



UNITED NATIONS CHILDREN'S FUND

REPORT OF THE EXECUTIVE BOARD

(19-27 May 1966)

ECONOMIC AND SOCIAL COUNCIL

OFFICIAL RECORDS: FORTY-FIRST SESSION

SUPPLEMENT No. 13

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NOTE

Symbols of United Nations documents are composed of capital letters combined with figures. Mention of such a symbol indicates a reference to a United Nations document.

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ABBREVIATIONS

FAO	Food and Agriculture Organization of the United Nations
IBRD	International Bank for Reconstruction and Development
ICC	International Children's Centre
IEDES	Institut d'études du développement économique et social
ILO	International Labour Organisation
JCHP	UNICEF/WHO Joint Committee on Health Policy
MCH	Maternal and child health
NGO	Non-governmental organization
SEDES	Société d'études pour le développement économique et social
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

I. ORGANIZATION OF THE SESSION

1. The Executive Board held its 339th to 352nd meetings in Addis Ababa, Ethiopia, from 19 to 27 May 1966. This was preceded by a Special Meeting on the Needs of African Children held under the auspices of the Executive Board from 16 to 19 May 1966 (see paras. 41-53). An Opening Ceremony for both the Special Meeting and the regular Executive Board session was held on 16 May 1966 (338th meeting of the Executive Board). An address was made by His Imperial Majesty Haile Selassie I, and statements were made by Mr. Joseph Willard, Chairman of the Executive Board, and by Mr. Henry R. Labouisse, Executive Director of UNICEF. ^{1/} A Non-governmental Organization Workshop on Reaching the Growing Child in Africa was held under the auspices of the NGO Committee on UNICEF in conjunction with the Board session (see paras. 54-55).

Expression of appreciation to the Government of Ethiopia

2. The Executive Board expressed its deep appreciation to the Imperial Government of Ethiopia for its interest and generosity in making possible the Board's session in Addis Ababa, the first to be held in Africa. The Board was also indebted to His Imperial Majesty for addressing the Opening Ceremony, for the hospitality of the Government of Ethiopia, and to many Government officials and a large number of other persons whose kind and thoughtful efforts had helped to make the meetings a success.

Attendance

3. The attendance at the Board session is given in annex I to this report.

^{1/} The text of these statements was subsequently circulated as document E/ICEF/545.

Agenda and documentation

4. The agenda (E/ICEF/544), as adopted at the 339th meeting, consisted of the following substantive items:

- (a) Reports by the Executive Director;
- (b) Possible role of UNICEF in family planning;
- (c) Programme assessments;
- (d) Guidelines for future UNICEF aid to leprosy control projects;
- (e) Report of the Programme Committee;
- (f) Joint Policy Committees with WHO and FAO;
- (g) Public information policy of UNICEF;
- (h) Report of the Committee on Administrative Budget;
- (i) Statements of non-governmental organizations;
- (j) Suggestions for the provisional agenda of the 1967 session of the Executive Board.

5. The agenda for the Special Meeting on the Needs of African Children was issued as document E/ICEF/543/Rev.1. The agenda for the NGO Workshop on Reaching the Growing Child in Africa was issued as document E/ICEF/NGO/94/Rev.1. A list of documents issued in connexion with all three meetings is contained in E/ICEF/INF/27/Rev.2.

II. FINANCIAL SITUATION

Income

Income in 1965

6. The income of UNICEF in 1965 amounted to \$33 million. This was only \$123,000 more than 1964 and constituted the lowest annual increase since the General Assembly decided by its resolution 802 (VIII) of 6 October 1953 to continue UNICEF indefinitely. The annual increases in UNICEF income in ten years up to 1964, ranged from \$750,000 to \$2.5 million, averaging \$1,783,800 per year for the period as a whole. The following table shows UNICEF income in 1965 by main sources as compared to 1964:

Table 1. UNICEF income in 1964 and 1965 by source

	1965		1964		Change 1964 to 1965	
	<u>Amount</u> <u>(in thousands of</u> <u>US dollars)</u>	<u>Per cent</u> <u>of total</u>	<u>Amount</u> <u>(in thousands of</u> <u>US dollars)</u>	<u>Per cent</u> <u>of total</u>	<u>Amount</u> <u>(in thousands of</u> <u>US dollars)</u>	<u>Per cent</u> <u>Change</u>
Government contributions. . .	26,056	78.9	25,598		458	1.8
Private contributions	3,744	11.4	4,137		(393)	(9.5)
Greeting Card Fund.	2,000	6.1	1,700		300	17.6
Other income.	1,205	3.6	1,447		(242)	(16.7)
TOTAL	33,005 *****	100.0 *****	32,882 *****		123 ***	0.4 ***

7. Government contributions: A total of 117 Governments contributed to UNICEF in 1965 approximately \$26.1 million, which was \$458,000 net more than in 1964. About one-fourth - 29 Governments - increased their contributions over 1964 by an aggregate of close to \$1 million. This increase was almost exactly the same amount as the increase in Government contributions in 1963 and 1964. The largest increases were made by Sweden (\$250,000), Canada and the United Kingdom (each nearly \$200,000), Thailand (\$65,000) and Denmark (\$54,000).

8. Unlike the two preceding years, however, there were also decreases in Government contributions in 1965 amounting to \$0.5 million. These were mainly due to the cessation of contributions from Indonesia (\$110,000 in 1964); a lower exchange rate applicable in 1965 to an otherwise sizeable contribution; and the payment in 1964 of some delayed contributions which were not repeated in 1965.

