.3	13.8	19.3	30.0
Trinidad & Tobago	955	22.1	16.2	13.1	-	-	-
Uruguay	2,824	53.1	61.4	64.7	40.4	44.7	44.5
Venezuela	10,709	31.0	47.0	59.4	16.6	25.5	40.4

Source: "Indicators on the situation of children in Latin America and the Caribbean",
CELADE Demographic Bulletin, no. 19.

Annex XVII

PUBLICATIONS

- Children and Youth in National Development in Latin America Santiago 1965
- La Infancia y La Juventud en el Desarrollo Nacional en Latino America
Santiago 1965
- Selección de Documentos presentados en la Conferencia Latino America Sobre la
Infancia y la Juventud en el Desarrollo Nacional 1965
- Children and Youth in Latin America, 1969. Problems and Prospects for Future
Action. Santiago 1969
- La Infancias y La Juventud on America Latina, 1969. Problems y Posibilidades
de Actividades Santiago 1969
- El Niño y el Joven. Motores Del Desarrollo. Coedición Paidos-UNICEF
1971
- Los Anos Postergados. La Primería Infancia. Coedición Paidos-UNICEF
1975
- El Gamin: Su Albergue Social Y Su Familia. Volumen 1 Bogotá 1978
- El Gamin: Analisis De Datos Secundarios. Volumen 11 Bogotá 1978
- Your Child Kingston 1976
- Estimulacion Temprana: Importancia Del Ambiente Para El Desarrollo Del Niño
Santiago 1978
- Marco Conceptual De La Estimulacion Temprana Guatemala 1979
- Educacion, Niñez Y Pobreza. Luis Bravo Valdivieso y Hernán Montenegro
Santiago 1977
- Jugando Y Creciendo Guatemala 1978
- Por Favor, Cuidenme Bien Guatemala 1978
- Beautiful Junk Kingston 1978
- Delcaracion De Los Derechos Del Niño Bogotá 1977

Annex XVII Cont.

Los Programas De Servicios Integrados Para La Infancia	Santiago 1978
La Planificacion Social Y La Formacion De Las Nuevas Generaciones	Santiago 1979
Las Caracteristicas de la Cooperacion Internacional: Su relacion con las necesidades de los Países en Desarrollo	Santiago 1978
Indicadores Sobre La Situacion De La Infancia en America Latina y el Caribe/Indicators on the situation of Children in Latin America and the Caribbean	Santiago 1979
Prioridades en la Salud Infantil. David Morley.	Mexico 1977
Proposicoes Alternativas Para O Atendimento Das Necessidades Basicas de Saude Nos Países em Desenvolvimento. OMS/UNICEF	Brasilia 1977
Trabajando Con Las Escuelas de Banco en Los Tugurios de Cartagena	Bogota 1977
Propedeine-Proyecto Pilato Experimental de Educacion Inicial no Escolarizado	Lima 1978
Legislacion Sobre Politicas de Alimentacion y Nutricion en Países de America Latina y el Caribe. Piap/Pnan	Santiago 1978
La Necesidad de Planificar Politicas Nacionales de Alimentacion y Nutricion en los Países en Desarrollo y Sus Perspectivas. Piap/Pnan	Santiago 1977
Reformulacion de la Guia Metodologica Para la Planificacion Alimentaria Nutricional. Piap/Pnan	Santiago 1977
Alimentacion y Nutricion: Desafio al Desarrollo de los Pueblos	Santiago 1977
Chile: Mujer y Sociedad. Compiladores: Covarrubias y Franco	Santiago 1978
El Trabajo no Remunerado de la mujer	Bogota 1978
Participacion de la Mujer en el Desarrollo de America Latina y el Caribe	Santiago 1975
Servicios de Apoyo: Mecanismos Para la Incorporacion de la Mujer al Desarrollo	Santiago 1975 y 1976
La Realidad de la Infancia...Y UNICEF	Santiago 1976
Para ti y Todos los Niños	Santiago 1976
El Niño en la poesia de Gabriela Mistral	Santiago 1978, 1979

Annex XVII Cont.

