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**Urban Basic Services: Reaching Children and Women of the Urban Poor**

**Report by the Executive Director**

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SUMMARY AND RECOMMENDATIONS

Urbanization and poverty in the developing world

(1) The majority of urban children and women in developing countries find themselves living in increasingly difficult circumstances. Children and women in poor urban communities are the most vulnerable and usually the first to suffer, even to die from adverse conditions. Malnutrition is very serious, and urban children are particularly vulnerable, in the absence of family support systems, which rural circumstances often provide.

(2) The problems of the urban poor, difficult enough ten years ago, are being exacerbated by the effects of world recession. Government social services to the urban poor, severely underfunded at the best of times, have in most countries been cut back while the opportunities for earning cash incomes in the informal sector, which is the main employer of the urban poor, have been reduced in these hard economic times. Survival in city life requires cash, to a much greater extent than in rural areas. Low-cost approaches to services and income-generating activities are therefore especially important.

(3) These urban problems no longer affect only a minority. Of the 76 million annual growth of the Third World population, two thirds is added to the urban areas, with only one third to the rural. By the year 2000, the proportion will be four fifths. These are huge and significant numbers - UNICEF's own priorities will need to adapt to them.

The national context

(4) As urban populations have grown, national governments have devoted more attention and frequently increasing resources to them - though not in proportion to the needs of their growing population. Government policies and programmes have generally emphasized the provision of social services and environmental improvement programmes. In both low-and middle-income developing countries these are generally partial, uneven and insufficient. In recent years, some important non-conventional solutions have been developed and these often offer points of hope, especially if replicability can be achieved.

UNICEF's co-operation

(5) The purpose of UNICEF's urban basic services programme is to support the initiation and development of social programmes benefiting children and women to the point where there is a national approach and broad-based capacity to expand delivery of community-based services in low-income areas. In pursuit of this goal UNICEF has substantially increased its support to programmes benefiting low-income populations. In 1982 such programmes existed in 43 countries as compared with 7 in 1977. A further 24 field offices, currently without urban programmes, have now identified possibilities for urban collaborative efforts.
Main channels and emphasis of support

(6) Channels of support have been: development of women and child-relevant policies and support for infrastructure; long-range comprehensive, physical, social and economic development programmes; immediate benefit social programmes; national, frequently sectoral, programmes; and local, small-scale social programmes. Emphasis has been on women's activities, and on programmes providing pre-school, day-care and early child development for children below the age of six. These were the most important areas along with support to primary health care and nutrition programmes. In addition, some assistance has been provided for the development of women and child-relevant social policy and planning capacities.

Urban basic services strategy: a community-based approach

(7) A review of UNICEF's experience in urban support, based on general information received from 70 countries and case studies prepared on 9, concluded that the community-based approach was viable. The approach was a characteristic of all of the programmes reported in the studies. The capacity and necessity for communities to participate in solving their own problems was recognized and was found appropriate within the context of limited resources, access and coverage. The community-based approach enabled services and facilities (a) to reach farther down towards the poorest families; (b) to be designed in response to needs which people articulated and therefore better understood and supported by families; (c) to be more valued and better maintained by the community; and (d) to be less expensive, while permitting broader coverage. Experience so far shows that these UNICEF-supported programmes have had a limited but growing impact on government actions by expansion in scale in a city or country and by spread of this approach to other countries. A number of factors have been found significant in the implementation of basic services. These include: understanding that support to urban programmes is a powerful form of applied advocacy; collaboration with non-traditional ministries which command resources far above that of a typical social service ministry; and the development of effective multisectoral, multilevel co-ordinating structures for implementation that includes the low-income community in the decision-making process.

Programme management

(8) Lessons have also been learned that have management implications for UNICEF's own participation in urban programme development. It is essential to have a long-term perspective - at least 10 years - if the stimulation of a large-scale response to problems in many countries is to be realized. Urban programme development is staff and labour intensive, especially in the beginning, both for government and UNICEF. Because urban programmes are relatively new areas of work, new ways for UNICEF staff to get practical experience are needed (e.g., an internship programme). Also, the community-based nature of programmes requires establishing programme preparation procedures that make it possible for communities to make real decisions about the use of resources at the community level.
(9) Programme activities generally have been financed through general resources. In a number of important cases special purpose contributions were essential for the expansion of basic services to low-income populations and it is expected that the use of "noted" funds will continue. Voluntary organizations have developed innovative approaches in working with the urban poor, and continued UNICEF collaboration with them can be a means of extending effective small-scale efforts to a larger scale.

(10) Many field offices have expressed the need for additional advisory staff to develop newly identified programme opportunities more adequately. In 1973 an urban advisory post was established at headquarters to help in the implementation of UNICEF's urban policy. There are now 12 professional staff assigned full-time to urban programmes in Asia and Latin America. As programme activities expand, the regionalization of urban advisory assistance will play a critical role.

(11) A significant factor in developing and expanding urban basic services programmes has been technical co-operation between field offices and, through them, between countries. The exchange of technical experience and co-operation has been considerable and is expected to be a growing component of UNICEF collaboration in the future.

Critical components for UNICEF programme support

(12) Certain programme areas are considered critical: reducing urban malnutrition; improving the situation of women; providing pre-school, day-care and early childhood development services; promoting responsible parenthood and family planning; helping abandoned and disabled children; and improving water and sanitation.

Recommendations for an urban strategy for the 1980's

(13) The following recommendations reflect an integrated approach for UNICEF's response towards meeting the complex and varied problems of urban poor children and women in the next decade, involving both strategy and institutional implications of that strategy. They should be implemented with an increased awareness of the relationship between urban and rural situations.

Programme strategy

(14) UNICEF should continue to expand and strengthen its collaboration to address the problems of deprivation affecting children and women in poor urban areas (see para. 115).

(15) Following the community-based approach, support should be continued for urban basic services and programmes should be extended to additional countries (see para. 116).

(16) The urban basic services programme should continue to emphasize the following priority areas: malnutrition; women's development activities; pre-school, day care, and early childhood development; responsible parenthood and family planning services; support for abandoned and disabled children; and water and sanitation (see para. 117).
(17) UNICEF’s support should be designed with emphasis upon convergence of programme component (e.g., women’s literacy and income-generating activities, day-care and pre-school programmes and malnutrition as linked mother-child issues) (see para. 118).

(18) UNICEF should advocate and support the systematic linking of social planning and development of services with physical planning and development proposals, and whenever possible should encourage the incorporation of urban basic services in government physical development projects (see para. 119).

Institutional implications

(19) Additional emphasis and support should be given to efforts that would strengthen the capabilities of national and municipal institutions to deal with programme development and implementation of urban basic services (see para. 120).

(20) Opportunities should be sought to increase the exchange of experiences on urban basic services among responsible officials, professionals and non-governmental organizations (NGOs) (see para. 121).

(21) Collaboration with NGOs, those organizations and agencies already involved in urban basic services as well as with local groups that have the potential for undertaking projects, should be encouraged and supported as agreed to by the government (see para. 122).

(22) UNICEF should intensify its efforts to mobilize additional external resources for urban projects from other international and bilateral institutions and should encourage these institutions to fund and implement economic, physical and social programmes in low-income urban areas that could extend coverage broadly to children and women in the low-income populations (see para. 123).

(23) UNICEF should provide the additional technical, administrative, and programme support needed by field offices to undertake the urban strategy for the 1980’s (see para. 124).
INTRODUCTION

1. This document responds to a request of the Executive Board for a report on UNICEF's co-operation in programmes for children and women in poor urban areas. It analyses UNICEF's role and activities at a time when world recession and rapid urbanization mean that increasing numbers of women and children face debilitating conditions of increasing severity in most parts of the developing world. At the same time, many governments have established new policies to cope with these problems. This report reviews the urban basic services strategy and identifies critical components for future support consistent with fields of assistance in which UNICEF is already active.

2. The report draws on case studies from nine countries representing different regions and stages of development in programme activity i.e., Brazil, Ecuador, Ethiopia, India, Indonesia, Malaysia, Mexico, Peru, and Sri Lanka. The case studies were reviewed and analyzed by a small working group of experienced field staff who also identified the major observations and conclusions of this report.

3. In addition to the case studies, all UNICEF area and country offices were requested to report on urbanization, urban policy and urban programme activity in their areas. Responses were received on 70 countries.

4. Additional sources of information included the findings of an urban programming workshop for UNICEF staff held in Colombo, Sri Lanka, in May 1981 and correspondence from UNICEF Representatives and other field staff involved in urban programme advocacy and action.

The evolution of UNICEF urban policy

5. UNICEF's first urban-specific policy was established in 1971 when the Executive Board adopted guidelines for the expansion of UNICEF collaboration in services benefiting children in urban slums and shanty towns. While UNICEF was to focus its attention primarily on the needs of children, the wider economic and social setting had to be taken into account. It was neither possible nor adequate simply to extend UNICEF support for sectoral services into poor urban areas. Governmental, economic and social constraints required new approaches and it was necessary to develop special urban projects of which those services formed a part.

6. In 1975 and 1976, it was reported to the Board that relatively slow progress had been made in supporting services for children in slums and shanty towns. In order to have a fuller understanding of the situation, the Board requested a review of UNICEF experience for the 1977 session. In response, a review of the seven urban programmes in which UNICEF was then co-operating was provided (E/ICEF/P/L.1653 and Corr.1). Though there was an increasing awareness of the plight of the urban poor, the urban programmes in which UNICEF co-operated were limited in scope. The constraints affecting urban

2/ A summary of the case studies will be available at the Executive Board meeting.
3/ Children and adolescents in slums and shanty-towns in developing countries (E/ICEF/L.1277).
collaboration needed to be understood more clearly and a framework for providing basic services in urban areas at low cost had yet to be elaborated. Because it was not possible to cover those questions in the 1977 report, a further report was proposed for the 1978 session.

7. In 1978, the Board considered two documents basic to UNICEF policy for low-income areas: "Basic services for children of the urban poor in developing countries" (E/ICEF/L.1371); and "Reaching the children of the urban poor" (E/ICEF/L.1372 and Corr.1). These documents drew upon experience from Asia, Africa and the Americas. Although not proposing any new areas of UNICEF co-operation, the need for greater attention by UNICEF to the situation of children in low-income urban areas was underlined. This was agreed by the Board which also requested a report in 1982 on further progress.

URBANIZATION AND THE SITUATION OF CHILDREN AND WOMEN

Urbanization

8. The pace of urban growth in developing countries indicates the need for a larger share of UNICEF resources to go into programmes for improving the quality of life for children and women of the urban poor.

9. Two thirds of the current 76 million annual increase in population in these countries takes place in the urban areas. By the year 2000, the proportion will be 83 per cent. 4/

10. During the 1970s, the growth of urban population in the Third World exceeded the rural in absolute terms for the first time in history. The urban trend in the developing world is such that by about the year 2010, it is estimated that the overall rural population will be decreasing absolutely (see figure 1).

11. From 1975 to 2000, the urban population in developing countries will increase from 28 per cent of total population to 44 per cent, with the urban population growing at a rate almost four times that of rural areas (3.7 per cent per annum urban versus 0.97 per cent rural). In absolute terms this will be a growth from some 840 million in 1975 to 2.1 billion by the year 2000.

