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RECOMMENDATION FOR FUNDING FROM SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN THE FEDERAL REPUBLIC OF YUGOSLAVIA (SERBIA AND MONTENEGRO)*

SUMMARY

The present document contains a recommendation for funding from supplementary funds for a two-year programme of UNICEF cooperation to help meet the urgent needs of women and children in the Federal Republic of Yugoslavia (Serbia and Montenegro). The Executive Director recommends that the Executive Board approve the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars) Supplementary funds	Duration
Federal Republic of Yugoslavia (Serbia and Montenegro)	3 000 000	1994-1995

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

FEDERAL REPUBLIC OF YUGOSLAVIA (SERBIA AND MONTENEGRO)

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	2.6
Under-five mortality rate (U5MR) (per 1,000 live births) (1990)	34
Infant mortality rate (IMR) (per 1,000 live births) (1990)	28
Underweight (percentage, moderate and severe)	..
Maternal mortality rate (MMR) (per 100,000 live births) (1990)	11
Literacy (percentage, male/female)	../..
Primary school enrolment (percentage net, male/female)	../..
Percentage of grade 1 reaching grade 4	..
Access to safe water (percentage) (1989)	71
Access to health services (percentage)	..
Gross national product (GNP) per capita	$ .. a/
One-year-olds fully immunized against (percentage):	
tuberculosis	88
diphtheria/pertussis/tetanus	86
measles	83
poliomyelitis	80
Pregnant women immunized against (percentage):	
tetanus	..

a/ Estimated to be lower-middle-income ($676-$2,695).

The situation of children and women

1. Within the Federal Republic of Yugoslavia (Serbia and Montenegro) there is a substantial proportion of ethnic minorities. Out of a total population of 10.3 million (1991), about two thirds are ethnic Serbs and the rest include Montenegrins (62 per cent in Montenegro), Albanians or those of Albanian origin (over 80 per cent in Kosovo-Metohija), those of Hungarian origin (17 per cent in Vojvodina), Moslem Slavs, Croats, Turks and gypsies. Central Serbia and Vojvodina are the most developed regions within the country, while Montenegro and Kosovo-Metohija are the least developed. The Federal Republic of Yugoslavia (Serbia and Montenegro) is currently under international sanctions imposed by the United Nations Security Council.

2. Although war has not spread across the borders of the Federal Republic of Yugoslavia (Serbia and Montenegro), economic sanctions imposed on an already ailing economy, the influx of refugees, the transition from federalism to independence, and free-market reforms have had a dramatic impact on vulnerable groups in the population. With a formerly good record in child survival and

development (CSD), the country has had the clock turned back as the economy has collapsed and health and education services have been reduced to the bare minimum.

3. As early as the 1980s, the economy was already beginning to slow down. It then declined rapidly with the dissolution of the Socialist Federal Republic of Yugoslavia as inter-republic trade ceased and markets were lost. Shortly after the sanctions were imposed, prices skyrocketed and hyperinflation was measured on a daily or even hourly basis. In October 1993, inflation rates were running at 1 per cent per hour or 1 billion per cent per year. Since December 1992, living costs have risen 166 times and wages only 56 times. Pensions and minimum salaries are now in the range of below $10 a month, barely enough to pay utility bills. Some one quarter of the population live below the poverty-line income level.

4. The country is also burdened by large numbers of refugees (approximately 500,000 in Serbia and some 60,000 in Montenegro). The majority are housed with host families rather than in reception centres. The refugees are an increasing strain on the host families, who themselves are struggling to cope with the rising cost of living and dwindling incomes.

5. The effectiveness of health-care services has diminished with the failing of the overburdened infrastructure. Hospitals, health facilities, reception centres and children's institutions suffer increasingly from a lack of heating and cleaning and hygiene materials and, above all, shortages of drugs and medical supplies. The local pharmaceutical industry is highly dependent on imported raw materials and, therefore, is unable to produce drugs or vaccines. Although the Federal Republic of Yugoslavia (Serbia and Montenegro) had passed the stage when vaccine-preventable diseases appreciably affected the morbidity and mortality profile of its child population, the country is now confronted with the threat of a resurgence of such diseases. In March and April 1993, over 1,000 cases of measles were recorded in the city of Belgrade alone. Immunization rates have plummeted as a result of difficulties in obtaining vaccines and lack of fuel for immunization activities.