Niño Ayuda al Niño	Santiago 1979
Caribbean Resource Book Women in Development	Kingston 1978
Situacion de la Infancia en America Latina y el Caribe. Juan Pablo Terra	Santiago 1979
The Child in Latin America and the Caribbean	Santiago 1979
El Niño en America Latina y el Caribe	Santiago 1979
The Situation of Children in Latin America and the Caribbean. Juan Pablo Terra	Santiago 1979
Tendências na Alimentação e Seu Impacto na Saúde da Criança	Brasilia 1978

Annex XVIII

GREETING CARDS USING WORKS OF ARTISTS FROM THE AMERICAS
1955 - 1979

<u>ARTIST</u>	<u>COUNTRY</u>	<u>TITLE</u>
<u>1955</u>		
Antonio Fransconi	Uruguay	Members Of The United Nations
<u>1958</u>		
Rangel Hidalgo	Mexico	Child Bearing Gifts (Girl)
Rangel Hidalgo	Mexico	Child Bearing Gifts (Boy)
<u>1960</u>		
Ruffino Tamayo	Mexico	Poesie du Vol
<u>1966</u>		
Horacio Butler	Argentina	Santa Claus
<u>1967</u>		
Lucy Calenda	Brazil	Enchanted Forest
Beatrice Tanaka	Brazil	Bumba Boi Dance
<u>1968</u>		
Zoravia Bettiol	Brazil	The Baloon Vender
Circle of Cuzco	Peru	Seeking Shelter
<u>1969</u>		
Folk Art	Ecuador	Flight Into Eygpt
<u>1970</u>		
Guioan Guerra Mozinha	Brazil	The Bower

Annex XVIII Cont.

1971

Nan Cuz	Guatemala	Childrens Procession
Enrique Gandolfo	Argentina	Daisy And Blue Flowers
Maria M. Heins-Waltraud	Brazil	The Rose House
Cassio M'Boy	Brazil	Manger
Cassio M'Boy	Brazil	Flight Into Egypt

1972

Colonial Altar, 18 BC	Venezuela	Detail
Percy Deane	Brazil	Leapfrog
Percy Deane	Brazil	Girl In Yellow
Margarita Lozana	Colombia	Among the Flowers

1973

Elizabeth Catlett	Mexico	M&C
Maria de Posz	Venezuela	Winter Scene
Museo del Oro, Bogota	Colombia	Muisca Raft
Folk Art	Peru	Nativity
E. Sallas	Mexico	Castillos

1974

Cuna Indian (Anon)	Panama	Cat
Nayarit Culture	Mexico	Untitled
Graciela Rodo Boulanger	Bolivia	Swings
Luis Fonseca	Colombia	Francis, The Man, Arrives at Macondo
Margarita Galetar	Argentina	Happiness
Graziano Gasparini	Venezuela	Sunrise
Diego Rivera	Mexico	Mother And Child
Roman Ronancio	Columbia	La Cumbia
Beatrice Tanaka	Brazil	Circle Of Friendship
Maria M. Heins-Waltraud	Brazil	Harvest

1975

Huichol Yarn Painting	Mexico	Untitled
Inca Gold Earring	Peru	Sun Symbol
Nathalie de Etievan	Venezuela	Flame Tree
Elias Luiz	Brazil	Children At The Fair
Ottorino Peotta	Brazil	Flame Tree
Mimina Riveda	Brazil	Market-Place Of Bahia
Roman Ronancio	Colombia	The Circus
Tana Sachs	Argentina	Tropical Garden
Palomino Tsegkuans	Peru	Monkeys
Cesar G. Villela	Brazil	Cats
Wilma	Brazil	Untitled

Annex XVIII Cont.