12. Natural increase is now responsible for an average of 61 per cent of urban population growth in developing countries compared with only 39 per cent from rural migration. 5/

13. Even though global rates of population growth seem to have passed their peak and a further decline in fertility is predicted in the less developed regions, the number of children in urban areas continues to increase. Between 1980 and 2000, the number of urban children under 15 years is expected to increase from 240 million to 433 million. Figure 2 shows the expected regional distribution.

4/ The projections on urban growth used in this section are prepared by the United Nations Population Division, based on 1980 estimates.

Figure 1

Average annual increment in urban and rural population for the world and less-developed regions, 1950-2025, as assessed in 1980

Population increment (millions)

Source: United Nations Population Division
Figure 2
Proportion of all urban children of less-developed regions in each region, 1975-2000

1/ Excluding North Africa.
2/ Excluding Cyprus, Israel and Turkey.

14. Significantly, it is estimated that low-income areas are increasing annually at a rate at least twice that of total city growth i.e. 10 to 12 per cent. This is taking place not only in large cities but also in middle-sized towns. By the year 2000, if present proportions continue, the urban population living in poverty would number some billion persons, of whom at least one third would be under 15 years of age.

The world economy

15. The deteriorating world economic situation has particularly serious consequences in developing countries for poor urban families, whose survival depends upon cash. In most developing countries economic growth has fallen often to a rate below that of population growth. In addition, balance of payments constraints have severely affected the social sectors of many governments reducing resources available for essential human services needs. While urban populations grow, the formal economic sector, which has never been able to absorb all available urban labour, has declined in its ability to provide employment. More and more people have to rely on the informal economic sector in order to survive. Difficult economic times have often worsened the existing unequal income distribution within urban areas, leaving the poor desperately short, if not utterly deprived of government services of all types, and without the means to health or education privately. This has often had devastating consequences for the poorest urban dwellers, including many in industrialized countries.

16. While individual nations are affected differentially by these economic and demographic factors, few escape entirely their impact. Translated into human terms this means very critical times are ahead for most poor urban families as the developing world moves towards the twenty-first century. They also imply an urgent need to examine UNICEF's policy towards children and women in urban areas.

Problems of children and women in low-income areas

17. Earlier UNICEF reports have described the difficult situation in which poor urban children and women live.

18. Among the numerous problems confronting families in low-income urban areas, the following can be singled out:

(a) poverty, low-income and unemployment;

(b) inadequate, overcrowded housing and insecurity of tenure;

(c) high-density population, unhygienic environment, with inadequate or non-existent drainage, sanitation and refuse disposal;

(d) inadequate and irregular supply of poor quality water;

(e) limited access to appropriate family planning services;

(f) high birth rates, compared to affluent families, with a high number of dependents per working adult;

 Assuming that one half of the urban population is low-income.

/...
(g) inadequate adult care for infants and children, especially of working mothers;

(h) low literacy and school enrolment rates and high dropout rates;

(i) children working to contribute to family income, mostly in the informal sector, to care for younger siblings, or to care for themselves, in cases of abandonment;

(j) infant and child malnutrition, due to early discontinuance of breastfeeding, diarrhoea due to poor health and environmental conditions, and lack of cash income to maintain minimum nutritional levels required;

(k) child abandonment;

(l) single-parent households headed by women, whose necessary absence from home to earn money often separates the children from any adult care and training during the day; and

(m) disabled children.

19. The conditions in Latin America are particularly striking. There the urban population represents approximately 65 per cent of the total population and 95 per cent of the region's population increase. The problems of malnutrition, child abandonment, single-parent families, water-borne diseases and other ills of urban poverty are endemic. Similar situations are emerging in the rest of the less developed world as urbanization gathers momentum; rural-to-urban migration concentrates more poor people in the cities, and urban growth is further fed by the continuing natural increase of the poor.

20. These hostile, often tragic, urban conditions form the environment in which the increasing numbers of the poor live. Nonetheless, there are positive aspects. People move to cities for opportunities. Against difficult odds they survive and help themselves. Community organizations thrive in many places. Increasingly, governments are trying to devise cost-effective ways to extend services, not without some success.

21. UNICEF is collaborating with ministries and municipal governments in many countries to test ways to ameliorate these problems, given the financial and institutional constraints of government and the capacities of low-income communities.

National context for UNICEF collaboration

22. Substantive improvement in the conditions of urban poor women and children will require major economic, social and physical development especially to address the problems of employment, land tenure, shelter and basic services. National as well as municipal action is needed. Non-conventional solutions based on community participation are a high priority, given financial constraints.

23. Government approaches to urban development problems follow no set pattern. Budget allocations that directly or indirectly address urban problems take various forms including: sectoral services such as health and education; regional development, with investments in economic productive
activities which intend to keep population in rural areas and in small- and medium-sized regional centres; slum and squatter settlement clearance or upgrading in the older, established metropolitan centres; sites-and-services programmes for various sized cities; post-disaster (natural and man-made) programmes; major infrastructure programmes of water and sanitation; and public sector urban housing solutions. These official approaches are still, however, only partial and uneven responses given the scale and intensity of the problems. Analysis of UNICEF field responses indicates that three out of four governments currently have some form of policy on the needs of the urban poor; and, during the past five years, half of these countries have instituted policy changes.

24. Although urban problems are serious, and governments are evolving policies, relevant actions still have often been limited and inadequate due to a lack of resources and to the high costs of traditional urban services. The result is that, in most countries, the bulk of resources has been used to provide urban facilities and services for the better-off, leaving the poor underserved or not served at all.

PRIORITIES AND PRINCIPLES FOR UNICEF COLLABORATION IN URBAN PROGRAMMES

Strategy

25. The aim of UNICEF's urban basic services collaboration is to support the initiation and development of social programmes benefiting children and women to the point where there is a national approach and broad-based self-sustaining capacity to carry on with expansion of delivery of community-based services in low-income urban areas.

26. Urban basic services programmes must be: cost effective, given the human and financial resources of the country concerned; administratively feasible, given national, provincial and municipal capacity; and implementable on a scale that reflects the full scope or size of the low-income urban population.

27. Experience to date has identified four levels of action for UNICEF in urban areas:

   (a) assuring that thorough situation analyses are done as part of the programming process so that the incidence and type of serious problems that are killing, debilitating and limiting the future of infants, children and women are taken into account when priorities are decided;

   (b) support for demonstration projects that establish operational methods which ensure that resources reach the poor and are used in a participatory way;

   (c) implementation of basic services programmes on a large enough scale to ensure coverage of a substantial population, requiring major budgetary, administrative and organizational commitments; and
(d) elaboration of municipal and national policy leading to broad-based activities in a number of cities which: relate child and women-relevant social programmes to physical and economic programmes; are self-sustaining; and are capable of reaching all of the poor.

28. UNICEF co-operation will vary from country to country and can focus on any of the above levels. For example, in one country there might be collaboration in one or more municipal urban basic services programmes which could lead to the development of national policies affecting every state or province. In another country collaboration may start at the level of training officials in social planning and programming, or strictly at the level of policy development and programme identification. The main objective is to stimulate and support actions improving the conditions of children and women in low-income areas to the point where enough is happening in a sufficient number of municipalities and at the national level to ensure continuation.

**Urban basic services: principles**

29. The principles of UNICEF's urban basic services approach emerged from UNICEF's experience. They were identified in 1978 (E/ICEF/L.1372 and Corr.1) as follows:

- **Community groups and individuals should be involved and supported by government in problem identification, planning, establishing priorities and carrying out and administering community-level actions.**

- **Services provided should be simple and low-cost at the community level, with referral services into the existing formal service system when required.**

- **Community workers should be selected by the community, should undergo simple training, and have the support of the government personnel and services.**

- **Services should be planned and carried out to respond to special features of both the low-income urban communities as well as overall urban environment.**

**Main areas of action**

30. Experience has identified a set of channels through which basic social services are promoted and supported. Prior to the 1978 Executive Board session, four main channels were identified (E/ICEF/L.1372 and Corr.1). These were: (a) long-range comprehensive programmes; (b) immediate benefit programmes; (c) national sectoral programmes; and (d) local programmes. By 1981, a fifth channel, social service policy and infrastructure development, had become significant based on expansion of support into this area. Responses from the 1981 field questionnaires indicate that this channel is likely to receive greater attention in the future. This is based both on a wider appreciation in many countries of the need for a more coherent and specific urban social policy and on successful demonstration projects which merit replication, for which policy definition and programme development are required.
31. Examples of services provided through these channels are listed below:

(a) Long-range comprehensive programmes are designed for specific communities and directed to their physical, economic and social development, with linked activities where appropriate and feasible. Social services are extended in partnership with a large funding source which finances physical improvements and/or economic activities based on community involvement. In Kenya, the Dandora community development/housing programme is providing primary health care, pre-school education, income generation, leadership training and community organization in a partial World Bank-funded sites-and-services project. In India, the Kanpur urban community development project is a similar collaboration effort with municipal, state and national agencies with the World Bank.

(b) Immediate benefit programmes are designed for specific communities to provide an array of basic social services with the assistance and involvement of the community. Funding and execution can involve one or more levels of government and NGOs through co-operative arrangements, together with the community. In Ecuador, primary health care, day-care centres, productive activities, and nutrition services are being provided through the Ministries of Social Welfare and Popular Promotion, and Health for extensive low-income areas of Guayaquil.

(c) Sectoral programmes, usually national, are designed so that, in part, their services can be extended into low-income areas. Such programmes, since they do not have to be designed for each low-income area, have the potential to reach large numbers. Their weaknesses can be that community participation, may not be viewed as essential and in the co-ordination of services across sectoral lines. In Djibouti, immunization, MCH, nutrition and social services for abandoned girls are being provided under a national programme of the Ministries of Public Health and Social Affairs, and Interior.

(d) Local programmes are undertaken by municipal government or voluntary organizations without the support of national programmes. These programmes, as well as the immediate benefit programmes, are more likely to be a direct response to community needs which effectively link the capacities, contributions and resources of the community and local government or supporting organization. They are usually limited in scope, but often could be extended with national assistance. In Brazil, for example, an urban community development programme which includes primary health care, income generation for women, water and environmental sanitation, day-care and community schools, is being implemented by the municipality of Rio de Janeiro.

(e) Social service policy and infrastructure development programmes that are designed to advance the capacity of governments in a number of areas. They include the strengthening of the capacity to examine the situation of children in low-income urban areas and establish policies and programmatic solutions. This is achieved through strengthening of the responsible ministries and institutions for data gathering, definition of objectives and policy, programme preparation and development of institutional mechanisms (co-operation, co-ordination of implementation, funding, etc.) for delivery and training of officials at municipal, provincial and national levels. In Malaysia, for example, through the Nadi programme, UNICEF is supporting the development of a planning and co-ordination mechanism for all government agencies involved in urban poverty activities in the Kuala Lumpur federal territory by sharing resources and staff.
Emerging emphases

32. A number of fields for UNICEF co-operation based on experience were identified in 1978 (E/ICEF/L.1372 and Corr.1). The fields of co-operation include: the young child; health, including family planning; nutrition; water supply and environmental sanitation; day-care; other social welfare services; education; play and recreation; appropriate technology; women's activities; strengthening the community's capacity to plan and carry out its own development; social policy programming; and organizational infrastructure development. In different countries, UNICEF's support covers all of these. In reviewing field responses, it was possible to identify emphases based on a response to needs. Women's programmes were one of these. Actions included the promotion, organization, training (including specialty training for employment), and development of support services. Another was programmes providing pre-school, day-care and early child stimulation for infants and children below the age of six. Support to primary health care and nutrition programmes was also important and was frequently linked to women's and pre-school aged programmes. The other major cluster of activities focused on support to the development of women and child-relevant social policy and planning capacities, including policy development, practical planning capacities, practical research, and training of professionals in this area at the national and municipal levels.