9. A list of contributions to UNICEF from Governments for the years 1963 to 1965 is contained in annex IV, table 1.

10. The number of Governments contributing to UNICEF, which rose during the 1950's (from 36 Governments in 1950 to 98 in 1960) is now levelling off. Most, although not yet all, of the contributing Governments make contributions on a regular annual basis. For the past two or three years it has been clear that further increases must be almost entirely secured from present contributors. The largest donor has for two years been prepared to consider an increase in its \$12 million annual contribution at the established forty per cent matching ratio, in the event that other Governments increase their regular contributions substantially.

11. Contributions from private sources: Income from private fund-raising campaigns and unsolicited contributions from individuals totalled \$3.7 million in 1965 or 11.4 per cent of UNICEF's income. This compared with \$4.1 million in 1964 which constituted 12.6 per cent of the total income that year. Most of the proceeds from private sources in 1965, came from the following twelve countries: United States of America (\$2,119,224), United Kingdom (\$409,592), Canada (\$402,716), New Zealand (\$381,175), Australia (\$120,390), Belgium (\$71,116), Netherlands (\$49,118), Ireland (\$44,805), Federal Republic of Germany (\$42,024), Italy (\$34,887), Luxembourg (\$26,059) and Sweden (\$12,189). There were also private contributions from twenty-two other countries, but the amounts were small and in the aggregate amounted to \$30,540, or about 1 per cent of private contributions.

12. A table showing private contributions to UNICEF by country for the years 1959 to 1965 is contained in annex IV, table 2.

13. Income from private contributions in 1965 is shown in table 2 below.

Table 2. UNICEF income in 1965 from private sources

<u>Funds raised for the general purposes of UNICEF: (in thousands of US dollars)</u>	
Hallowe'en collections (mainly United States of America and Canada).	2,451
Other collections (mainly Belgium, Federal Republic of Germany, Ireland, Italy and Sweden).	286
Donations from groups or individuals	102
TOTAL	2,839
<u>Funds raised for special projects:</u>	
Freedom from Hunger campaigns (mainly New Zealand, Australia, United Kingdom and Luxembourg).	854
Other special projects (mainly Netherlands).	51
TOTAL	905
GRAND TOTAL	3,744

14. The main reason for the decrease of \$393,000 income from private sources in 1965 compared with 1964 was lower receipts from Freedom from Hunger campaigns. Reaching a record figure of \$1,671,000 in 1963, contributions to projects made through UNICEF were reduced to \$1,175,000 in 1964. As some campaigns were nearing their end in 1965, the total for that year fell to \$854,000. In an information note to the Board giving details on fund-raising for specific projects (E/ICEF/CRP/66-12) the Executive Director pointed out that there was encouraging interest on the part of several National Committees in undertaking fund-raising for UNICEF in 1966 (see also para. 28).

15. Greeting Card Fund: Income taken into UNICEF accounts in 1965 from the sale of greeting cards amounted to \$2 million, based on the net income from sales in the 1964 season. This compared with an income of \$1.7 million in 1963 and \$1.4 million in 1962.

16. Other income: Other income in 1965 totalled \$1.2 million or \$242,000 less than 1964. The decrease was due mainly to decreases in income from several sources: from investments owing to the lower average level of the Operating Fund during the year, from reimbursement for procurement services by the United Nations Relief and Works Agency for Palestine Refugees in the Near East, and from sundry commissions and discounts.

Estimated 1966 income

17. Income from all sources in 1966 is expected to approach \$35 million, constituting an increase over 1965 of \$2 million. An approximate apportionment by source: is shown in the table below.

Table 3. UNICEF estimated income by source, 1966

	<u>(in millions of US dollars)</u>
Government contributions	27.0
Private contributions	4.0
Greeting Card Fund	2.8
Other income	1.2
TOTAL	<u>35.0</u>

The need for more resources

18. At the June 1965 session, the Executive Director told the Board he thought UNICEF needed additional resources. In his general progress report to the May 1966 session (E/ICEF/542, paras. 18-39; E/ICEF/542/Add.1, para. 4) he said this opinion has been strengthened by his first year's work in the organization. He reviewed the needs of children and youth, reminding the Board that approximately 690 million children under 15 live in countries (excluding Mainland China) where the gross national product per inhabitant was less than \$500 a year. The total child-youth population under 20, in this income group of countries, was 840 million constituting three-fifths of the world's young people. Less than one-third of the total gross national product of the developing countries, was spent on the rearing of children and youth (an average of about \$70 annually per young person, with several hundred million receiving far less). Most of the burden fell directly on families, only about one-tenth of the total amount being accounted for by public services (education, health, community development and the like).

19. The over-all annual rate of economic growth in low-income countries was not yet large enough to offer much improvement for the present generation of children, but would offer substantial hope for the future. The "filtering down" of the growth of national income was a slow and somewhat uncertain process, which needed to be accelerated and supplemented by government and community action. There was a growing realization that when children and youth were better prepared for a productive life they could contribute substantially to a nation's development.

20. The fact that population in low-income countries was increasing, as a result of lowered infant and child mortality, created an impression that living conditions for children were improving generally; however, population growth put great pressure on available resources, with inevitably adverse effects, and parents of large families often found it difficult to discharge all their responsibilities. The gap between the living standards of children in low-income countries and in the industrialized nations appeared to be widening, and improvement in the young child's conditions was uneven. Although the ravages of several communicable diseases had been reduced, and education of women was more widespread, acute food problems seemed to be looming.