1976

Antonio Grass	Colombia	Pre-Columbian Motifs(5)
Ruby Mera	Colombia	Child From Viet Nam
Rosario Nuñez de Patrucco	Peru	Dancers
Raul Rangel Filho	Brazil	Bird And Sun
Carlos Salamanca	Colombia	Colombia
Gloria Uribe-Rocca	Colombia	Children And Tree

1977

Floral Note:Quito	Ecuador	Untitled
Huichol Yarn Painting	Mexico	Untitled
Carolina Brown Susaeta	Chile	Greetings With A Thousand Flowers
Rossana Bucheli	Uruguay	Tree Of Life
Gian Calvi	Brazil	Peace
Cecy	Peru	Joy
Felix Chavez	Peru	Nocturnal Melody
Sergio Pereira da Silva	Brazil	Tree Of Life
Jose Ignacio Escarriola	Guatemala	Swinging
Jose Manuel Flores Espinosa	Guatemala	Tree Of Life
Antonio Grass	Colombia	Dotted Circle
Adolpho Horschfaerber	Chile	The Holy Tree Of The Araucanos
Teresita Llado	Argentina	Tree Of Life
Maria Clara Pineyro Medina	Colombia	Tree Of Life
Lilian Usai	Brazil	Best Wishes To The Whole World

1978

Anon. Cuzco Artist	Peru	
Anonymous	Peru	
Circle of Cuzco	Peru	Adoration
Silvia Maddoni	Argentina	Three Kings
Anon. Folk Art	Argentina	
Anon. Folk Art	Argentina	
Ann June Schroads	Brazil	Brazilian Nativity
Anon. Folk Art from Oaxaca	Mexico	Candlestick
Eliseu Visconti	Brazil	On The Way To School
Sara Sanchez	Colombia	Two Girls And Horses
Jose Venturelli	Chile	
Kennedy	Brazil	Field of Flowers I
Kennedy	Brazil	Field of Flowers II
Samantha Ellias	Brazil	Tapestry Bahia
Silk Wool Metal Tapestry	Peru	
Mario Campello	Brazil	Brazilian Blue Paradise
Mario Campello	Brazil	Paradise with Sun
Vera Ilce Monteiro de Silva	Brazil	
Djanira	Brazil	Caboclinhos

Annex XVIII Cont.

1978 Cont.

Jose Rinaldo Castro de Santi	Brazil	Felling
Jose Rinaldo Castro de Santi	Brazil	Picking Coffee Beans
Jose Rinaldo Castro de Santi	Brazil	Sugar Cane Harvest
Jose Rianldo Castro de Santi	Brazil	Picking Cotton
Elisa Martine de Silvera	Brazil	Paris
Jose Saboia	Brazil	
Pennochi	Brazil	
Heitor dos Prazeres	Brazil	Samba
Milton da Costa	Brazil	Girl on a Bicycyle
Carybe	Brazil	The Queens Horses
Ivan Moraes	Brazil	Woman of Bahia
Rosina Becker do Valle	Brazil	Boi Mamao
Prilidiano Paz Pueyrredon	Argentina	
Jose de Paulo Inima	Brazil	
Manuel Castellanos-Lopez	Cuba	Wreath

1979

Juan Scalco	Argentina	
Kinkas	Brazil	Messengers of Peace
Nan Cuz	Guatemala	One Magic Night 1982
Olga de Chica	Colombia	
Olga de Chica	Colombia	
Jose Antonio da Silva	Brazil	Still Life
18C Jewel Box Lid	Colombia	
Terasa Cuellar	Colombia	Bouquet
Fernando Torm	Chile	Iris
Fernando Torm	Chile	Lily
Fernando Torm	Chile	Pink Cryanthemum
Hector Herrera Sanhueza	Chile	
Angel Romano	Argentina	Ronda 6
Angel Romano	Argentina	Ronda 9
Gaspar Saldanha	Brazil	Tree and Fruit

Annex XIX

INFANT MORTALITY RATES
(Under one year per 1000 live births)