URBAN BASIC SERVICES: A REVIEW OF EXPERIENCE

33. UNICEF collaboration in urban basic services programmes is expanding rapidly. In 1977 the Executive Director reported on urban programme activities in seven countries (E/ICEF/P/L.1653 and Corr.1); this year, including recommendations for approval by the Executive Board, there will be urban basic services programmes in 43 countries (see annex I). In addition, as part of this review, 55 field offices made suggestions for new urban programme efforts which, if realized, would extend UNICEF urban collaboration into a further 24 countries (see annex II).

34. A review of experience in this field is therefore timely and the nine case studies undertaken for this report permitted an in-depth review of the application of UNICEF's urban basic services strategy. The lessons learned are drawn principally from the case studies.

Lessons learned

35. The urban basic services strategy is viable. All programmes reported in the case studies were characterized by a strong community approach; recognizing the potential of low-income communities to resolve their own problems. UNICEF's support to government urban basic services programmes was particularly appropriate in situations of limited resources, access to services and coverage. Community efforts were systematically linked with the formal service infrastructure often through three tiers: community volunteers, paraprofessionals and professionals.

36. Services and facilities can reach the poorest families. In Addis Ababa, Ethiopia, where two thirds of the urban population live below the absolute poverty level, there were famine conditions in some areas of the city in 1978. UNICEF's initial collaboration was through an emergency feeding
 programme for undernourished and malnourished children and expectant mothers. With support from international voluntary organizations, this programme has now been extended to include a nutrition education programme, pre-school centres serving 29,000 children, a comprehensive children's centre organized by the Ministry of Labour, the Kebele (urban dwellers association) day-care centres and self-help development projects (small-scale poultry farming and urban vegetable market gardening) - all of which focus on very needy families following a community-based approach.

37. The UNICEF approach responds to community-based problems. The Department of Social Welfare (DSW) of the city of Rio de Janeiro, Brazil, requested UNICEF collaboration to establish a participatory basic services programme by starting actions in the largest favela in the city. The approach was to build on existing resources and community organizations. Established community health and sanitation groups agreed to join the DSW team and three demonstration projects that were supported (sanitation, community schools and community motivation/education actions) were community-identified responses to community-articulated needs. Urban basic services principles were applied by the DSW team and the community to achieve a high degree of community participation in all aspects of the work including: selection of both professional and community residents to work in each project; use of financial resources; definition of content and form of training; selection of priority neighbourhoods for action; identification and development of specific activities; division of labour within and between groups; and development of specific work plans.

38. Services are better understood by communities and more relevant to their needs through the basic services approach. In Hyderabad, India, the urban community development project of the municipal corporation proceeded on the assumption that any low-income neighbourhood should ask for outside help only after it had exhausted its own resources. The project staff encouraged and recognized peoples' right to identify their own needs and to be fully involved in assuming responsibility for meeting them. Community organizers spend substantial time working with individual communities in organizing or establishing links with existing community organizations, then in identifying and solving problems first with internal and then with external resources. In Hyderabad over 150 different community-based activities have been initiated, focusing on very specific needs. They include: for children, balwadis (nursery schools), midday meal centres and immunization; for women, 16 different income-generating activities; for families, self-help housing; and working through local banks for small-scale loans for vegetable venders (women) and auto-rickshaw purchase and distribution. This careful approach to establish priorities and actions based on community needs is the same as that now being used in the urban community development and the small- and medium-sized town programmes in 14 other urban areas in India.

39. Services and facilities are better maintained when the community is directly responsible. In the low-income "gardens" in Colombo, Sri Lanka, where the environmental health and community development project is being carried out through elected community development councils, there has been a marked improvement in environmental conditions, maintenance of standpipes and community latrines. Likewise, in the primary health care/pre-school programme in the southern zone of Lima, Peru, the integrated health/education project
enters into formal agreements with communities in which they assume full responsibility for maintenance and operation of the primary health care and pre-school centres with the support of sectoral ministries. The community facilities belong to the community.

40. **Services are less expensive and permit broad coverage.** In Mexico, the National System for the Integral Development of the Family (DIF) started, on its own, a sub-programme of attention to pre-school children. The community teachers are paraprofessionals who need only six years of school education. DIF trains instructors who in turn train the paraprofessionals. No special buildings or facilities are needed and, if necessary, the programme can be carried out outdoors with teaching materials produced from recycled materials. This non-formal system assumes that activities can be run at any time during the year and carried out in a flexible manner according to the varying conditions found in different regions and communities. In 1974, 20 pre-school centres were started in the Mexico City metropolitan area. By 1981, 240,000 children were participating in the programme operated by state and national DIF groups in 31 different states. The monthly cost was approximately $US 2 per child.

**Co-ordination and co-operation**

41. A major challenge in implementing policy arises from the problems of co-ordination between government agencies for an integrated or convergent approach to community level basic services. A number of effective approaches to co-ordination were commented upon in the case studies. The focus of co-ordinating efforts in these cases has been at the municipal and sub-municipal level with the objective of obtaining better delivery of services and avoiding duplication. Experience shows that sectoral integration may often be operationally simplified if it is undertaken as a direct, community-specific exercise, and then expanded after procedures are tested and results verified. A significant aspect of effective co-ordination in most cases has involved the inclusion of community participation in some functional form in programme planning and management. All of the following cases have mechanisms that link professional project management to community involvement in project administration.

**Co-ordination by national or municipal authorities**

42. The environmental health and community development project in Colombo, Sri Lanka, is based on the principle that health wardens organize low-income communities or "gardens" which, in turn, elect representatives to community development councils. These councils are responsible for community relations with the Government and for organizing community aspects of the project. (Over 200 councils have been established so far.) These community councils, in turn, elect representatives to district co-ordinating committees which work directly with the municipal health department for planning activities of the department in specific "gardens", based on the needs identified by the councils. At city government level, the city community development council, chaired by the chief medical officer of health, is responsible for the operational co-ordination of the programme activities of the health department, the national youth service council, the water works, the common amenities board, the women's bureau, and the Colombo metropolitan development
authority. There are no community representatives at this level. The city community development council is also responsible for monitoring and controlling the project and it is to this council that feedback from the community through the district co-ordinating committees is channelled. There is, in addition, a municipal co-ordinating committee, composed of the heads of municipal departments, which meets every six months for a review of municipal policy and actions affecting implementation.

43. In Hyderabad, India, the urban community development department (UCDD) is responsible for the co-ordination of its own activities, the inputs of other municipal departments in the project, and the involvement of voluntary organizations and other institutions, such as banks that finance self-help housing and income-generating activities. In effect, the urban community development programme provides the bridge between municipal structures and private organizations through a self-help community approach. Consequently, it has been possible for the UCDD to work sensitively with specific low-income communities, to identify needs, to establish priorities based on the principle of the community doing everything possible for itself first, and then to interrelate the resources and actions of other public and private institutions for a reinforcement of community-based activities. The same approach is now being used in other cities in India.

44. In Lima, Peru, the community-based primary health care, pre-school and women's project is implemented through a multi-tiered system of co-ordination. Under an executive co-ordinating committee composed of coordinators representing the zonal and area directorates of the Ministries of Health and Education, guidance is given to programme implementation. This is achieved in practical, project-level terms through a professional and technical team, headed by a general co-ordinator appointed by the Prime Minister and composed of staff from the zonal and area directorates of both Ministries. Representatives of community councils, elected by the low-income communities, also participate in the planning and the work of this team. A communications workshop, sponsored by the Ministry of Health, with personnel involved from the Ministry of Education, forms part of the project-level team operations. The general co-ordinator is responsible for maintaining links between sectors for programme inputs to the community and for the appropriate use of resources. The co-ordinator and team have autonomy in the management of and decision-making for the project. The zonal and area directorates of both Ministries also provide project-level administrative support.

45. In Indonesia, in the urban kampung (low-income urban neighbourhood) services programme, co-ordination has been established through a multisectoral, multilevel arrangement since most services are delivered through the sectoral departments. At the national level, co-ordination is the responsibility of the Department of Home Affairs. The Department of Public Works also provides technical assistance support in social planning methods, and conducts training courses in social planning to local governments for aspects of the kampung improvement programmes. To ensure inter-sectoral co-ordination at the national level, two inter-departmental committees have been established; the inter-sectoral steering committee to make policy decisions and to approve budgets and plans, and the inter-sectoral technical committee to co-ordinate implementation. Both committees are chaired by the Department of Home Affairs, and the Ministry of Public Works serves as secretary. The Department of Home Affairs is then responsible for relaying commitments between sectors to city governments.
46. At the city level a programme co-ordinator and executive secretary have been appointed to co-ordinate the programming, implementation and monitoring of the sectoral programmes and to directly supervise the programming, implementation and evaluation of community projects funded by direct grants from UNICEF as part of the programme. The co-ordinator and secretary work closely with the city development planning board and the municipal physical kampung improvement programme (KIP) unit as well as with the concerned sectoral departments providing the social services.

47. Sub-agreements defining the basis for co-operation have been signed by the UNICEF Representative and the Mayors of each of four cities concerned to specify: technical procedures for both sectoral support and grants and other financial commitments in each specific city; the implementation process from planning to monitoring and evaluation; the responsibilities of all parties in accordance with the conditions in each city; and the commitment for a programme co-ordinator and executive secretary.

48. At the community level, programming and implementation are carried out through the existing government and community structures and organizations. Community organizations are used as channels for community programme activities, and particularly for the selection and implementation of the direct grant-funded projects.

49. In addition to these government structures and community organizations, each of the sectoral departments selects and trains voluntary cadres from among community residents who become the link between the community and the national social services programmes.

50. In addressing the issue of co-ordination or integration of activities for better delivery of services, the Indonesia case study concludes:

"Integration in the sense of sophisticated, planned interlinkage of programmes is perhaps too difficult to achieve and perhaps unnecessary. Convergence, that is the delivery of services and programme components within the same location over approximately the same period, seems to be sufficient, especially if combined with effective community development activities, so that integration in the real sense is done at the local level without previous detailed plans."

51. Another example, one where UNICEF is supporting the establishment of a co-ordination mechanism, is the Gerakan Nadi programme in Malaysia. This programme proposes the establishment of a co-ordinative mechanism through which government agencies can interrelate all urban poverty-focused activities in the Kuala Lumpur federal territory by sharing resources and staff in order to respond more effectively to the needs of low-income families. It is an approach focused on the urban poor child, the mother, the family, the community and the total urban society of Kuala Lumpur, emphasized by five strategic features: (a) shifting from single-agency delivery of services to multi-agency delivery through the Nadi teams; (b) shifting from office- or clinic-based operations to beneficiary area or community-based operation with
strong participation of community action committees; (c) shifting from a
generalized view of beneficiaries to a specific focus on the urban poor living
in specific geographical areas; (d) shifting from indirect approaches to
activities directly involving and focusing on the urban poor family as the key
unit for development; and (e) shifting from single-agency resources
utilization to interagency resources sharing.