6. The country used to produce sufficient staple food to meet the needs of its population, with a large surplus for export. At present, however, the decline in food production and inadequate food distribution have led to shortages and rapidly escalating food prices, which, in turn, have affected household food security. Production has declined for a number of reasons, including the reduced availability of fertilizers, the shortage of fuel and parts for farm machinery, drought and a plague of beetles in 1993. While there are no systematic data available on the nutritional status of children, clinical reports suggest that malnutrition is on the rise. The rate of low birth weight and the number of prematurely born babies are reported to have increased owing to the declining nutritional status of mothers. Anaemia is now reported for the first time as among the 10 leading health disorders.

7. Despite the sanctions, which have made baby formula very expensive, the breast-feeding rate remains only approximately 30 per cent. Among the problems identified are the low level of awareness of the benefits of breast-feeding among mothers and health personnel, misconceptions about breast-feeding and

trauma in children and mothers resulting from the large number of induced births.

8. The quality of drinking water has been affected by the present crisis, since chemicals for water treatment are now scarce. Water-borne diseases are increasingly common. An outbreak of shigellosis was reported in Montenegro during October 1993, with about 1,500 cases of the disease, 70.4 per cent of which were children.

9. The result of all these negative trends has been a rise in mortality and morbidity. As a result of drug shortages and deteriorating health care, death rates from infectious diseases among the population increased by 115 per cent between 1991 and the beginning of 1993. The infant mortality rate in Belgrade increased by 14 per cent from 1991 to 1992; the situation in other parts of the country is likely to be worse, since the quality of health services and the level of infrastructure development are lower than in the capital.

10. The impact of the crisis on the education of children has been devastating. Schools in areas with higher concentrations of refugees and displaced populations are operating with inadequate facilities and extra shifts of teachers. Local authorities no longer have the funds to subsidize pre-schools and kindergartens, and kindergarten attendance has decreased because parents can no longer afford to pay. The cost of basic supplies of textbooks, notebooks and other school materials has become prohibitive and is beyond the financial capability of parents. Of the 200,000 refugee schoolchildren, many have been traumatized by their experiences during the war, subsequent evacuation and separation from their families. A study carried out at 13 elementary schools in Serbia lists common symptoms among refugee children as agitation, irritability, sorrow, depression and increased dependence on others.

Programme cooperation, 1991-1993

11. Responding to the needs of refugee children, UNICEF initiated its programme in the Federal Republic of Yugoslavia (Serbia and Montenegro) in 1991. The sub-office in Belgrade was opened in November 1991 and the Podgorica field office in October 1993. Emergency responses have comprised mostly supply assistance in the form of paediatric drugs, vaccines, supplementary food, clothing, blankets, school supplies and textbooks. These were directed primarily to areas affected by the greatest influx of refugees and to children in institutions. Some emergency assistance was also provided to previously underserved areas which are now further affected by the economic and social disruption of war. UNICEF has worked closely with the various ministries, the Commissariat of Refugees and the national Red Cross in needs assessment and the setting up of relief operations. Programme implementation was coordinated with United Nations organizations, including the Office of the United Nations High Commissioner for Refugees, the World Health Organization (WHO) and other international agencies, such as the International Committee of the Red Cross and non-governmental organizations (NGOs) working in the country.

12. In health, UNICEF supported child immunization activities by importing nearly 2.5 million doses of expanded programme on immunization (EPI) vaccines, needles and syringes in the last year. Cold-chain equipment was provided to

15 maternal and child health centres. UNICEF also supported an immunization campaign in order to reach as many refugee children as possible. A booklet on the use of essential drugs was developed especially for the use of health workers at the primary care level. Other health supplies were also provided.

13. Supplementary food was provided for young children and pregnant and lactating women who visited health centres and hospitals. Milk, high-protein biscuits, weaning foods, vitamins and micronutrient supplements were also distributed. UNICEF responded to the Government's request for support in establishing a network of growth monitoring centres for young children by providing weighing scales and growth charts.

14. A breast-feeding campaign was launched through radio and television. This was complemented by a series of orientation and technical training sessions for nurses and medical doctors, in collaboration with some professional organizations, on the advantages of breast-feeding and on the "10 steps to successful breast-feeding".

15. UNICEF responded to the educational needs of refugee children through the provision of chalk, notebooks, pencils, teaching aids and other school supplies to facilitate in the establishment of supplementary classes in the regular schools and reception centres. Support was also provided for special refresher courses for both refugee and regular teachers. Special instructional materials for handicapped children were also developed.