	1937	1947	1960	1971	1978
Antigua	235		68.7	22.1 a	
Argentina	96	79	62.4	62 a	45
Barbados	217	163	60.3	29.2	28.8
Belize	123	120	64.3	50.7 a	
Bolivia	70 b	115 b			
Brazil				91.2	82.4
Chile	241	161	120.3	70.6	38.7
Colombia	150	150	99.8	87	80 c
Costa Rica	142	92	68.6	56.4	22.3
Cuba			35.4	36.5	22.3
Dominica			107.3	45.1 a	
Dominican Rep.	47	99	100.6	49.1	31.2
Ecuador	158	146	100	78.5	57.4
El Salvador	133	96	76.3	52.5	50.8
Grenada	112		77.9	32.8 a	
Guatemala	99	110	91.9	87.1	73.3
Guyana	121	87	61.4	40.7	50.6 d
Haiti				130	125
Honduras	102	109	52	117.6	98.5 e
Jamaica	119	92	51.5	27.1	
Mexico	131	97	74.2		49
Montserrat	235	98	114.2	56.3 a	
Nicaragua	94	102	70.2	46 a	
Panama	65 f	50 f	56.9	37.6	24.8
Paraguay	75	52	90.7	97.4	89.7
Peru	128 f	114 f	92.1	103 g	90.4 g
St. Christopher & Nevis		98	98.1	48.4 a	
St. Lucia	112	110	107.1	42.7 a	
St. Vincent & the Grenadines	112	110	132	58.6 a	
Surinam	61.6	71	40.7	36.9 a	32.1 e
Trinidad & Tobago	120	78	45.4	34.3 a	
Uruguay	96	66	47.4	40.4	38.2
Venezuela	135 f	100 f	52.9	49.8	33.9

Notes: a - 1970; b - excluding infants who die before registration; c - 1979; d - 1975; e - 1977; f - excluding jungle population;

Sources: "Evaluation of the Ten-year Health Plan for The Americas" (1980) PAHO CD27/34.B
 "Health conditions in The Americas" (1973-76) PAHO Scientific Publication no. 364
 PAHO Scientific Publication no.381. Condiciones de salvo del niño en las Américas.

Annex XX

CHILD MORTALITY RATES
(1 to 4 years per 1,000 inhabitants)

	1960	1970	1978
Antigua	7.9	1.6	1.0 a
Argentina	4.3	3.3	2.2
Barbados	3.5	2.2	1.4
Belize	6.7	4.3	6.4 a
Bolivia			
Brazil		5.6 b	3.6
Chile	9.7	4.1	1.5
Colombia	16.3	6.4	5.1 c
Costa Rica	6.9	4.6	1.1
Cuba	2.0	1.2	1.1
Dominica	19.9	4.9	2.1 a
Dominican Rep.	11.8	5.9	3.1
Ecuador	21.3	14.9	10.2 c
El Salvador	17.5	11.1	4.3
Grenada	12.8	4.4	
Guatemala	29.0	25.4	26.0 c
Guyana	5.8	11.2	
Haiti		110.0 b	97.0
Honduras	13.9	10.4	14.3 c
Jamaica	6.5	4.2	1.9 c
Mexico	13.1	9.5	4.3 d
Montserrat	6.5	3.2	
Nicaragua	9.1		3.7 a
Panama	9.6	7.5	2.0
Paraguay	4.4	6.7	5.5
Peru	15.0	12.5	
St. Christopher & Nevis	13.9	4.1	3.1 a
St. Lucia	21.7	4.0	2.3 a
St. Vincent & the Grenadines		5.3	
Surinam		4.3	1.8 c
Trinidad & Tobago	3.2	1.8	1.3 a
Uruguay	1.8	1.3	1.1
Venezuela	5.9	5.2	3.4

NOTES:

- a - 1976
- b - 1971
- c - 1977
- d -

Sources: "Evaluation of the Ten-year Health Plan for The Americas" (1980) PAHO CD27/34.B.

"Health Condition in The Americas, 1973-76," PAHO Scientific Publication no. 364.