52. A UNICEF urban social planning consultant is assisting in the
development of a management system to co-ordinate and integrate the delivery
of services based on activities which can be clustered, including pre-school
education, parasite control, and food and nutrition. Activities include
developing an inter-agency multi-level management information system (IMMIS),
and establishing performance standards and indicators to evaluate project
effects. A specific proposal has been made for a new social development
division in the Ministry of the Federal Territory which would be responsible
for a decentralized co-ordinating and implementing structure, based on
neighbourhood development councils, to improve the delivery of social services
to 250,000 low-income people.

53. Addis Ababa, Ethiopia, offers an example of co-ordination and
co-operation between international agencies, government and national and
international NGOs. Prior to 1976, no policy for the urban poor existed, and
voluntary and charitable organizations, some semi-governmental bodies and
United Nations agencies had been working independently to alleviate the plight
of the low-income population. At that time, it was realized by concerned
organizations that their efforts had not been as successful as had been hoped,
as there was duplication of efforts and resources. In 1976 UNICEF, together
with the municipality and other groups, set up machinery through which support
from different organizations could be channelled to low-income districts in a
planned and co-ordinated manner. The International Co-ordinating Committee
for Welfare and Development Programme in Addis Ababa 7/ was formed in 1977.
The Committee secretariat, headed by a full-time co-ordinator, holds regular
bimonthly meetings. Since then UNICEF has been channelling its assistance to
the urban poor in Addis Ababa through this Committee, which operates within
policy guidelines of the City Council, approves the plan of action and the
budget of the Committee, and approves requests for assistance based on needs
and priorities. All requests from the kebeles (urban dwellers associations)
are brought to it through the standing committee of the City Council. Both
the general and executive committee meetings are chaired by the representative
of the City Council. All decisions of the Committee are co-ordinated or
followed-up by the co-ordinator.

7/ Members of the International Co-ordinating Committee for Welfare
and Development Programme in Addis Ababa are: FAO/WFP, UNICEF, City Council
(Municipality) of Addis Ababa, National Children's Commission (NCC), Ethiopian
Red Cross Society, Norwegian Save the Children Federation (Redd Barna), and
Christian Relief and Development Association (CRDA). The CRDA consists of
more than 20 church and voluntary organizations, both national and
international.
Co-operation between UNICEF and external assistance agencies

54. Co-operation with other international organizations, international financial institutions, and international NGOs has been a significant aspect of the application of UNICEF's urban basic services strategy. The Ethiopia case mentioned above is an example of an effort in which local institutions and international bodies work together. In Central America, UNICEF is co-operating with the Central American Bank for Economic Integration in a project that is leading to joint Bank/UNICEF support to women's income-generating activities and other social development activities, both in urban and rural areas. UNICEF has been collaborating with WHO in the development of a global urban primary health care programme with the intention of establishing demonstration projects in large metropolitan areas in Asia, Africa and Latin America. UNICEF regional offices are now participating with WHO and other agencies in regional workshops with the purpose of establishing these primary health care demonstration projects. The Caribbean Food and Nutrition Institute of Kingston, Jamaica is assisting in Haiti to prepare a nutrition and breastfeeding component for an urban basic services programme proposed for Executive Board approval this year (E/ICEF/P/L.2105). In Maseru, Lesotho, UNICEF supports the health and education promotion components of a Canadian International Development Agency (CIDA) financed sites-and-services project.

55. There is also important co-operation with aid-giving agencies in UNICEF's urban efforts. Assistance from the Federal Republic of Germany and the Netherlands has supported "noted" components of urban basic services programmes in a number of countries in Central America and in Sri Lanka.

56. Likewise, voluntary organizations such as Zonta International and UNICEF jointly support community-based primary health care efforts in Colombia. National Committees for UNICEF in Canada and Spain (in the former case, jointly with CIDA), are also supporting "noted" programmes in Central America. UNICEF has also advised the Swiss Directorate for Development Co-operation and Humanitarian Aid in the preparation of its own urban guidelines.

57. The World Bank is the largest external source of support for urban programmes in the developing world. It has played a major role in expanding the sites-and-services and squatter up-grading approach for low-income area urban improvement. UNICEF/World Bank co-operation has functioned at different levels. One is liaison between UNICEF New York and the World Bank urban projects unit and other divisions to keep the Bank informed of UNICEF's activities and to alert field offices of possibilities for joint efforts in the future. Consultation and information exchange is done between World Bank field missions and UNICEF field office staff. UNICEF staff collaborate with World Bank missions carrying out programme development work in countries. UNICEF also develops parallel actions whereby it enters into an urban basic services programme agreement with governments with activities which complement work in the same geographic areas supported by the Bank. For example, as part of a Government/World Bank-financed urban improvement programme in the Philippines, UNICEF supports training that brings together community residents, agency field workers and slum improvement and resettlement project management staff in three regional cities. This has led to community-initiated social development services for children. These include day-care services, health and nutrition education for parents/teachers, community leadership training for formal and informal leaders, and...
construction of sanitation. From time to time UNICEF also joins with the World Bank and governments to become a co-participant in the same programme, although it enters into its own agreement with the government for its components of action (e.g. Zambia, where UNICEF provided people and resources to train assistant community development workers and assisted in the development of a pre-school education programme component in the overall Lusaka sites-and-service and squatter up-grading programme financed by the World Bank).

Advocacy by action - to increase social services coverage

58. "Advocacy by doing," was identified as significant in case studies and in questionnaire responses. It means supporting a project in the field until it has some demonstrated success and then using this as a concrete example to advocate action elsewhere. The discussion on programme impact (below) gives examples of this. The Guayaquil, Ecuador, project case study comments on the importance of this approach:

"Non-conventional approaches have served ... as methods to reach the poorest. The institutions of government are realizing that large infrastructure investments are not necessary to initiate programmes. This facilitates initiating action and achieving ample participation. Nonetheless, there still are sceptics who do not see the importance of beginning actions where one does not include investments in buildings nor in infrastructure. It is hoped that when the Government develops solutions at a larger scale, this degree of skepticism will diminish. In Ecuador already one notes some favourable changes in this direction."

59. Several case studies also indicated that pragmatic advocacy through collaboration with new non-traditional government partners has become an important aspect of UNICEF's approach. Typical examples of non-traditional partners include the Ministry of Home Affairs and Ministry of Public Works in Indonesia; the Common Amenities Board and the Urban Development Authority in Sri Lanka; the Central American Banks for Economic Integration in Central America; the Ministry of Works and Housing in India. Many of these are "hardware"-oriented agencies as compared to traditional UNICEF partners such as Social Welfare Departments and Health Ministries. In such new relationships one new UNICEF task is to advocate and foster the co-ordination of physical and social development benefiting women and children while emphasizing and supporting the social aspects. For poor people the physical and social aspects of life are not separate, and physical improvements are frequently made without the parallel development of social services.

Programme impact

Cost effectiveness

60. The review of the case studies showed that UNICEF co-operation has made a difference, but lack of baseline data in many places, as well as lack of comparable cost data, makes it impossible to assess impact in precise statistical terms. There is some evidence, however, of the low cost of basic services compared to the cost of traditional sectoral approaches of providing social services.
61. In the case study on the project for integrated attention to children and their families in low-income areas of Lima, Peru, there is an assessment of costs. This programme has three major components. One focuses on the child between birth and six years of age, primary health care for children and mothers, environmental sanitation, nutrition activities and non-formal initial or pre-school education. The second component focuses on the improvement of the conditions of women, including income-generating programmes and activities in support of participation. The third component includes investigations and assessment of experiences. The programme is being carried out in a zone of 500,000 people. In assessing the costs and benefits of the programme, the case study identifies the cost per person at approximately SUS 2.80 per year.

62. The case study on Guayaquil, commenting on costs, suggested that the UNICEF-supported programme was approximately four times less expensive than the conventional alternatives applied in the same context and place. The demonstration of such cost alternatives is an important part of UNICEF's applied advocacy role.

Acceptance and replication

63. Perhaps the clearest indices of effectiveness are community acceptance and involvement in projects and government decisions to replicate them more widely - often only with their own resources.

64. There is evidence that this is taking place. In Sri Lanka, the Common Amenities Board and municipal governments are now initiating activities in three new cities on their own, using the same basic approach developed in Colombo. The initial activities are the establishment of a community organizational structure in each city. In Peru, based on the results of the primary health care and community-based early childhood development centres in the programme involving low-income communities of the southern zone of Lima, a national organization has agreed to establish 64 centres in other low-income areas of Lima with its own resources. Twenty are already built. The organization has also decided to initiate some demonstrations of income-generating activities for women throughout the metropolitan area, including the project area in which UNICEF collaborates. Also, the urban primary health care component of the project has influenced the formulation of the national primary health care programme. In Indonesia, the kampung services programme in four cities has led to programme development work being initiated in three more cities. This programme is seen as an important field for experimentation for accelerating the implementation of larger government schemes. Already serious consideration is being given to expanding the social kampung programme on a national scale in the next five-year plan. In India, the urban basic services approach used by the municipal corporation in Hyderabad, now forms the basis of programmes in 14 other cities in the urban community development and small- and medium-sized town programmes.

65. In Rio de Janeiro, Brazil, UNICEF supports an 18-month applied research effort in which community groups carry out sanitation, adult literacy and education, and communications projects in the largest favela of the city. The successful community-based work in these areas is being extended to six other favelas by the Department of Social Development.
PROGRAMME MANAGEMENT ISSUES

66. Urban basic services is a relatively new programme area for UNICEF. Lessons have been learned which have led to new procedures, improved delivery, and better capabilities at all levels of organization. The following sections review management implications of UNICEF's participation in urban programmes, the need for collaboration with other donors, collaboration with non-governmental and voluntary organizations, staffing and advisory services, and technical assistance and technical co-operation between developing countries and field offices.

Management implications of UNICEF's participation in urban programme development

67. A number of factors have proved significant in the management of UNICEF's urban programmes. They are: the need for a long-term perspective; the staff-intensive nature of urban programme development; and procedures for community involvement.

68. Need for a long-term perspective. Urban basic services programmes must, of necessity, take account of more complex institutional, financial, organizational and social contexts than would be needed for a single sector approach. The advocacy, development, start-up and expansion of the programme needs a commitment by many individuals and groups over an extended period. This commitment normally exceeds the length of any particular country programme or the potential involvement of any government or UNICEF staff member during the process. A ten-year programming perspective is required for support to urban basic service actions if the intention is to stimulate large-scale responses.

69. Staff-intensive nature of urban programme development. Exploration, advocacy and development of programmes in this field are labour-intensive activities. They require heavy input of both government and UNICEF staff time to permit careful planning and implementation, particularly in the initial stages. A typical gestation period before implementation, for example, is two years because of the need to work with a variety of government agencies, often at multiple levels of administrative responsibility.