16. Since many of the refugee children have been traumatized by the war, UNICEF, in collaboration with the Institute of Psychology of the University of Belgrade, provided training for school psychologists, teachers, social workers and health workers in order to equip them with skills in counselling and other psycho-social interventions for refugee children and their families.

17. A sizeable number of children are in orphanages and institutions for children with special needs. UNICEF assisted 36 such institutions with clothes, kits for hygiene, disinfectants, supplementary food, classroom equipment and recreation supplies.

18. Since most of the refugees live with host families rather than in reception centres, it has been difficult to design social services that would specifically reach the refugees. With the increase in poverty of both the host families and the population in general, it has not been easy for UNICEF or other humanitarian aid organizations to determine priorities for targeting assistance.

Recommended programme cooperation, 1994-1995

Estimated annual expenditures
(Thousands of United States dollars)

Supplementary funds	1994	1995	Total
Health	400	1 200	1 600
Nutrition	50	150	200
Education	100	300	400
Children in especially difficult circumstances	60	180	240
Social mobilization	25	75	100
Programme support	115	345	460
Total	750	2 250	3 000

Priorities

19. The proposed programme aims at assisting the Government, NGOs and local communities to restore and maintain national capacity to enhance child survival, development and protection by preventing further deterioration in the quality and effectiveness of basic services. The programme will also focus on offering medium-term support to the neediest children and mothers during this critical period. In this context, the mid-decade goals and the Declaration and Plan of Action of the World Summit for Children will provide a relevant guiding framework.

20. Several of the mid-decade goals are reflected in the specific priorities of the programme, which will be as follows: (a) to help restore immunization levels to pre-war levels and achieve universal child immunization; (b) to promote oral rehydration therapy (ORT) as part of a programme for the control of diarrhoeal diseases (CDD); (c) to promote breast-feeding as it evolves into the Baby-Friendly Hospital Initiative (BFHI); (d) to help develop a comprehensive safe-motherhood programme; (e) to support the maintenance of primary health care (PHC) services, especially in disadvantaged regions; (f) to support the efforts of the Ministry of Education to increase access to quality education; and (g) to assist in developing strategies for children in especially difficult circumstances, including refugee children and institutionalized children.

Strategies

21. While the present document may appear to present a wide range of priorities for a programme with limited resources, responses and interventions will require only the maintenance and enhancement of existing capacity rather than large-scale service delivery and capacity-building. Indeed, pre-war conditions of only a few years ago indicate high levels of well-being among children and women, which have subsequently been reversed.

22. The proposed programme of cooperation is designed to build upon the activities that have been carried out since late 1992, funded by the United Nations Inter-agency Appeal. Experience acquired in 1992 and 1993 will be drawn upon, and the main thrust of the programme will be on integrating the current emergency support into the larger frame of recovery and rehabilitation. Strategies for the programme are outlined below:

(a) The present emergency response will be continued to help refugee families meet their children's survival and development needs. In light of the ongoing war, sanctions and the uncertainty of a peace settlement, the programme strategy warrants the continuation of the emergency response, at least until basic services for children and women are restored to a minimum level;

(b) Focused interventions will be made to maintain national capacities and to prevent further deterioration in basic services for children and women, with priority to areas outlined in paragraph 20 above, and also to disadvantaged regions. In order to maintain the capacity for problem identification and for planning and implementation of children's programmes, UNICEF will assist the Government in enhancing existing information and surveillance systems;

(c) Strengthening partnerships between the Government, NGOs and other organizations and institutions will be important in maximizing the effectiveness of interventions. This strategy will be crucial, especially in developing family-based alternatives to institutionalization where appropriate;

(d) Advocacy will be carried out for the need to protect all vulnerable groups during this critical period. A central part of this approach will be to promote compliance with the Convention on the Rights of the Child.

Programme components

23. Maternal and child health. As part of the ongoing programme, PHC services at the district and health station levels will be strengthened through the provision of health-centre kits, guidelines for the rational use of drugs and communication materials for health workers and parents. Support will be given to the existing EPI programme, including the provision of cold-chain equipment and strengthening the capacity of EPI units for reporting and surveillance. Other child survival interventions, such as the promotion of ORT and assistance in combating acute respiratory infections, will be made as appropriate. For example, the promotion of ORT will be given priority attention in areas with a high influx of refugees and in disadvantaged regions.

24. Together with interventions for child health at the district and health station levels outlined in the paragraph above, support will also be provided to strengthen prenatal services, particularly in the disadvantaged regions, as part of a comprehensive programme for promoting safe home deliveries through special training of midwives, the provision of delivery kits and the promotion of key messages in Facts for Life. Eventually it could become part of a much larger programme for women's health, encompassing prenatal care, maternal nutrition, care for high-risk pregnancies and child spacing.