References

- 1/ Americas, Vol. 26. No. 3 (March 1974)
- 2/ General Assembly resolution 57 (1)
- 3/ UNRRA: A history of the United Nations Relief and Rehabilitation Administration, (Colombia University Press 1950) Vol. III schedule 1
- 4/ "Second meeting of the Latin American Countries on the Executive Board, 7 February 1947" Summary record. (E/ICEF/9)
- 5/ Letter by the Director-General of the American Institute for the Protection of Childhood dated 11 February 1948 and resolution adopted by the IX Pan American Child Congress at its meeting, 5 - 10 January 1948, (I/ICEF/45)
- 6/ "Nutrition and Health of Children in Five Countries of South America" excerpts from a report to the UNICEF Administration by Dr. R. Passmore, (1948), (E/ICEF/83)
- 7/ "Report of the Executive Director to the 71st meeting of the Programme Committee" (E/ICEF/89)
- 8/ "Report of the Third Session of the Joint UNICEF/WHO Committee on Health Policy" (1949), (E/ICEF/112)
- 9/ "Report of the Executive Director to the 93rd meeting of the Programme Committee" (E/ICEF/129)
- 10/ "Report of the Sub-Committee on Fund Raising" (1954), (E/ICEF/L.700)

- 11/ "General Progress Report of the Executive Director: Programme Development in the Americas" (1956), (E/ICEF/309/Add.6)
- 12/ "Progress Report on the Use of Low-Cost Milk Part II: Latin America" (1954), (E/ICEF/L.555/Add.1)
- 13/ "General Progress Report of the Executive Director: Programme Development in the Americas" (1957), (E/ICEF/336/Add.7)
- 14/ "The Milk Conservation Programme. An appraisal of UNICEF/FAO-assisted milk conservation programmes 1948 to 1966" (1966), (E/ICEF/L.1257)
- 15/ "Milk production in certain Central and South American Republics" A report by Dr. Joseph Edwards, FAO Consultant. Based upon a joint UNICEF/FAO survey July-August 1951. (I/ICEF/179)
- 16/ "Report of visit of Programme Committee to five countries of Central America, May 27 - June 7, 1954" (1954), (E/ICEF/266)
- 17/ "Executive Director's General Progress Report" paras 5-18, (E/ICEF/281)
- "Information note by the Executive Director on the financial aspects of an increased UNICEF contribution for malaria eradication". Statement by the Chief of the WHO Malaria Section (E/ICEF/L.755). Reproduced in WHO Bulletin, vol. 11, no. 405, 1954. pp. 515-516
- 18/ "Malaria Eradication in the Americas" Statement by Dr. Fred L. Soper, Director of the Pan-American Sanitary Bureau, Regional Office of the World Health Organization (1955), (E/ICEF/282)
- 19/ "Report of the Executive Board" on its meetings 7 - 18 March, 1955, (E/ICEF/294)
- 20/ "UNICEF-WHO Joint Committee on Health Policy, Report of the Eighth Session held at U.N. Headquarters, New York, 6 May 1955" (E/ICEF/297)
- 21/ "Report of the Executive Board" on its meetings 8 - 15 September, 1955, (E/ICEF/306)