21. The developing countries were making extraordinary efforts to extend education. Statistics showed an increasing proportion of children entering school, but girls still lagged seriously behind, and in rural areas particularly, many children did not stay in school, so that actually less than half the children of school age received any effective education. A high proportion of youth was unemployed or under-employed. There were not enough opportunities in industry to absorb unskilled labour, and not enough vocational training was available to produce needed middle-level and skilled personnel.

22. The Executive Director pointed out in his report that countries were seeking increased UNICEF co-operation regarding the following problems:

(a) Youth: Greatly expanded vocational and para-vocational training; rural education to stimulate the transformation of traditional agriculture; the prevention of delinquency.

(b) School-age children: Expanded and improved teacher training; adapting school curricula to the needs of economic development; integrating vocational and academic education, strengthening the primary programme to make it as complete as possible (since it was so often the only education children ever received), including manual skills, health and nutrition education, more education for girls, etc. Schools also required more help in regard to water supply, school meals, health services, reading glasses, and in some cases, clothing for pupils. Literacy training was needed for the large numbers of youth who never attended school or dropped out too early to retain literacy, and assistance was also needed to avoid wasting the talents of gifted children.

(c) Infants and young children: The Executive Director referred to the special study of the young child which was made by the Executive Board in 1965, pointing out that although the early years were most crucial in a human being's development, they were often the most neglected years of all. Reaching the child who was too young to go to school remained most difficult, and there was a great need for increased education of mothers and for pre-school services to help prepare children so that they would adapt to school and not drop out. Assistance was needed to develop more rural health services. It was estimated that no more than 5 per cent of young children past infancy were now reached by those services, and even to double this small percentage would require a large effort. Food supplies must be increased (especially high-protein foods, foods supplying essential vitamins, and weaning foods) to combat the still widespread under-nutrition and malnutrition which often had lifelong consequences in stunted minds and bodies; agriculture and the food industry must work together to make economical nutritious foods available to the average family.

(d) Children in shanty towns: The rapid, unplanned growth of cities was producing the worst imaginable material and social conditions for children; assistance was urgently needed to mobilize public and community resources for a concerted attack on this growing problem. Day-care centres were a necessity to provide for increasing numbers of neglected children of working mothers.

(e) The rural child: Better services to help slow down the excessive movement toward cities and to teach the skills required for producing more food were urgently needed.

(f) Handicapped children: Help to national centres to find the most appropriate methods for work in this field and to train personnel.

(g) Development areas: Where irrigation or land-reform was being introduced, or where malaria eradication opened the way for new settlements, and in new industrial towns, there were often possibilities of providing relatively good services for children.

(h) Special assistance: A number of newly independent countries did not have the personnel and resources to mount the basic structure of health and education services; these, therefore, needed special assistance to set-up and operate services in a few demonstration districts, with the countries gradually taking over the costs.

23. In all these problems, one of UNICEF's greatest potential contributions was to help build up national and regional training facilities, and assist with the work of training personnel.

24. The financial requirements to meet all these needs were too vast to consider at present, but much could, nonetheless, be accomplished within practical limitations of resources that should be attainable. The Executive Director proposed, as a first step, that UNICEF try to raise its current annual income of \$33 million to \$50 million, to be reached by the end of 1969, which marks the close of the United Nations Development Decade. The strategy for using the additional funds must remain very selective, and would require continual re-evaluation.

25. The Executive Director presented to the Board a financial summary (table 4 below) to illustrate how the \$50 million might be used to support programmes UNICEF is already assisting, as modified to take account of the problems discussed.

Table 4. Expanded use of resources through UNICEF

	<u>1966</u> <u>allocations</u>	<u>\$50 million</u> <u>level of</u> <u>allocations</u>
(in millions of US dollars)		
<u>Main beneficiary age-groups</u>		
<u>Youth:</u>		
Vocational and pre-vocational training	0.1	1.5
Other services	-	0.5
<u>School-age children:</u>		
Education	4.0	9.3
Other services	-	1.5
<u>Infants and young children:</u>		
Maternal and child health	8.2	9.0
Village water supply and environmental sanitation <u>a/</u>	1.0	2.0
Disease-control campaigns <u>a/</u>	7.4	7.7
Nutrition	4.6	6.0
<u>Other programmes and services:</u>		
Social services, community development, and integrated services in development areas	1.4	2.0
Handicapped children	-	0.5
Emergencies, planning and other services	1.1	1.5
Operational services	5.6	6.7
Administrative services	3.1	3.5
TOTAL	36.5	50.0

a/ Items like village water supply and disease control campaigns produce a substantial benefit for the whole community, but they are assisted by UNICEF because of their benefit to children, especially in reducing the morbidity and mortality of young children.

26. The following fund-raising plan to reach the \$50 million target was outlined to the Board:

Table 5. Fund-raising plan

	<u>Income</u>	
	<u>1965</u>	<u>Target</u>
	<u>(in millions of US dollars)</u>	
Government contributions	26.1	38.0
Private contributions	3.7	6.0
Greeting Card Fund	2.0	5.0
Other income	1.2	1.0
TOTAL	<u>33.0</u>	<u>50.0</u>

27. The suggested plan would require a 50 per cent increase in Government contributions over a four-year period. UNICEF's income has been relatively stationary since 1962, while both needs and opportunities for useful action had grown. The Executive Director hoped that Governments would recognize the importance of enabling UNICEF to expand its services as a contribution to economic development. He suggested that material be drawn from the rich documentation prepared for the recent conferences on children and youth in national development, ^{2/} in order to make this position clear.