25. Nutrition. Ongoing breast-feeding promotion activities will be intensified and expanded to reach medical and health professionals and the public through meetings for paediatricians, obstetricians, nurses and midwives; media campaigns; orientation on BFHI for hospital administrators; and dissemination of technical information on the importance of promoting and protecting breast-feeding. Linkages with professional associations of paediatricians, obstetricians and nutritionists will be supported in order to lay the groundwork for the initiative, and technical consultants will be made available to help clarify technical issues in implementation. UNICEF will also provide some support in assessing micronutrient deficiencies, particularly iron deficiency anaemia.

26. Health promotion and education. UNICEF will support establishing linkages with professional organizations in promoting public awareness and knowledge about preventive home care measures for CSD. This will involve the transformation and dissemination of key messages in Facts for Life for wider distribution among parents and community officials, as well as to health professionals at the district and health station levels. A health and nutrition education programme will be built into ongoing health, nutrition and non-formal education activities. Priority messages for mothers and parents will address breast-feeding, proper weaning and infant feeding practices, child care and growth promotion. The heavy influx of refugees has overburdened the water supply system and sanitation conditions in reception centres and areas with a high refugee population. UNICEF will work closely with WHO, the Ministry of Health and the Refugee Commissariat in monitoring these at-risk areas and making sure that adequate hygiene supplies are available. In some reception centres and areas with a heavy concentration of refugees, attention will be given to ensure adequate water supply and sanitation conditions. A public awareness campaign to promote personal hygiene is already under way.

27. Education. Depending on the situation, UNICEF will provide school and classroom supplies such as educational kits on a very limited and focused scale, for example in selected areas where needs are greatest for both refugee children and children of host families. UNICEF priority attention for the sector, however, will focus on providing technical support to the efforts of the Ministry of Education to increase access to quality education, such as: (a) improving teaching methods with more interactive techniques; (b) teaching methods for teachers working in difficult circumstances; (c) training of teachers; and (d) education for mutual tolerance and understanding, or peace education. In light of the deteriorating socio-economic conditions and overburdened education infrastructure, assistance will also be provided for developing strategies and demonstration activities to make education services available and relevant to at-risk groups such as refugee children in host families, children in reception centres, children of minority groups and gypsy children.

28. Children in especially difficult circumstances. Selected children's institutions will be provided with hygiene supplies and disinfectants, classroom equipment for children with special needs, clothing and some toys. Many of the interventions mentioned above are also targeted towards refugee children, for example, programme activities in water supply and sanitation, education and CDD.

29. For the medium-term, UNICEF will provide technical assistance on (a) new methods for the special education of institutionalized children; (b) the development of improved procedures for follow-up care; (c) improving implementation of policies regarding foster care; and (d) training of service workers in improved physical and mental care of children. Family-based alternatives to child care will also be explored as part of the Government initiative to optimize the social services system for child care.

30. Programmes for psycho-social services currently assisted by UNICEF will be reviewed in light of experiences. Feasible mechanisms will be developed for effectively reaching the greatest number of children traumatized by war, evacuation and displacement. In priority areas with the highest concentration of refugee children, UNICEF will continue to work with school psychologists, PHC workers and social workers in enhancing their professional and institutional skills to cope with the crisis. To assist children affected by post-traumatic stress disorders and to augment the workforce addressing this problem, UNICEF will provide support for the development of a training programme for paraprofessionals.

31. Advocacy. Where necessary, UNICEF will advocate to raise awareness for the protection of children and the vital need for child-focused policies at national and subnational levels.

32. Monitoring and evaluation. The present programme of cooperation proposes to help strengthen an information and monitoring system for measuring the progress and achievement of CSD goals. Monitoring for the proposed programme will be supported primarily by UNICEF staff in Serbia and Montenegro, as well as by staff from the area office. Information obtained from field personnel of other agencies, government organizations and NGOs will be utilized. Regular field visits will be undertaken to assess the effectiveness of UNICEF assistance, and programme adjustments will be made accordingly. A programme review will be held jointly with participating government organizations, NGOs, United Nations agencies and other partners towards the end of 1995.

33. Programme support. To date, UNICEF assistance has been managed by a sub-office in Belgrade, with a project office in Podgorica. Continuation of the offices and the staff will ensure planning, implementation and monitoring of programmes during the 1994-1995 period.