- 22/ "WHO/UNICEF - Assisted Maternal and Child Health Care Programmes in Fifteen Countries, A Progress Report" submitted by the Director-General of WHO 1953, (E/ICEF/306)
- 23/ "UNICEF aid to Latin America. Report submitted to the Executive Board on 10 September 1953 by Robert Davee, Director of the UNICEF Regional Office for latin America" (E/ICEF/241)
- 24/ "General Progress Report of the Executive Director, Programme Developments in the Americas" (1958) (E/ICEF/356/Add.5)
- 25/ "Assessment of Environmental Sanitation and Rural Water Supply Programmes Assisted by the United Nations Children's Fund and the World Health Organization (1959-1968), (E/ICEF/L.1271 (JC16/UNICEF-WHO/69.2))
- 26/ "UNICEF Assistance to Latin America, Statement at the One Hundred and Thirtieth Meeting of the Executive Board on 15 September 1954 by Mr. Robert Davée, Director, Latin America Regional Office" (E/ICEF/274)
- 27/ ST/ECLA/Conf.20/L.20/Rev.1. Also UNICEF publication - "Children and Youth in National Development in Latin America. Report of Conference" (1965)
- 28/ "Seleccion de documentos presentados en la Conferencia Latinoamericana Sobre la Infancia y la Juventud en el Desarrollo Nacional - 28 de Noviembre - 11 de Diciembre de 1965, Santiago de Chile" UNICEF
- 29/ "General Progress Report of the Executive Director, Programme Developments in the Americas" (1957), (E/ICEF/336/Add.7)
- 30/ "Increased UNICEF Contribution to Malaria Eradication, Information Note by Executive Director on Financial Aspects" (1955)
- 31/ "Recommendation of the Executive Director for assistance to the Americas Region - Health Services" (1970), (E/ICEF/P/L.1281)

- 32/ "Report on Malaria Eradication by the Director-General of WHO" (1959), (E/ICEF/386)
- "Malaria Eradication. A Report to the UNICEF Executive Board by the Director-General of the World Health Organization" (1961), (E/ICEF/417)
- "Malaria Eradication. A report on the UNICEF Executive Board by the Director-General of the World Health Organization" (1963), (E/ICEF/481)
- "UNICEF Aid to Malaria Eradication. Note by the Executive Director" (1963), (E/ICEF/482)
- "The Malaria Eradication Programme, prepared by the World Health Organization for the 1967 session of the UNICEF Executive Board" (E/ICEF/L.1268)
- 33/ "Report of the Executive Board" on its meetings 8 June - 19 June, 1961, (E/ICEF/431)
- 34/ "Evaluation of the Ten-Year Health Plan for the Americas" (1980), (PAHO document CD27/34.B)
- 35/ "Report of the Executive Board" (1971), (E/ICEF/612)
- 36/ E/ICEF/83, Op. cit.
- 37/ "Recommendations for Further Development of UNICEF-Aided Nutrition Programmes in Central America, Panama, Peru, and Brazil - A Report by Charles Glen King, Special UNICEF-FAO Consultant" (1957), (E/ICEF/L.1028)
- 38/ "Expansion of UNICEF Aid to Maternal and Child Nutrition. Note and Recommendation by Executive Director" (1954), (E/ICEF/L.1123)
- 39/ "Report of the FAO Regional Conference on Nutrition Problems in Latin America, held July 1948 in Montevideo, Uruguay" Also E/ICEF/83. Op. cit.

- 40/ "General Progress Report of the Executive Director, Part VII - Programme Developments in the Americas" (1961), (E/ICEF/409/Add.6)
- 41/ Social Services for Children: Institutions, Day Care Centres, Care of Children Deprived of Normal Home Life (1959), (E/ICEF/377)
- 42/ Recommendation of the Executive Director for Allocations: Colombia, Social Services and Sesquila Homes. E/ICEF/P/L.450
- 43/ "General Progress Report of the Executive Director, Programme Developments in the Americas" (1966), (E/ICEF/542/Add.5)
- 44/ "Social Trends and Social Development Policy in Latin America: Prepared by Economic Commission for Latin America (ECLA)" (1969), (ICEF/LATAM/2)
- 45/ "Summary of Report (E/ICEF/LATAM-3) on 'Rural Children and Youth in Latin America'" (1969), (ICEF/LATAM/4)
- 46/ "Urban Marginal Children and Youth in Latin America: Prepared by Centre for Economic and Social Development in Latin America (DESAL)" (1969), (ICEF/LATAM/5)
- 47/ "UNICEF in Latin America: Prepared by the UNICEF Resident Director for the Americas" (1969), (ICEF/LATAM/6)
- 48/ "Report of a special meeting on the situation of children and youth in Latin America" (E/ICEF/589 - ICEF/LATAM-10)
- 49/ "Statement by Mr. Roberto Esquerra-Barry Director, UNICEF Regional Office for the Americas. UNICEF Executive Board 21 April 1970" (1970), E/ICEF/CRP/70-28)
- 50/ "Americas Region-Interagency Project for the Promotion of National Food and Nutrition Policies" (1978), (E/ICEF/P/L.1738)
- 51/ "Report of Conference on the Needs of the Young Child in the Caribbean" (1967),