28. The most useful form of private contribution, he reminded the Board, was one made to the general resources of UNICEF. The "Trick-or-Treat" type of campaign and individual donations of this kind were currently contributing about \$3 million annually, and the sale of greeting cards had been expanding at a rate which should produce \$5 million by 1968. He noted, however, that some UNICEF National Committees preferred to base campaigns on a particular project, and "adoption" of projects for fund-raising was currently bringing in close to \$1 million annually, which may be increased in the future. He suggested that UNICEF will have to be prepared to service these fund-raising campaigns with a greater flow of public information (see para. 204).

^{2/} Latin American Conference on Children and Youth in National Development, held at Santiago, Chile, from 29 November to 11 December 1965 (E/ICEF/CRP/66-9); and Asian Conference on Children and Youth in National Planning and Development, held at Bangkok, Thailand, from 8 to 15 March 1966 (E/ICEF/CRP/66-8).

29. He also suggested that some countries might be able to make additional contributions in kind, where they have surpluses or surplus manufacturing capacity. Amongst commodities that could be used to solve important problems of children and youth, he mentioned cotton for making school-children's clothing and linens for health centres. Other possibilities could also be examined, such as paper for making textbooks, drugs, and machinery for vocational training. These contributions would be accounted for in the same way that contributions of skim milk powder had been handled, as an additional contribution, not part of UNICEF's central account; they would, therefore, be over and above the target of \$50 million.

30. In conclusion, the Executive Director believed that more study was required to determine precise priorities of need and opportunities and to determine how UNICEF's resources could most usefully be employed. Meanwhile it was amply clear that UNICEF should be doing much more than it had along its present lines. That meant that only in exceptional cases could the Fund, even with an increase of income to \$50 million, provide assistance for total coverage - a national campaign or programme covering all the affected areas of a country over a period of years. Although country-wide coverage was desirable UNICEF must, in most instances, concentrate on limited but strategic factors, for example, providing equipment and funds for training, and practice areas. Establishing pilot projects to serve as working examples which could be multiplied through other sources of aid needed to continue to be an important objective of UNICEF-aided programmes. The immediate goal of \$50 million by 1969, the Executive Director pointed out, was simply a pragmatic estimate of what could be obtained, and used immediately under present policies.

31. There was warm support in the Board for the goal. In view of the vast need, the ever-widening gap between the standards of living of children in the industrial and the developing countries, and the ever-increasing demands on UNICEF resources, the goal of \$50 million by 1969 was believed to be both reasonable and attainable.

32. No representative on the Board, however, was in a position to commit his Government to a specific contribution. Several indicated that their Governments wished to consider increases as part of a common effort with other Governments; others expressed their Governments' readiness to offer training facilities, personnel, and experience, as well as money. A hope was expressed that contributions would be made, whenever possible, in freely convertible currencies, so as not to place undue restraint on UNICEF's ability to use funds in the most effective ways. The point was made that greater UNICEF co-operation with bilateral aid systems could lead to more aid to projects benefiting children; this was especially important where countries, or communities of countries, were moving toward a target of contributing 1 per cent of their gross national product for external aid.

33. In commenting on the Executive Director's outline of the possible use of the \$50 million, a number of delegations expressed views about UNICEF aid in various programme fields. These views are reflected in the discussion of programme trends in chapter IV.

34. It was pointed out that, from time to time, non-governmental groups have raised funds for special purposes and have asked UNICEF to use them. Recently, for example, this had happened in connexion with food shortages in India but the UNICEF secretariat had not considered itself free to accept them promptly. One delegation suggested that in cases of food shortages, epidemics or other natural catastrophes the Executive Director should be authorized to accept and immediately use funds specially contributed by individuals, organizations or Governments, without having to wait for Board approval. In the case of contributions from UNICEF National Committees or Governments, such funds would have to be in addition to normal contributions and would be contributed without conditions, except that they should be used in relation to the emergency. Often it was necessary that help given rapidly to meet an emergency be continued with long-term aid.

35. The Executive Director suggested that the Board might wish to authorize him to accept and spend contributions from non-governmental sources as funds-in-trust for special purposes, provided they appeared to be for sound projects related to UNICEF programmes, and conformed to the requests of receiving Governments. Contributions could also be accepted for use through the Emergency Aid Reserve Fund which the Board at its June 1965 session, established for use by the Executive Director without prior Board approval.^{3/} This would not change existing arrangements for donations by Governments to funds-in-trust, as approved by the Board at its January 1964 session, ^{4/} or procedures currently in effect under which UNICEF National Committees raised funds for UNICEF's general resources or for "adopted" projects.

36. Members of the Board believed that the problem which these suggestions reflected was important, and required serious consideration. The Board asked the Executive Director to study the matter further and, if the problem could not be solved within the framework of present policy, including the use of the Emergency Aid Reserve Fund, to bring it to the next Board session with a recommendation for action. In the meantime the Board agreed that existing procedures should be interpreted and applied by the Executive Director as liberally as possible.

^{3/} See Official Records of the Economic and Social Council, Thirty-ninth Session, Supplement No. 15 (E/4083/Rev.1-E/ICEF/528/Rev.1), para. 199.

^{4/} Ibid., Thirty-seventh Session, Supplement No. 3A (E/3868-E/ICEF/492), para. 103.

Financial plan for 1967

37. The Board reviewed a financial plan for 1967 prepared by the Executive Director (E/ICEF/542, para. 61) which was as follows:

Table 6. Financial plan for 1967

	Amount
	(in millions of US dollars)
New commitments to be approved	42-45
New allocations to be approved	39-42
Expenditures	37 ⁺ ₅
Income	39-42
Operating Fund, 31 December	30 ⁺ ₅

38. The range for new allocations reflected a sliding scale in which every additional \$1 million of contributions made possible an additional \$1 million of allocations.