70. Procedures for community involvement. As a part of agreed programme plans, both governments and UNICEF have established, in some cases (e.g., India, Indonesia, Peru), procedures which encourage communities to undertake their own community-level planning and make decisions about resource use by programming block grants. This is based on the desirability of communities being directly involved in allocation of some programme resources to solve what they feel are their most serious problems and to assume responsibility for implementation, especially where sectoral programmes do not provide coverage. (Conventional methods of developing all aspects of a project, which includes allocating budgets and specifying programme elements before start-up, would not permit this.) Experiences in this regard are favourable and continuing improvement may be expected.
The importance of practical experience

Dissemination of information

71. UNICEF's experience in urban basic services has been shared:

- through the circulation of materials about urban basic services experiences (e.g., newsletters, case studies, reports, books and articles);

- through direct exposure to urban programmes by study visits in which UNICEF staff and government officials observe and learn from ongoing programmes. These visits are usually short and informative but are not for individuals wanting an in-depth understanding of the management of urban basic services programmes.

Internship programme

72. Substantial numbers of UNICEF staff now have responsibilities for UNICEF's involvement in urban basic services programmes. Some have little practical urban field experience and those with experience wish to learn more about how others are solving problems. Although technical training in urban planning and programming can be obtained in existing universities or training institutions, field practice in community-based programmes is not available. To provide this, a carefully designed internship programme is needed for individuals who wish to learn by participating in the development and management of ongoing programmes.

73. This activity would involve the agreement of governments and UNICEF field offices in the assignment of interns to ongoing urban programmes. Interns would be integrated into project staff and work for up to three months learning the approaches and management mechanisms used to link community and government efforts. Those with previous work in the field could share their experiences and assess the internship programme's design and progress. As appropriate, technical co-operation links could be established between countries. Once the internship mechanism is operating well, national and municipal officials could also participate.

Collaboration with other donors for special purpose funding

74. Additional external funds beyond UNICEF's general resources are needed to continue existing support and initiate work in new areas. To date much of UNICEF's support to urban programmes has come from general resources. In a number of specific cases where a substantial amount has been required, special purpose contributions for "noted" portions of programmes have been essential to achieve full funding. In all cases where such funding was successfully obtained, actions by governments and NGOs have made important contributions to starting and extending basic services to low-income populations. The urban programme work in Belize, Costa Rica, Guatemala, Nicaragua, Peru, and Sri Lanka are examples of actions which would not have been possible without such financing.
75. A pattern is now emerging in which general resources are committed for a first phase of programme implementation with special purpose contributions being sought for programme extensions. This use of "noted" funding will continue to be critical in expanding government efforts in this area.

Collaboration with the non-governmental and voluntary sector

76. The support of NGOs to low-income urban areas is provided almost universally to the same activities which UNICEF supports. The difference is that NGOs usually concentrate on community organization and project level implementation and not in the areas of social policy, planning and programme development. This is probably because of their limited human and financial resources.

77. In a number of specific cases cited by field offices, voluntary organizations have developed significant, often innovative, approaches of working with the urban poor at the project level which have broader application. Often NGO projects may be more likely to evolve practical lower-cost methods for appropriate, more well-funded projects. UNICEF collaboration with NGOs can be an effective means of extending small-scale efforts, linking government and the voluntary sector.

78. Such collaboration is consistent with UNICEF's general policy of undertaking mutual efforts with national and international voluntary organizations; and the Executive Board reaffirmed the appropriateness of working with these organizations in urban-specific situations in 1978.

79. An example of such UNICEF collaboration is in Guatemala where UNICEF, the Government and a consortium of national NGOs agreed to give three voluntary organizations responsibility for technical and financial assistance to small projects benefiting low-income groups in cities and towns.

Staffing and advisory services

Country offices

80. In pace with greater government attention to the problems of urban poverty, field offices have improved their response capabilities. Half of all the offices providing information for this report have taken steps for this purpose since 1973. These include: organizational changes responding to the multisectoral nature of urban programme and project management; recruitment of staff for the urban component, and/or contracting of consultants and specialists; budget procedure changes and increased allocations for the urban programme; and co-operation and collaboration with NGOs and other local and national organizations.

81. Sixty per cent of the field offices replying to the report questionnaire expressed the need for additional staff or advisory assistance in order to undertake current programme needs or to develop newly identified programme opportunities more adequately. Among those offices which have both assessed an urban programme as a priority and have identified new or expanded possibilities, 80 per cent have indicated that further human resources are required for urban programme development. Many of these offices have
identified national and regional institutions which could help them to meet these needs. Other sources of assistance would be national consultants, project staff and, in some cases, international project and advisory assistance.

82. At the country office level there are 12 full-time professional staff assigned to urban programmes. In Indonesia, two international staff are assigned to government ministries supporting the urban kampung services activities, plus a national officer assigned full-time to urban and area programmes in UNICEF Jakarta. In Malaysia, a full-time project officer is working with the Ministry of Federal Territories. In Bangladesh, an international project officer is responsible for developing an urban basic services component of the country programme. In India, a national officer is assigned full-time to urban work. In Guatemala, there is a full-time project officer responsible for urban programme development activities in seven countries. In Brazil, a team of two national and two international project officers is responsible for urban basic services technical assistance to governments at national and municipal levels. In Peru, there is one full-time national officer assigned to urban activities. And in Haiti, a full-time advisor is working with the ministry responsible for developing and carrying out urban social services activities.

Advisory services

83. The establishment in 1973 of an urban advisory post in UNICEF headquarters to advance the implementation of UNICEF's urban policy especially at field level has contributed to the acceleration of UNICEF's urban work. The basic approach employed until 1978 had two emphases: (a) direct technical assistance to offices which had a specific commitment to either urban programme exploration, development or implementation; and (b) policy analysis for the Executive Board and field staff.

84. In 1978, it was felt that a sufficient number of field offices had initiated activities to make it possible to look beyond the strictly country-by-country approach to urban technical assistance. Consequently, a set of co-ordinated actions were begun, aimed at increasing overall support to the urban programmes, while continuing country-specific technical advisory assistance as the major element. New activities included the collection and distribution of information to all field offices on effective programmes to stimulate ideas and actions in other countries. More systematic relationships were established with bilateral and international organizations, including the World Bank. And work began on developing regional urban advisory capacities and technical co-operation among field offices and countries.

Regional urban advisory services

85. Field office urban programme development and implementation has expanded to the point where advisory services are required at the regional level to meet field office demands. Currently, there is one regional advisory post in Bangkok. In Latin America most countries have urban programmes and most have experienced staff to carry out this work. In North Africa, and the Eastern and West Africa regions, the regionalization of urban advisory services is under review.
Technical co-operation between countries and field offices

86. Technical co-operation between field offices and, through them, between countries has been significant in developing urban basic services programmes. This activity has resulted largely from the initiative of field offices themselves. A WHO sanitary engineer assigned to UNICEF India assisted the Colombo, Sri Lanka programme to design an appropriate water seal public latrine for use in the low-income "gardens". An urban consultant working in Malaysia assisted UNICEF programme development in Pakistan. In Latin America transfer of knowledge between countries has been important in developing day-care home programmes in which community women who are not formally employed care for the children of women who working away from the home, with the support of a government agency. The approach used in Venezuela was adopted to the needs in a poor area of Cartagena, Bogota, Colombia. In Ecuador, discussions between government and communities about alternative pre-school and day-care approaches resulted in government officials visiting day-care home programmes in Colombia. This led to an adaptation of approaches to low-income communities in Guayaquil under a government-supported programme. Similarly, urban primary health care actions were adopted in Guayaquil from urban and rural experiences in Colombia and Ecuador. This encouragement of technical co-operation among developing countries (TCDCJ will be a growing component of future UNICEF collaboration.

The rural/urban relationship - one reality

87. The rural and urban aspects of developing countries are intimately linked. Rural areas produce the food necessary for life in cities; urban areas are the centre for manufacturing and many services essential to life and development in rural areas. The incapacity of the rural socio-economic systems of many countries to hold people and provide them with land, appropriate technology, reliable employment, and amenities is the major cause of migration to cities. The unequal distribution of wealth in cities, much of which originally may have come from rural production activities, forces urban families to deal with survival by creating their own employment in the informal economic sector. In programming urban collaboration, it is necessary to keep in mind the interrelationships and linkages between urban and rural environments, understanding that together they compose one socio-economic reality in which poor people in developing countries struggle for survival. This means that while it is essential to support innovative approaches to solving the problems of poor families in urban areas, it does not diminish the need to continue to support similar efforts in rural areas.

88. UNICEF's concern over the well-being of children and women is based on assuring that their serious problems are addressed wherever they are found - in urban as well as rural areas - so that the urban poor are not left out of national development efforts.

8/ "Community development and improved social services in the southeastern zone of Cartagena, Colombia: the evolution of this experience and a few of its implications" by A. Gomez et al - UNICEF Special Meeting; Children in Latin America and the Caribbean (E/ICEF/LATAM-79/3, 29 March 1979).
CRITICAL PROGRAMME COMPONENTS FOR THE FUTURE

89. This review has identified a number of critical areas that should be taken into account along with other fields of action that UNICEF supports, in considering future urban actions.

Reducing urban malnutrition

90. Urban malnutrition is a serious and probably increasing problem, especially for infants and young children of poor families. Malnutrition has been mentioned regularly in Representative's reports to the Executive Director in recent years and has also been raised as a serious urban problem in all the case studies. A World Bank-sponsored report states that the incidence of urban malnutrition is accelerating more rapidly in urban than rural areas and that the degree of malnutrition among urban dwellers is frequently more severe than among rural populations:

"The urban poor suffering from caloric deficits are estimated between 200 and 360 million and may reach 260 to 910 million by 1990. There are more malnourished in rural areas (approximately 1.1 billion in 1975), but the incidence is accelerating more rapidly in urban areas. Furthermore, the degree of malnutrition among urban dwellers is frequently more severe than among their rural counterparts ... Indicators of nutritional status, such as anthropometric growth measurements, in addition to nutrient intake and deficits relative to requirements, confirm the relatively more acute nutritional position of the urban poor." 9/

91. One of the problems in understanding the extent of malnutrition in poor urban areas is that virtually all systematic information gathered on malnutrition is in the form of urban versus rural averages. This involves two sorts of bias: (a) averages do not indicate the proportion of a population living below adequate nutrition levels; and (b) because of the greater concentration of affluent minorities in cities, the urban average may be higher than the rural even though a larger proportion of the urban population is below minimum nutritional levels. Therefore, information specific to low-income areas is needed.

92. Low-income urban areas frequently contain the largest concentrations of malnourished people in a country. At the same time, if a decision is made to act, the organizational problems of reaching these few people are fewer in urban areas because of their accessibility.

93. Child malnutrition occurs at an earlier age in cities than it does in rural areas. The greatest single factor contributing to this is the short duration of breastfeeding and the introduction of bottlefeeding at a very early age. The high frequency of bottlefeeding greatly increases the vulnerability of the newborn and the infant. This is vastly aggravated by the improper dilution and poor hygiene of breastmilk substitutes. Child malnutrition is also closely related to a large set of health problems. The illneses to focus upon include diarrhoeas, measles, parasitoses, pulmonary and other infections.