- 52/ "The Young child in the English-speaking Caribbean" (1979)
(E/ICEF/LATAM-79/4)
- 53/ "Estimulacion Temprana: importancia del ambiente para el desarrollo del
nino" Santiago, 1978
- 54/ ICEF/LATAM/4 Op. cit.
- 55/ ICEF/LATAM/5 Op. cit.
- 56/ "Situation of Children in Latin America and the Caribbean" (1979),
(E/ICEF/LATAM-79.2)
- 57/ "Report on the Special Meeting on Children in Latin America and the
Caribbean, held at the Ministry of Foreign Affairs, Mexico City, 16 May
1979" (E/ICEF/660)
- 58/ "Declaration on Attention to Children in Latin America and the
Caribbean" (Mexico, 1979), (E/ICEF/LATAM-79/11)

INDEX

Alliance for progress	33
American Friends Service Committee	28
Applied nutrition	43, 64
Arabañez, Dr. Rodriquez	66
Association of Jurists	52
Audio visuals	73
Balcazar, Jaime	14
Barnett, Lloyd	75
Barrett, Maude	51
Bench Schools	71
Better-off countries	76
Bolivia	22, 26, 64, 83
Brazil	9, 19, 45, 52, 76, 84
Campos, Roberto	9
C.A.R.I.C.O.M.	55
Caribbean	51, 69, 70
Caribbean Food and Nutrition Institute	69
Centre for Disease Control (CDC)	39
Central America	19, 43, 62, 69, 72
Charter of Punta Del Este	35, 58
Chile	21, 57, 70
Church	27, 86
Coffee Growers Association - Colombia	45
Colombia	23, 24, 46, 52, 66, 71, 75, 83, 85
Community participation	26, 27, 39, 45, 47, 57, 63, 65, 66, 83
Contributions	6, 15
Correa, José	15
Costa, Dr. Oswaldo	14
Costa Rica	23, 52, 66, 75
Country studies	33, 35, 62, 68, 78
Country tours	25, 32, 57, 67, 78
Davee, Robert L.	11, 29
Day care	47, 52, 64, 65, 69
Declaration of Mexico, 1979	79

Dental services	49
Diphtheria	26
Dyslexia	72
Early childhood stimulation	70, 87
ECLA	13, 33, 34, 55, 58, 61, 68, 78
Ecuador Association of Pediatrics	22
Eloesser, Dr. Leo	9
El Salvador	28, 40, 86
Empiricas	28, 50, 65, 69
Esquerria-Barry, Roberto	62
Evaluation	29, 39, 65, 68, 84
Excreta disposal	31, 48, 64
Executive Board Sessions	57, 77
Fabregat, Rodriguez	11
F.A.O.	7, 13, 14, 20, 21, 28, 45, 68
Feeding	9, 18, 44
First ladies	75
Fish flour	24
General Treaty on Central America	
Economic Integration	55, 63
Greeting cards	16, 73
Haiti	27, 83
Health statistics	49
Herrera, Dr. Carlos Zaenz	23
High protein foods	23, 44
Holm, Dr. Johannes	9
Honduras	23
I.I.N.	(See - Interamerican Children's Institute)
I.L.P.E.S.	(See - Latin American Institute for Economic and Social Planning)
Immunization	26, 27, 48, 85
I.N.C.A.P.	(See - Institute of Nutrition for Central America and Panama)
Indicators	8, 61, 76, 84
Infant mortality	8, 28, 30, 36, 59, 84, 86