39. During the discussion of this plan in the Committee on Administrative Budget several delegations considered that the proposed ceiling of \$39-42 million for allocations in 1967 should be raised by \$3 million, in view of the Executive Director's fund-raising target and of the forecast of \$30 million (plus or minus \$5 million Operating Fund at the end of 1967, compared with the \$25 million (plus or minus \$5 million) which the Board had adopted as the target level (E/ICEF/AB/L.64, para. 22). In order to take this point of view into account the Board approved the financial plan presented by the Executive Director on the understanding that the Executive Director will take such action as may be appropriate in 1966 and 1967 to accelerate the fulfilment of outstanding allocations and furthermore, that he will prepare project proposals and the administrative and operational services budget for submission to the 1967 Board session, with the objective of using both anticipated income in 1967 and 1968 and the excess of the Operating Fund over the level of \$25 million by the end of 1968.

III. NEEDS OF CHILDREN AND YOUTH IN AFRICA

Country observation tours

40. A major feature of the Board session was its focus on African children and youth. The Governments of the Ivory Coast, Kenya, Nigeria, Tunisia, the United Arab Republic and the United Republic of Tanzania each had invited a small group of delegates for observation tours prior to the Board session, to see at first hand the problems of children and youth, the programmes designed to meet their needs, and the role of UNICEF and other outside aid. ^{5/} Each group appointed its own rapporteur to present the observations and conclusions of the group to the Board. ^{6/}

Special Meeting on the Needs of African Children

41. The purpose of the Special Meeting on the Needs of African Children was to provide an opportunity for representatives of African countries to discuss the problems of their children and youth and how the countries could best approach these problems within the framework of economic and social development, and for Board members to benefit from this discussion, particularly in relation to decisions on UNICEF assistance policy. Participants from twenty-two African countries included officials from ministries of development and finance and officials of functional ministries concerned with children's problems. It also included representatives of the United Nations, the Economic Commission for Africa, the specialized agencies, the African Institute for Economic Development and Planning, the Organization for African Unity, and non-governmental organizations. The Governments of Dahomey, Ethiopia, Gabon, Madagascar, Sierra Leone, Tunisia, Uganda, the United Arab Republic and Upper Volta submitted studies on their experiences in dealing with the problems of their children and youth in development plans. These studies formed a large part of the basic documentation for the Meeting. A full report on the Meeting is contained in document E/ICEF/549. The paragraphs below summarize the main points which emerged in the discussion.

^{5/} Advantage was also taken of an invitation from the Government of Turkey for an observation visit of a group of delegates prior to the African country observation tours.

^{6/} Their reports are contained in the following conference room papers: Ivory Coast, E/ICEF/CRP/66-20 and Add.1; Kenya, E/ICEF/CRP/66-22; Nigeria, E/ICEF/CRP/66-19; Tunisia, E/ICEF/CRP/66-24; United Arab Republic, E/ICEF/CRP/66-23; and United Republic of Tanzania, E/ICEF/CRP/66-21.

The problems of children and youth in Africa

42. The country studies, as well as the statements and discussions indicated that African countries had made progress in recent years in combatting the problems affecting the growth and development of children and youth. Nevertheless, much remained to be done. Most children and youth in Africa were members of families on subsistence living levels. Of the some 300 million persons in Africa, over 40 per cent were under fifteen years of age, compared with approximately 25 per cent in the more industrialized countries.

43. In a continent where the availability of doctors ranged between 1 per 20,000 to 1 per 100,000 persons, millions of children suffered and died from infectious diseases, and infant and child mortality remained high. The country studies showed that infant mortality rates ranged from 60 to as high as 400 per 1,000 births in some areas. The working group, analysing the situation of children by age groups, outlined the necessity to identify priority needs. From the pre-natal period to the first year the vital priority was medical protection and social welfare. For lack of sufficient health services, efforts towards the education of mothers and immunization campaigns especially needed to be intensified.

44. In the second age group (1-5 years) malnutrition continued to be a major problem for the young child, and the importance of increasing protein-rich food production and consumption, and of establishing day-care centres - particularly for children of working mothers - and nursery schools was underlined.

45. Although education facilities had been widely expanded in the last decade, it was estimated that 18 million of Africa's 32 million primary school-age children ^{7/} were still not enrolled, and that only 7 per cent of children of secondary school age were in school. However, as was pointed out by several participants, efforts were being made in some countries to adapt school curricula to local requirements, and to organize training programmes for out-of-school children and youth. The need for vocational training was also emphasized, since many of the traditional methods of production and work habits were inadequate for the conditions of modern life, especially in rural areas. Although little data were available on youth employment trends, the evidence suggested that in some parts of the continent it was becoming increasingly difficult for young people to earn a livelihood, particularly in rural areas, and that this situation was partly responsible for the outflow of young people from rural to urban areas in numbers greater than the job opportunities in urban areas.

^{7/} Data for 1964/1965 for the African countries that had participated in the Conference of African States on the Development of Education in Africa, Addis Ababa, Ethiopia, May 1961: see document UNESCO/AFMIN/4, p. 134.

Integration of programmes for children and youth in development planning

46. The Meeting emphasized that programmes for children and youth in Africa should form an integral part of economic and social development strategy. Programmes for the young should not be considered as an automatic benefit of economic growth, but as one of the determinants of development in view of the importance of children and youth as future human resources. Therefore, programmes for the young should be geared to development needs. It was pointed out that expenditures to improve the situation of children and youth were not wholly consumption expenditures, as they are commonly considered, but were partly investment expenditures which produced long-range returns to the economy in terms of increased productivity.