9/ "Confronting urban malnutrition, the design of urban malnutrition programmes" by James E. Austin, World Bank Staff Occasional Papers Number 28, Johns Hopkins Press, 1980, page 7.
94. In examining malnutrition, second-year mortality rates are better indicators of nutritional status than infant mortality. If neotal (first month of life) mortality rates are excluded, second-year mortality rates are higher than first-year rates when serious malnutrition is present. Therefore, complementary weaning foods are needed.

95. Maternal nutritional status is important during gestation and lactation. A balanced and adequate diet and nutritional supplements to pregnant and nursing mothers is a preventive action to reduce maternal anaemias and other chronic deficiencies, as well as low birth weight and short and inadequate lactation.

96. An indicator that can be used to prevent malnutrition from becoming severe for the under-two age group is monitoring growth. As soon as weight-for-age or weight-for-height levels off or drops, interventions can be made to return infants to positive growth. In developing countries, the very critical periods in terms of mortality and morbidity tend to be from three months to three years of age. Food supplement programmes for this age group should focus on the process of growth, on surveillance and on the use of food as a solution to a serious health problem.

97. A possible strategy for UNICEF for improving the quality of life of children in urban areas, therefore, can be to focus on: (a) the following vulnerable groups - infants and young children and pregnant and nursing mothers; and (b) those actions that demonstrably reduce the problems of malnutrition in those groups, understanding that substantial improvement requires actions in multiple sectors.

98. Action to improve nutritional status of such "at risk" groups should take into account food availability, knowledge leading to change in family feeding behaviour, maternal and child health care services, income and status of women and supporting activities.

99. UNICEF can expand its collaboration in malnutrition reduction through support to: primary health care, including breastfeeding preservation, extended programme of immunization and control of diarrhoeal diseases; information for women and women's organizations and co-operatives; social welfare services; pre-school and early child development; urban gardens; food subsidies; and weaning food preparation. Particular problems in the city - like the difficulty of families to supplement food supplies with their own production, women heads of households, and the all-cash economy - need to be taken into account.

100. Actions in other areas which need external inputs could be supported by WHO and other international agencies, as is outlined in the proposed Joint WHO/UNICEF support for the improvement of nutrition: proposed five-year programme of work, 1982-1986 (E/ICEF/L.1441).

Improving the situation of women

101. All recent Executive Board reports on the urban poor and on women have identified the difficult conditions in which women live in low-income urban areas and the critical role they have to play in family and community organization and development.
102. One critical aspect of life in cities is that it requires cash. A family without sufficient income can soon struggle for life itself. Reflecting this reality, the project component most frequently identified by field offices in reporting on their urban work is income-generating activities for women. Many women's income-generating programmes have been in traditional areas such as sewing and crafts, which are useful for the family, and have some market potential. But other programmes, focused on non-traditional economic activities, have stronger market possibilities. This latter emphasis is important and merits continued collaboration due to the community-based demand and the significance of women's income being used to improve the conditions of children in the family. These programmes can also be an entry point for other child-relevant services.

103. UNICEF cannot assume sole responsibility for addressing the economic problems of poor families, but it can support training and demonstration activities which have a potential for increasing family money income (co-operatives, home industries, home food production, marketing, quality control, etc.). In some cases, modest support could be provided in the form of credit for starting productive activities.

Providing pre-school, day-care and early childhood development services

104. This has been a major focus in UNICEF's collaboration so far, with 21 field offices reporting activities in this area. These services play a direct role in improving the intellectual development and physical well-being of the 0 to 6 year old child, they can be a source of employment for community women and they increase access and school readiness for children who frequently are excluded from the formal education system. Also, they can be an entry point for initiating broader community-based activities.

105. UNICEF's collaboration includes the exchange of experience about such services, support to the training of workers, and the provision of simple teaching materials and equipment.

Promoting responsible parenthood and family planning

106. The fact that more than half of all urban growth now comes from natural increase requires a careful look at responsible parenthood and family planning in cities. The Alma Ata Conference on primary health care has confirmed the need to include family planning in primary health care programmes in urban areas. Birth spacing, number of pregnancies and maternal age at pregnancy can greatly affect infant morbidity and mortality, as well as the health of the mother.

107. Most of the countries in which UNICEF works have an explicitly national policy to reduce the rate of population growth, and some have begun to institute specific policies concerning urban population growth. In such countries, UNICEF-supported integrated urban basic services programmes should include family planning as part of maternal and child health services.
Helping abandoned and disabled children

108. In the International Year of the Child follow-up analysis, the areas of abandoned and disabled children have been identified as critical.

Abandoned children

109. While quantification is extremely precarious, of 2 billion children in the world today, one estimate is that some 70 million live without families - 20 million in Asia, 10 million in Africa and the Middle East, and 40 million in Latin America. 10/ Children without families, abandoned children, refugee children, abused children, and children working under intolerable conditions are a common feature of many urban areas. While child abandonment is a growing problem in Latin America, it may increasingly affect Asia and Africa as urbanization continues.

110. Traditionally, most programmes for abandoned children have been institutional and closed. Some more hopeful approaches stress the importance of re-integrating the child in family and community. UNICEF supports efforts which foster family and community solidarity and help to prevent child abandonment.

Disabled children

111. Physical, mental and sensory impairment of children is a serious and growing problem in low-income urban areas. Because most physical and mental impairments suffered by children are the result of inadequate nutrition, problems during pregnancy and at birth, and preventable diseases and accidents (all common characteristics of low-income areas), UNICEF's efforts should continue to emphasize prevention, plus early detection and rehabilitation.

Improving water and sanitation

112. Water and sanitation together have a critical contribution to make to the well-being of women and children in densely populated, unsanitary, low-income areas. Without them, infant and child illness and death will continue to be common in poor urban areas. The 1978 document, "Reaching the children of the urban poor" (E/ICEF/L.1372 and Corr.l), identified the field of water and environmental sanitation as a place where UNICEF can co-operate in technically simple, community-based, low-cost approaches.

113. UNICEF is in a position to perform a variety of advocacy and facilitation roles, and to bring its considerable experience in rural areas to bear upon low-income urban areas. Opportunities should be sought for co-operation with national and international agencies (inter- and non-governmental organizations) under the International Drinking Water Supply and Sanitation Decade programme.

10/ Estimate of Peter Tecon, UNICEF Regional Adviser on Abandoned Children.
RECOMMENDATIONS: URBAN STRATEGY FOR THE 1980's

114. The following recommendations reflect an integrated and strategic approach for focusing UNICEF's response to the complex problems of urban poor children and women over this decade. They are not intended to detract from UNICEF's actions and support for children and women in rural areas. Rather, they should be implemented with an increased awareness of the relationships between the rural and urban situations. They are aimed at strengthening government efforts for evolving and implementing practical solutions that will help solve urgent problems for women and children. A linked set of recommendations, they comprise an overall programme strategy and institutional implications of that strategy.

Programme strategy

115. In the light of both the growing numbers of urban populations and the increasing magnitude of their problems, UNICEF should expand and strengthen its support for urban programmes. The deprivation encountered by children and women in poor urban areas, needs to be met by programmes focused on the needs identified in country by country situation analyses.

116. Application of the urban basic services strategy as a community-based programme approach should be continued and supported in additional countries, where analyses indicate potential and need, as well as expanded within and to other cities in countries where it is now operational.

117. UNICEF's urban programme should include the following critical priority areas: malnutrition; women's development activities; pre-school, day-care and early childhood development; responsible parenthood and family planning services; abandoned and disabled children; and water and sanitation.

118. Because of the complex nature of the problems of children and women living in urban poverty, UNICEF's support should be designed with emphasis upon convergence of programme component (e.g., women's literacy and income-generating activities, day-care and pre-school programmes and malnutrition as linked mother-child issues).

119. UNICEF should advocate and support the systematic linking of social planning and development proposals, and support the incorporation of the urban basic services programme in government physical development projects such as sites-and-services, slum upgrading, water and sanitation, post-disaster settlements, and physical infrastructure for small-and medium-sized towns and cities.

Institutional implications of urban programme strategy

120. UNICEF should give additional emphasis and support to efforts that would strengthen the capabilities of national and municipal institutions to deal with programme development and the implementation of urban basic services (e.g., documentation, technical support and training).
121. Opportunities for the exchange of experiences on urban basic services among responsible officials, professionals and NGOs both within and between countries (e.g., information, internships and project study visits) should be increased, both for advocacy and improved programme implementation purposes.

122. When appropriate and endorsed by governments, UNICEF should collaborate with NGOs, encouraging linkages with government actions in community-based basic service programmes.

123. UNICEF should intensify its efforts to mobilize additional external resources for urban projects from other institutions (e.g. agencies of the United Nations development system, multilateral financial institutions, bilateral aid agencies, and NGOs) and to encourage these institutions to fund and implement economic, physical and social programmes in low-income urban areas that could broaden coverage to children and women in the low-income populations.

124. UNICEF should provide the additional technical, administrative, and programme support to field offices to undertake the urban strategy for the 1980's. A concerted attack on the increasing problems of urban poverty at the country level needs a more complete urban advisor support system at the regional and global levels. The diffusion of information on accumulated experience and training are key factors for improved performance. Finally, the increased funding of the urban basic services programme by UNICEF and the addition of mobilized funds for noted urban projects will be crucial.
## Annex I

### Urban basic services programmes ongoing and for executive board approval 1982 by region and country

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Population served</th>
<th>UNICEF total in US dollars (Years)</th>
<th>Responsible Government agency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CENTRAL AND WEST AFRICA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angola (National)</td>
<td>NA</td>
<td>275,000 (1981-83)</td>
<td>Secretary of State for Social Affairs</td>
</tr>
<tr>
<td>Support to children and mothers in urban areas (situation analysis of urban children, crèches, child care centres, pre-school education, education materials)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ivory Coast (Abidjan)</td>
<td>NA</td>
<td>224,000 (1982-85)</td>
<td>La Direction de l'Action Sociale</td>
</tr>
<tr>
<td>Support to community organization activities (water and sanitation, health, nutrition activities in four low-income areas)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liberia (Monrovia)</td>
<td>NA</td>
<td>(to be determined) (1982-84)</td>
<td>Bureau of Social Welfare</td>
</tr>
<tr>
<td>Day-care centres for market women in Monrovia, study of socio-economic conditions and needs of children and women in low-income areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mauritania (Rosso)</td>
<td>29,000</td>
<td>1,316,000 (1981-83)</td>
<td>National Government</td>
</tr>
<tr>
<td>Establishment of a health centre, training traditional midwives, provision of clean water, development of small gardens and cottage industries by women's co-operatives</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Nigeria (Lagos)</td>
<td>NA</td>
<td>15,000 (1981) NGO</td>
<td></td>
</tr>
<tr>
<td>(a) Maroko - Amukoko women's programme (women's income generation, child care, home economics)</td>
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<td></td>
<td></td>
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<tr>
<td>(b) Ajegunle women's/MCH programme (women's income generation, child care)</td>
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<td></td>
<td></td>
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<tr>
<td>Sierra Leone</td>
<td>NA</td>
<td>326,000 (1982-85)</td>
<td>Min. of Health, Min. of Energy and Power (Water)</td>
</tr>
<tr>
<td>Urban programmes in child health, water supply and sanitation, non-formal education, planning and project development</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>EAST AFRICA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Djibouti (Djibouti)</td>
<td>71,000</td>
<td>156,000 (1981-82)</td>
<td>Min. of Public Health &amp; Social Affairs and Min. of Interior</td>
</tr>
<tr>
<td>Expanded immunization programme, MCH and nutrition, social services for abandoned girls, house generation for working mothers, vocational training for poor urban youth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia (Addis Ababa)</td>
<td>NA</td>
<td>566,000 (1980-83)</td>
<td>Min. of Labour &amp; Social Affairs and Mun. of Addis Ababa</td>
</tr>
<tr>
<td>Addis Ababa programme (poultry and gardening, mother/child health, supplementary feeding, day care, slum improvement)</td>
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</tbody>
</table>

1/ In some cases UNICEF resources benefiting women and children are part of a national programme that does not have a clear operational division between the urban and rural distribution of resources. In some cases financing covers training, consultant and other costs at the beginning of a programme as well as cost of direct delivery.