Institute of Nutrition for Central America and Panama	9, 20, 24, 46, 69
Integrated basic services	50, 63, 83
Integrated health services	47
Interagency program for promotion of national policies in food and nutrition	68
International Children's Institute	7, 46, 52, 55, 72
Inter-American development bank (IDB)	12, 30, 55, 82
International women's year	69, 70
International Year of the Child (IYC)	74, 79, 84
Jamaica	75
Joint enterprise	9, 27
Juvenile court judges	52
Kershner, Howard	6
King, Dr. Glen	44
Laboratories	29, 49
Latin American Institute for Economic and Social Planning	33, 34, 55, 68
Lenroot, Katherine	7
Local costs	18, 32, 38
Lutz, Gertrude	11, 20
Malaria control	9, 25, 37
Malaria eradication	25, 35, 36
Maternal and child health	9, 21, 28, 47, 63
Mauras, Marta P.	14
Measles	48
Media	56, 73, 75, 85, 87
Meetings	14, 15, 33, 56, 58, 62, 68, 70, 77
Mexico	37, 51, 64, 67, 75, 77
Milk plants	9, 21, 44
Montesinos, Victor Raul	14
Mother's Clubs	19, 47, 64, 69
National policies affecting children	14, 24, 34, 56, 62, 68, 83
National professional	13
Non-formal education	54, 64, 69
Nutrition	19, 24, 43, 59, 64, 67, 86
O.A.S.	12, 55

O.D.E.C.A.	(See - Organization of Central American States)
Organization of Central American States	55, 62
P.A.H.O.	7, 9, 11, 12, 14, 28, 30, 37, 45, 51, 55, 68, 72
Palma, Hugo	75
Panama	32
Passmore, Dr. R.	8, 9, 43
Pate, Maurice	6, 9, 16
Peru	46, 49, 65, 67, 71, 75
PIAP/PNAN	(See - Interagency Program for Promotion of National Policies on Food and Nutrition)
Planning offices	34, 62, 64
Popenoe, Wilson	45
Prebisch, Raul	33, 61
Primary education	53, 59, 64
Primary health care	42, 64, 65, 86
Publications	56, 73, 87
Quintera De Turbay Ayala, Nydia	75
Rajchman, Ludwick	9
Ramos, Dr. Domingo	6
Reynolds, Albert J.	33
Round Table, 1968	14, 57
Santa Cruz, Hernan	15
Schaffer, Alice	11, 51
School dropouts	54, 59, 72
Scrimshaw, Dr. Nevin	9, 20
SEICA	(See - General Treaty on Central America Integration)
Social pediatrics	9, 50, 69
Social services	35, 51, 63
Soper, Dr. Fred L.	25, 36
Spanish Committee for UNICEF	87
Stipends	18, 28
Street children	52, 84

Technical cooperation between development countries	77, 83
Ten-year health plan	65
Toro, Javier J.	14
Traditional midwives (see - Empiricas)	
Training	22, 27, 28, 29, 30, 46, 50, 51, 53, 68, 69
Transport	27, 40, 47, 53
Trimble, Cordelia	11
Tuberculosis	9, 27, 48
Typhus	26
United Nations Appeal For Children	16
United Nations Bureau of Social Affairs	12, 51
United Nations Development Decade	33, 35
U.N.D.P.	12, 56
UNESCO	13, 14, 53, 68, 72
UNRRA	6
United Nations Volunteers	13
University of Puerto Rico	46
University of West Indies	51, 70
Urban areas	52, 58, 66, 71, 78, 84
Uruguay	11
USAID	38
Vaccine production	26, 28
Van Leer Foundation	70
Vegara, Laura	51
Vocational training	54
Voluntary agencies	21, 28, 61, 87
Voluntary collaborators	39, 65
Water supply	30, 48, 64, 69
Weaning foods	24
Women	54, 64, 69, 84
Yaws	27
Young child	69, 82
Youth	52, 62, 63
Zeledon De Carazo, Estrella	75