47. As a first step in planning, the Meeting stressed that each country should undertake periodic and systematic assessments of the problems affecting its children and youth. These would reveal urgent problems requiring priority attention. They would also provide baseline data against which future programmes could be evaluated. Most African countries lacked statistical data on children's problems and therefore it was suggested that studies be undertaken to determine what types of statistical data would be helpful to countries in planning for their young generations, and what steps could be taken to improve the collection, interpretation and use of such data.

48. There was general agreement, however, that a paucity of statistical data should not preclude the formulation of short-term action programmes. Such programmes could be prepared bearing in mind several criteria, such as the following: comparing programmes with those in countries with similar problems and economic conditions; the development of programmes to meet the most urgent and obvious problems and to rectify gross imbalances within or between sectors; the development of less expensive services. Nevertheless, it was emphasized that research and study must play a continuous role in the development of human resources in African countries, and that UNICEF assistance would be helpful in that connexion.

49. Because of the limited resources available, the Meeting underlined the necessity of making the most efficient use of existing resources - governmental and non-governmental. It was pointed out that in some developing countries of Africa about 30 per cent or more of national income was spent on the child. Of this figure 27 per cent was spent by the family and 3 per cent by the nation. Participants pointed out that much of the expenditure was wasted. When a child died, or a young person dropped out of school and relapsed into illiteracy there was waste both in terms of the expenditure already made for that child's development, as well as losing a child who perhaps could have been a talented contributor to national development. Such waste highlighted the need for close co-operation between functional ministries in preparing and implementing programmes for children and youth, and for a balanced allocation of resources to programmes

affecting all aspects of the child's development. A number of participants also stressed that much more use could be made of voluntary and local resources to meet the needs of children and youth.

50. Some African countries had established and others were considering establishing interministerial co-ordinating committees at high levels in government. Such co-ordinating mechanisms would have responsibility for carrying out assessments of children's problems; assigning priorities; recommending resource allocation; reviewing programmes; and generally ensuring that children's problems were given sufficient recognition in the development plan.

51. Although programmes in social fields were vitally important, the Meeting recognized that there were a number of instruments of economic policy which, if applied properly, could have an equal if not greater impact on the situation of children and youth in Africa. In this respect it was pointed out that the general poverty of families and communities constituted a principal reason for the unsatisfactory conditions of children and youth, and that if the consumption levels of families could be raised, this in turn would help bring about significant improvements in the living conditions of children. Such economic policy measures would include fiscal policy, price policies and other incentives to stimulate the production and consumption of commodities essential for the child's development, employment policy, etc.

52. In view of the importance of children and youth as potential human resources the Meeting stressed the importance of each African country elaborating a comprehensive national policy which would be based on an assessment of the needs of all children (including the handicapped and the gifted as well as children who were members of low-income families) and would help define long-term goals or targets for meeting children's needs.

53. There was wide recognition that it was essential to acquaint planners, administrators and financial authorities with the problems of the young, and also to provide training in planning to specialists in children's problems. It was suggested that this could be done at national and regional levels through conferences, seminars, workshops and the like. The assistance of the Economic Commission for Africa and the African Institute for Economic Development and Planning as well as that of UNICEF and the specialized agencies would be valuable in this respect.

Non-governmental Organization Workshop on
Reaching the Growing Child in Africa

54. The purpose of the Non-governmental Organization Workshop on Reaching the Growing Child in Africa was to bring together representatives of African national affiliates of international non-governmental organizations to consider the relationship between their activities and government programmes related to the needs of children and youth, and to exchange ideas on methods of work and on co-operation to help meet those needs. Fifty-six participants from twenty-two African countries and six countries outside Africa attended the Workshop. They represented thirty-four international non-governmental organizations. Most of them also attended the Special Meeting on the Needs of African Children and the regular session of the UNICEF Executive Board.

55. The discussion in the Workshop centred on the basic needs of the African child under six years of age, as well as those of youth. Examined in some detail in the two days of plenary meetings and the two evenings of informal discussions was the NGO experience in developing services for these groups; the activities which might be emphasized by them in the future; ways by which greater communication and co-operation could be developed among non-governmental organizations in a country to avoid duplication and provide a broader coverage of services; ways in which better co-operation could be achieved between non-governmental organizations and governments; and ways in which co-operation between NGO's and UNICEF might be strengthened. A summary of the Workshop discussions is contained in document E/ICEF/NGO/WS-9 and a report on the Workshop is contained in document E/ICEF/547 - E/ICEF/NGO/102.

Expression of appreciation

56. The Executive Board expressed its gratitude to each of the Governments involved for having made the country observation tours possible. The vivid impressions received by the delegates added substantially to the Board's understanding of the individual projects it reviewed and to its discussion of policy issues not only as they pertained to Africa but, in many respects, to developing areas generally.

57. The Executive Board also expressed its appreciation to the organizations and participants who made the Special Meeting and the NGO Workshop possible. It expressed the hope that the valuable exchange of experience and views which characterized these meetings would be reflected in the follow-up activities carried out in individual countries.

IV. PROGRAMME ASSISTANCE AND TRENDS

Assistance approved

58. The Board reviewed the report of the Programme Committee on its 297th to 304th meetings held from 9 to 12 May 1966 (E/ICEF/P/L.795) 8/ and approved programme assistance totalling \$28.8 million in commitments (as compared with \$29.2 million in 1965) and almost \$27.9 million in allocations (as compared with \$26.6 million in 1965). Action on administrative and operational services (see para. 227) brought commitments approved at the session to \$38.1 million and allocations to \$36.5 million. 9/

59. Descriptions of each project for which aid was approved are given in annex II. Commitments and allocations which were approved by the Board by major category of programme and by region, and a summary of all commitments and all allocations are given in tables 7, 8 and 9 below.