#211C
Kenya (Nairobi)

(a) Dandora community development/housing (primary health care, pre-school education, income generation, leadership training and community organization)
(b) Mathare valley nutrition and family education centre

Lesotho (Maseru)

Matlehong site-and-service project (health education and promotion)

Somalia (Mogadiscio)

Expanded programme of immunization/mother-child health

Uganda (Kampala)

Immunization project, nutrition survey in low-income areas, protection of springs and wells, rehabilitation of health centres

United Republic of Tanzania (3 districts outside Dar es Salaam)

Urban services project for women (training in home economics, nutrition and food production)

EASTERN MEDITERRANEAN

Jordan

Services for children (immunization, mother/child health family planning, day-care, life-oriented education)

Lebanon (poor urban and peri-urban areas)

(a) Basic services programme (preventive and mother/child health and child health and nutrition education, immunization, family planning, family care and referral services, income generation)
(b) Pre-primary, primary and intermediate levels in public schools (day-care, pre-vocational training for students within school system and out of school youth, adult education, programme for upgrading schools in community)

Saudi Arabia

Mother/child services (technical assistance)

Sudan (National)

(a) Health (expanded programme of immunization, health nutrition, diarrhoea disease control)
(b) Youth training programme (youth training, child care, home economics, women's income generation)
(c) Social welfare (child care, income generation activities for women, adult education, family planning, home economics)
AMERICAS

Belize (Belize City and Dandriga)
Urban programme (primary health care, pre-school and vocational education, income-generation activities for women, environmental sanitation)

Bolivia (La Paz)
Urban low-income zones (primary health care, pre-school education, non-formal education, skill training, women's promotion)

Brazil
(a) Urban community development programme (Rio de Janeiro) (primary health care, income generation for women, water and environmental sanitation, day care, informal education, community schools (age 3 to adult), urban consultants
(b) Urban consultant (Recife) (training for community development, primary health care, women’s income generation)

Chile (National)
Services for children in areas of extreme poverty (child nutrition, early childhood stimulation, pre-school education, research on marginal youth, training for children and youth in irregular situations)

Colombia (Cartagena)
Improvement of conditions in south-east zone (day-care centres, income generation (emphasis on women), primary health care, sanitation, inter-institutional co-ordination with community participation)

Costa Rica
(a) Attention to mothers and children in low-income urban areas (low-income training grants)
(b) Women's income generation programme

Ecuador (Guayaquil)
Guayaquil (primary health care, day-care centres, productive activities, recreation, social communications and cultural activities, nutrition)

Guatemala (Guatemala City and medium-sized towns)
(a) Attention to mothers and children in low-income urban areas (post-earthquake settlements, Guatemala Metropolitan Area) (primary health care, income generation, formal and non-formal education, social welfare services)
(b) Attention to mothers and children (selected small town projects) (NGOs)

<table>
<thead>
<tr>
<th>Population served</th>
<th>UNICEF total in US dollars (Years)</th>
<th>Responsible Government agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>183,600 (1981-82)</td>
<td>Central Planning Unit</td>
</tr>
<tr>
<td>50,000</td>
<td>437,500 (1982-83)</td>
<td>Not determined</td>
</tr>
<tr>
<td>350,000</td>
<td>414,000 (1978-81)</td>
<td>Min. Justice (participating are Min. of Health, National Kindergarten Board, Child Nutrition Corp. and Catholic Univ. of Chile)</td>
</tr>
<tr>
<td>45,000</td>
<td>790,000 (1980-83)</td>
<td>Inst. of Family Welfare (ICBF), Natl. Training Service (SENA), Sectoral Service of Health (SSS), Inst. of Territorial Credit (ICT), Centre of Neighborhood Dev. (CVI)</td>
</tr>
<tr>
<td>NA</td>
<td>250,000 (1981-83)</td>
<td>Natl. System for Family Attention (SINAF)</td>
</tr>
<tr>
<td>100,000</td>
<td>711,200 (1980-83)</td>
<td>Min. Social Welfare and Popular Promotion</td>
</tr>
<tr>
<td>105,000</td>
<td>600,000 (1981-83)</td>
<td>National Reconstruction Committee and NGOs</td>
</tr>
<tr>
<td>Country</td>
<td>Population served</td>
<td>UNICEF total in US dollars (Years)</td>
</tr>
<tr>
<td>-------------------------</td>
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</tr>
<tr>
<td>Haiti (Port-au-Prince)</td>
<td>140,000</td>
<td>1,040,000 (1981-84)</td>
</tr>
<tr>
<td>(a) Technical assistance for urban low-income area policy development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Community-based health, nutrition, pre-school, water and sanitation activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jamaica (Kingston)</td>
<td></td>
<td>10,000 (1981)</td>
</tr>
<tr>
<td>Urban basic services study on conditions of women and children in low-income urban areas and possible lines of action for the purpose of stimulating bilateral assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>NA</td>
<td>264,000 (1981)</td>
</tr>
<tr>
<td>(a) Integral urban development (Mexico City - Iztacalco) (water and sanitation, primary health care, community development, non-formal education, early stimulation, pre-school, income generation for women and youth, social promotion, advocacy, project support communications)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Attention to the poor colonies (Coatzacoalcos and Minatitlan, Veracruz) (community development, primary health care (immunization, nutrition, detection of tuberculosis and cancer), mother/child health, environmental health, income generation for women)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicaragua (six different urban centres in country)</td>
<td>40,000</td>
<td>1,000,000 (1980-83)</td>
</tr>
<tr>
<td>Integrated improvement project (primary health care, environmental sanitation, nutrition, non-formal and formal education, social services for children, income generation, appropriate technology, training)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panama (Capital Metropolitan Area)</td>
<td>NA</td>
<td>100,000 (1981)</td>
</tr>
<tr>
<td>Family food production</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peru (Lima, southern sector)</td>
<td>500,000</td>
<td>1,750,000 (1978-82)</td>
</tr>
<tr>
<td>Internal attention to child and family in &quot;pueblos jovenes&quot; (primary health care, nutrition, early stimulation, oral health, environmental sanitation, formal and non-formal education, women's income generation training, adult education, infrastructure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EAST ASIA AND PAKISTAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangladesh (4 urban areas)</td>
<td>57,000</td>
<td>421,600 (1980-82)</td>
</tr>
<tr>
<td>Community-based projects for urban poor (orientation/training for government staff, leadership training for community, water and sanitation, functional education and income generation for women, supplementary feeding)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burma (National - urban areas)</td>
<td>31,500</td>
<td>419,000 (1978-81)</td>
</tr>
<tr>
<td>Day-care centres development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban kampung services (Jakarta, Cirebon, Surabaya, Ujung Pandang) (basic services, national planning, training and operational support, direct cash assistance to cities, training of government planners, project support communications, water supply, nutrition, non-formal education, community development, primary health care, immunization)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Malaysia (Federal Territory)**

Nadi programme (pre-school, primary health care, women's income generation, urban basic services management assistance)

- Population served: 100,000
- UNICEF total in US dollars: 250,000

**Pakistan**

(a) Katchiabadi development programme (Lahore) (community centres, organization of community committees and training, women's income generation, sanitation, mother/child health, youth activities)

- Population served: 50,000
- UNICEF total in US dollars: 150,000
- Responsible Government agency: Govt. Punjab, Planning & Development Department, University of Karachi, NGO

(b) Baldia soakpit project (Karachi)

- Population served: NA
- UNICEF total in US dollars: 155,400
- Responsible Government agency: Natl. Housing Authority and Mun. of Oro, Cebu & Davao

**Philippines (middle-size cities)**

Country programme for children - urban projects (day-care centre construction/repairs, day care training (workers and mothers), supplementary feeding, income generation (cash grant), training for city planning, training of community leaders)

**Republic of Korea (Seoul)**

Urban basic services

(a) Urban services advocacy of innovative ideas at the policy level for allocation of resources for children and mothers through policy seminars, studies, consultative meetings, etc.

(b) Support for demonstration projects in poor urban areas

(c) Providing a link for international co-operation and mutual sharing of experiences in urban basic services programmes.

**Thailand**

Assistance to large- and medium-sized towns to develop urban basic services benefiting the poor with special emphasis on primary health care

**Viet Nam (Hanoi and Haiphong)**

Improvement of water system

- Population served: 1,500,000
- UNICEF total in US dollars: 351,200
- Responsible Government agency: People's Committees of Hanoi and Haiphong

**SOUTH CENTRAL ASIA**

Afghanistan (currently Kabul and other urban areas)

(a) Expanded programme of immunization

(b) Diarrhoeal disease control programme

(c) Maternal and child health (services and training)

(d) TB control programme (treatment and training)

(e) Infant and young child feeding and breastfeeding

(f) Water supply and sanitation

(g) Literacy, continuing education for women and out-of-school children

(h) Assistance to primary education (in-service training for school teachers, production audio-visual education materials)

(i) Kindergarten and day-care centres (training, equipment and supplies, design of day-care centres)

<table>
<thead>
<tr>
<th>Country</th>
<th>Population served</th>
<th>UNICEF total in US dollars</th>
<th>Responsible Government agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaysia</td>
<td>100,000</td>
<td>250,000</td>
<td>Min. Fed. Territory &amp; Mun. Kuala Lumpur</td>
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<tr>
<td>Pakistan</td>
<td>50,000</td>
<td>150,000</td>
<td>Govt. Punjab, Planning &amp; Development Department, University of Karachi, NGO</td>
</tr>
<tr>
<td>Philippines</td>
<td>NA</td>
<td>155,400</td>
<td>Natl. Housing Authority and Mun. of Oro, Cebu &amp; Davao</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>-</td>
<td>(to be determined)</td>
<td>-</td>
</tr>
<tr>
<td>Thailand</td>
<td>NA</td>
<td>500,000</td>
<td>Natl. and municipal agencies</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>1,500,000</td>
<td>351,200</td>
<td>People's Committees of Hanoi and Haiphong</td>
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<tr>
<td>Afghanistan</td>
<td>800,000</td>
<td>3,900,000</td>
<td>Ministry of Public Health, Ministry of Education, Ministry of Water and Power, Kabul Municipal Committee</td>
</tr>
</tbody>
</table>
### India