60. At the close of the session there was a balance of \$23.4 million in outstanding programme commitments for future allocation. As is shown in annex III. table 4, it is estimated that these allocations will be required as follows: in 1967, \$16.8 million; in 1968, \$5.2 million; in 1969, \$780,000; and in 1970, \$666,000.

8/ An additional meeting of the Programme Committee was held on 27 May 1966 at which members of the Executive Board not on the Programme Committee were also present. The record of this meeting is contained in E/ICEF/C.1/SR.305.

9/ On the basis of a procedure adopted by the Board in January 1964 for fund-raising by National Committees for specific projects (E/ICEF/P/L.795, para. 15) it was possible to approve eight projects but to postpone allocations totalling \$471,000.

Table 7. Summary of programme commitments and allocations
approved at the May 1966 session of the Board

	Commitments		Allocations	
	<u>Amount</u> <u>(in thousands</u> <u>of US dollars)</u>	<u>Per cent</u> <u>of total</u>	<u>Amount</u> <u>(in thousands</u> <u>of US dollars)</u>	<u>Per cent</u> <u>of total</u>
Health	16,739.8	65	15,549.1	60
Health services	(9,676.3)	(38)	(8,565.6)	(33)
Disease control	(7,063.5)	(27)	(6,983.5)	(27)
Nutrition	3,897.5	15	3,774.2	15
Family and child welfare	1,150.4	4	1,219.7	5
Education	2,952.0	11	3,938.0	15
Vocational training	174.0	1	84.0	0 ^{a/}
Integrated services	227.0	1	227.0	1
Other projects	<u>641.3</u>	<u>3</u>	<u>1,066.3</u>	<u>4</u>
Total programme aid				
excluding freight	25,782.0	100	25,858.3	100
Freight	<u>3,000.0</u>		<u>2,000.0</u>	
Total programme aid	<u><u>28,782.0</u></u>		<u><u>27,858.3</u></u>	

a/ Less than 1 per cent.

61. The Executive Board approved aid for 224 projects. This included continued or enlarged aid for 195 projects, and aid for the first time to 29 projects. The aid was for 84 countries and territories and 11 interregional projects. Over half the projects (117) were in the health field: 75 in basic health services and 42 in disease control; 41 projects were approved in the field of education and vocational training; 30 in nutrition; and 29 in family and child welfare.

Table 8. Summary of commitments approved by the Executive Board in May 1966
by region and type of programme
(in US dollars)

	Africa	East Asia and Pakistan	South Central Asia	Eastern Mediterranean	Europe	The Americas	Inter- regional	Total	Per Cent
HEALTH	2,370,858	5,059,490	2,483,785	1,737,224	6,230	3,865,000	217,200	16,739,787	61.93
Health services	2,240,858	3,918,490	2,172,785	503,688	6,230	587,000	217,200	9,676,251	37.53
Disease control	130,000	1,111,000	1,311,000	1,233,536	-	3,278,000	-	7,963,536	27.40
Malaria	63,000	-	365,000	1,233,000	-	3,192,000	-	4,853,000	18.82
TB/BCG	-	911,000	728,000	-	-	-	-	1,639,000	6.36
Trachoma	-	40,000	107,000	-	-	-	-	147,536	0.57
Leprosy	24,000	12,000	111,000	536	-	-	-	147,000	0.57
Other a/	43,000	118,000	-	-	-	86,000	-	277,000	1.08
NUTRITION	833,900	160,000	1,474,000	21,650	244,990	213,000	950,000	3,897,540	15.12
Applied nutrition	355,900	80,000	1,174,000	13,000	-	213,000	560,000	2,395,900	9.29
Milk conservation	360,000	-	300,000	8,650	218,990	-	40,000	927,640	3.60
High protein food development	118,000	50,000	-	-	26,000	-	350,000	544,000	2.11
Other nutrition	-	30,000	-	-	-	-	-	30,000	0.12
FAMILY AND CHILD WELFARE	633,148	289,200	14,000	148,000	-	66,000	-	1,150,348	4.46
EDUCATION	445,000	370,000	343,000	339,000	-	1,155,000	300,000	2,952,000	11.45
VOCATIONAL TRAINING	90,000	-	-	-	35,000	49,000	-	174,000	0.67
INTEGRATED SERVICES	68,000	-	-	99,000	60,000	-	-	227,000	0.88
OTHER b/	-	-	-	-	-	-	641,290	641,290	2.49
TOTAL	4,440,906	5,878,690	5,314,785	2,344,874	346,220	5,348,000	2,108,490	25,781,965	100.00
FREIGHT	-	-	-	-	-	-	-	3,000,000	
TOTAL PROGRAMME AID	-	-	-	-	-	-	-	28,781,965	
Supplementary 1966 operational services and administrative costs	-	-	-	-	-	-	-	804,000	
Operational services for 1967	-	-	-	-	-	-	-	5,413,050	
Administrative costs for 1967	-	-	-	-	-	-	-	3,095,750	
GRAND TOTAL	-	-	-	-	-	-	-	38,094,765	

a/ Includes measles vaccination: \$86,000; poliomyelitis control: \$148,000; and yaws control: \$43,000.

b/ Includes Activities for children and youth in national development: \$97,290; Country planning and project preparation: \$500,000; and Seminar on the pre-school child (USSR): \$44,000.