#### Urban Community Development Programme

<table>
<thead>
<tr>
<th>Location</th>
<th>Population Served</th>
<th>UNICEF Total in US Dollars (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Urban Community Development (Hyderabad)</td>
<td>420,000</td>
<td>571,300 (1981-83)</td>
</tr>
<tr>
<td>(b) Urban Community Development (Vishakapatnam)</td>
<td>180,000</td>
<td>606,250 (1981-83)</td>
</tr>
<tr>
<td>(c) Urban Community Development (Baroda)</td>
<td>80,000</td>
<td>342,500 (1981-83)</td>
</tr>
<tr>
<td>(d) Urban Community Development (Ahmedabad)</td>
<td>150,000</td>
<td>425,000 (1981-83)</td>
</tr>
<tr>
<td>(e) Urban Community Development (Kanpur)</td>
<td>150,000</td>
<td>304,750 (1981-83)</td>
</tr>
</tbody>
</table>

#### Small- and Medium-Sized Town Programme

<table>
<thead>
<tr>
<th>Location</th>
<th>Population Served</th>
<th>UNICEF Total in US Dollars (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(f) Small- and Medium-Town Development (Anantnag)</td>
<td>14,000</td>
<td>353,000 (1981-83)</td>
</tr>
<tr>
<td>(g) Small- and Medium-Town Development (Alleppey)</td>
<td>85,500</td>
<td>353,000 (1981-83)</td>
</tr>
<tr>
<td>(h) Small- and Medium-Town Development (Ballia)</td>
<td>21,000</td>
<td>353,000 (1981-83)</td>
</tr>
<tr>
<td>(i) Small- and Medium-Town Development (Barabanki)</td>
<td>21,000</td>
<td>353,000 (1981-83)</td>
</tr>
<tr>
<td>(j) Small- and Medium-Town Development (Kathiawar)</td>
<td>41,000</td>
<td>353,000 (1981-83)</td>
</tr>
</tbody>
</table>

#### Responsible Government Agency

- Mun. Corp. Hyderabad
- Mun. Corp. Vishakapatnam
- Mun. Corp. Baroda
- Mun. Corp. Ahmedabad
- Mun. Corp. Kanpur
- Mun. Corp. Anantag
- Mun. Corp. Alleppey
- Mun. Corp. Ballia
- Mun. Corp. Barabanki
- Mun. Corp. Kathiawar
India (continued)

<table>
<thead>
<tr>
<th>Small- and medium-sized town programmes (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(k) Small- and medium-town development (Sambalpur) (water and sanitation, pre-school and primary education, basic health care, supplementary nutrition, income generation and small loans, shelter improvement, urban services training, recreation)</td>
</tr>
<tr>
<td>(l) Small- and medium-town development (Ratnagiri) (water and sanitation, basic health care, pre-school and primary education, functional literacy, supplementary nutrition, urban services training, women's income generation, shelter improvement, recreation, child welfare)</td>
</tr>
<tr>
<td>(m) Small- and medium-town development (Thanjavur Dist.) (water and sanitation, basic health care, pre-school and primary education, functional literacy supplementary nutrition, urban services training, women's income generation, shelter improvement, recreation, child welfare)</td>
</tr>
<tr>
<td>(n) Small- and medium-town development (Tumkur) (water and sanitation, basic health care, pre-school and primary education, supplementary nutrition, urban services training, women's income generation, shelter improvement, recreation, child welfare)</td>
</tr>
</tbody>
</table>

Other activities

<table>
<thead>
<tr>
<th>Pilot project in low-cost sanitation (15 Assam towns) (creative activities for children)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF total in US dollars (Years)</td>
</tr>
<tr>
<td>Population served</td>
</tr>
<tr>
<td>Responsible Government agency</td>
</tr>
</tbody>
</table>

India

<table>
<thead>
<tr>
<th>Population served</th>
<th>UNICEF total in US dollars (Years)</th>
<th>Responsible Government agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>45,000</td>
<td>353,000</td>
<td>Mun. Corp Sambalpur</td>
</tr>
<tr>
<td>18,000</td>
<td>353,000</td>
<td>Mun. Corp. Ratnagiri</td>
</tr>
<tr>
<td>20,000</td>
<td>353,000</td>
<td>Mun. Corp. Thanjavur</td>
</tr>
<tr>
<td>52,000</td>
<td>353,000</td>
<td>Mun. Corp. Tumkur</td>
</tr>
<tr>
<td>7,500</td>
<td>32,000</td>
<td>Municipal Corporations</td>
</tr>
<tr>
<td>40,000</td>
<td>900,000</td>
<td>Min. Local Govt., Housing &amp; Construction with Colombo Mun. Council, Common Amenities Board and Women's Bureau</td>
</tr>
</tbody>
</table>

Sri Lanka (Colombo)

| Environmental health and community development (pre-school and community education, water, women's income generation, child care, primary health care, community organization and development, leader training) |
| Urban nutrition/birth weights surveillance (study) |

<table>
<thead>
<tr>
<th>Creative activities for children</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Population served</th>
<th>UNICEF total in US dollars (Years)</th>
<th>Responsible Government agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>353,000</td>
<td>(1981-83)</td>
<td>Mun. Corp. Sambalpur</td>
</tr>
<tr>
<td>353,000</td>
<td>(1981-83)</td>
<td>Mun. Corp. Ratnagiri</td>
</tr>
<tr>
<td>353,000</td>
<td>(1981-83)</td>
<td>Mun. Corp. Thanjavur</td>
</tr>
<tr>
<td>353,000</td>
<td>(1981-83)</td>
<td>Mun. Corp. Tumkur</td>
</tr>
<tr>
<td>32,000</td>
<td>(1981-83)</td>
<td>Municipal Corporations</td>
</tr>
<tr>
<td>900,000</td>
<td>(1979-83)</td>
<td>Min. Local Govt., Housing &amp; Construction with Colombo Mun. Council, Common Amenities Board and Women's Bureau</td>
</tr>
</tbody>
</table>
### Annex II

**Field office suggestions for possible future urban programmes by region, country and components 1/**

<table>
<thead>
<tr>
<th>Region</th>
<th>Country</th>
<th>Programme/project components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Central and West Africa</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gabon</td>
<td>Advocacy for programmes to assist women and children in slum areas</td>
</tr>
<tr>
<td></td>
<td>Ghana</td>
<td>Situation analysis to assess urban problems for improvement</td>
</tr>
<tr>
<td></td>
<td>Liberia</td>
<td>Health education (outreach), crèches, training of community development staff, interagency seminars on urban development</td>
</tr>
<tr>
<td></td>
<td>* Nigeria</td>
<td>Adult education, health</td>
</tr>
<tr>
<td></td>
<td>Sao Tome and</td>
<td>Sanitation</td>
</tr>
<tr>
<td></td>
<td>Principe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zaire</td>
<td>Diarrhoea control, school health education, crèches, environmental sanitation</td>
</tr>
<tr>
<td><strong>Eastern Africa</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Djibouti</td>
<td>Community health workers, health education materials, dietary supplements, day-care teaching and playing materials, social workers, day-care training, human waste disposal without water, income-generating activities for women</td>
</tr>
<tr>
<td></td>
<td>* Ethiopia</td>
<td>Health, nutrition, social policy development, income-generating activities for women</td>
</tr>
<tr>
<td></td>
<td>* Kenya</td>
<td>Social planning unit development in Ministry of Local Government, training of social planners</td>
</tr>
</tbody>
</table>

---

1/ This information is from UNICEF field office replies to 1981 questionnaires.

* Countries in which there are current UNICEF urban-specific supported programmes or programmes proposed to the Executive Board for approval in 1982.
* Somalia  
  Social change data collection

* Uganda  
  Waste disposal systems without water

* Zambia  
  Primary health care, health education, community health workers' training

Zimbabwe  
Environmental sanitation

**Eastern Mediterranean**

* Bahrain  
  Nutrition, preventive health care, health education, breastfeeding

* Egypt  
  Pre-school, basic services for rehabilitation and relocation areas

* Iraq  
  Education, social services planning and management

* Jordan  
  Basic services

* Kuwait  
  Preventive health, nutrition, breastfeeding

* Morocco  
  Social planning and programme development

* Oman  
  Health education, breastfeeding

* Qatar  
  Preventive health, health education, personnel training in health and social sectors, nutrition, breastfeeding, women's promotion

* Saudi Arabia  
  Day care, training of young girls in new skills

* Sudan  
  Community health workers, urban poor survey, community centres, human waste disposal without water, water

* Syrian Arab Republic  
  Education, non-formal education, mother/child health, crèches, income-generating activities for young mothers, vocational training of youth

* United Arab Emirates  
  Preventive health, personnel training in health and social sectors, nutrition, breastfeeding, women's promotion

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* Countries in which there are current UNICEF urban-specific supported programmes or programmes proposed to the Executive Board for approval in 199...
American

Argentina
Pre-school, early childhood stimulation, social policy formulation for low-income sector

* Brazil
Primary health care, community organization and promotion, social policy development, social impact analysis at local level

* Chile
Pre-school, early childhood stimulation, primary health care, breastfeeding, nutrition education, organization of associative production enterprises for women, vocational training of youth

* Colombia
Community organization

* Costa Rica
Community physical improvement projects

* Ecuador
Environmental sanitation and housing (extension of Guayaquil project) with appropriate technology, productive and consumer education activities

* El Salvador
Urban poor children programmes

* Guatemala
Families displaced by violence

* Honduras
Basic services

* Jamaica
Basic services, income-generating activities for women, vocational training of youth

* Mexico
Activities benefiting women

* Nicaragua
Integrated urban improvement projects

* Panama
Family social welfare services

* Paraguay
Pre-school

* Peru
Early childhood stimulation, non-formal education, mother/child health, dental, nutrition, health and education infrastructure, environmental sanitation, income-generating activities for women

* Uruguay
Pre-school, social policy for women and children

* Countries in which there are current UNICEF urban-specific supported programmes or programmes proposed to the Executive Board for approval in 1982.
East Asia and Pakistan

* Bangladesh  
  Education, health nutrition, day-care, environmental sanitation, water, income-generating activities

* Burma  
  Voluntary night schools, crèches

* Indonesia  
  Social policy development

* Malaysia  
  Pre-school, nutrition, basic services, social planning development for urban basic services, entrepreneurial development of urban poor women for income generation

* Pakistan  
  Education, non-formal community schools, teacher training for community schools, health, environmental sanitation, income-generating activities

* Philippines  
  Community preparation/motivation, day-care, environmental sanitation, income-generating activities

Rep. of Korea  
  Education, non-formal education, mother/child health, nutrition, crèches, social policy development, environmental sanitation, informal economic activities, vocational training of youth

* Thailand  
  Basic services

* Viet Nam  
  Water

South Central Asia

* Afghanistan  
  Non-formal education for working urban children, mother/child health, child nutrition, environmental sanitation, water, income-generating activities for women

* India  
  School health education, community organization and promotion, mobile crèches, homeless pavement dwellers, cadre training for community organization and promotion, social policy development for state governments, establishment of state urban community development cells and planning, training, human waste disposal without water

* Maldives  
  Situation analysis

* Nepal  
  Crèches, environmental sanitation, water, vocational training of youth

* Sri Lanka  
  Education, nutrition, community projects, environmental health

* Countries in which there are current UNICEF urban-specific supported programmes or programmes proposed to the Executive Board for approval in 1982.