Table 9. Summary of allocations approved by the Executive Board in May 1966
by region and type of programme
(in US dollars)

	Africa	East Asia and Pakistan	South Central Asia	Eastern Mediterranean	Europe	The Americas	Inter-regional	Total	Per Cent
HEALTH	2,124,858	3,792,490	3,513,785	1,826,224	6,230	4,149,300	136,200	15,549,087	60.13
Health services	1,961,858	2,791,490	2,202,785	592,688	6,230	871,300	136,200	8,565,551	33.12
Disease control	163,000	998,000	1,311,000	1,233,536	-	3,278,000	-	6,983,536	27.01
Malaria	63,000	19,000	365,000	1,233,000	-	3,192,300	-	4,872,000	18.84
TB/BCG	-	763,000	728,000	-	-	-	-	1,491,000	5.77
Trachoma	-	40,000	107,000	536	-	-	-	147,536	0.57
Leprosy	57,000	75,000	111,000	-	-	-	-	243,000	0.94
Other a/	43,000	101,000	-	-	-	86,000	-	230,000	0.89
NUTRITION	1,090,900	120,000	1,373,000	21,650	214,990	123,700	860,000	3,771,210	14.60
Applied nutrition	475,900	40,000	1,073,000	13,000	-	123,700	670,000	2,395,600	9.26
Milk conservation	437,000	-	300,000	6,650	218,990	-	40,000	1,001,640	3.89
High protein food development	118,000	50,000	-	-	26,000	-	150,000	344,000	1.33
Other nutrition	-	30,000	-	-	-	-	-	30,000	0.12
FAMILY AND CHILD WELFARE	726,618	235,000	11,000	190,000	-	54,000	-	1,219,618	4.72
EDUCATION	1,565,000	886,000	211,000	339,000	-	634,000	300,000	3,938,000	15.23
VOCATIONAL TRAINING	-	-	-	-	35,000	49,000	-	84,000	0.32
INTEGRATED SERVICES	68,000	-	-	92,000	60,000	-	-	227,000	0.88
OTHER b/	-	-	-	-	-	-	1,066,290	1,066,290	4.12
TOTAL	5,515,406	5,033,490	5,111,785	2,475,874	346,220	5,010,000	2,362,490	25,858,265	100.00
FREIGHT	-	-	-	-	-	-	-	-	-
TOTAL PROGRAMME AID	-	-	-	-	-	-	-	2,000,000	-
Estimated operational services) (last six months of 1966)	-	-	-	-	-	-	-	27,858,265	-
Estimated administrative costs)	-	-	-	-	-	-	-	2,874,100	-
Estimated operational services) (first six months of 1967)	-	-	-	-	-	-	-	1,537,600	-
Estimated administrative costs)	-	-	-	-	-	-	-	2,706,525	-
GRAND TOTAL	-	-	-	-	-	-	-	1,547,875	-
	-	-	-	-	-	-	-	36,521,665	-

a/ Includes measles vaccination: \$86,000; poliomyelitis control: \$101,000; and yaws control: \$43,000.
b/ Includes activities for children and youth in national development: \$97,200; Country planning and project preparations: \$500,000; International Children's Centres: \$425,000; and Seminar on the pre-school child (USSR): \$44,000.

Progress reports

62. The Executive Board had before it a series of reports by the Executive Director reviewing UNICEF activities in the past year. These reports included a review of the main issues to be considered by the Board, a summary of the financial situation and other matters of general interest (E/ICEF/542), and a report on main programme trends and prospects (E/ICEF/542/Add.1). In addition, the Board had before it regional programme progress reports for Africa (E/ICEF/542/Add.2), Europe (E/ICEF/542/Add.3), the Eastern Mediterranean (E/ICEF/542/Add.4), the Americas (E/ICEF/542/Add.5), East Asia and Pakistan (E/ICEF/542/Add.6), and South Central Asia (E/ICEF/542/Add.7). These reports were introduced by the Directors of the various regions.

Health

63. The promotion of child health, through basic health services and disease control, accounted for 60 per cent of programme allocations made at the session, totalling over \$15.5 million. UNICEF was helping 102 countries to create and strengthen their basic health services. Wherever possible UNICEF, acting on the advice of WHO, preferred to help maternal and child health (MCH) services in the framework of a general public health programme rather than as separate specialized services.

64. In most of these countries UNICEF was also helping special campaigns against diseases affecting children where it was still not feasible for the basic health services to cope with them. In the main these campaigns were against five diseases: malaria, tuberculosis, leprosy, trachema and yaws. In all cases the long-term plan was to integrate the special campaigns into the permanent services.

Basic health services

65. About half of UNICEF aid for basic health services was now going for training, an emphasis which Board members supported. The trend toward integration of special disease control campaigns into basic health services was welcomed and it was hoped that it would continue as more and more campaigns reached maturity. It was noted that in some projects staff of special campaigns were receiving additional training and were being assigned to regular health centres.

66. Attention was directed to the fact that general health services would not in themselves automatically provide adequate maternal and child health services and these must be specifically developed. An important key to this was properly trained personnel. It was noted that in many countries the importance of paediatrics in basic medical education had not yet been sufficiently recognized.

67. Several delegations expressed concern that greater emphasis was not being placed on MCH programmes, which were a prerequisite for the effective carrying out of projects in all the other fields of interest to UNICEF. Since perhaps only about 5 per cent of the children in developing countries were being reached by MCH services, the proposed increase by the Executive Director in MCH aid when the \$50 million target was reached was felt to be insufficient (see para. 25). The Executive Director stated that he shared this concern but pointed out that the division of UNICEF aid among various fields depended upon government requests. He believed that a standard form of health unit was not suitable for every country; for Governments to be able to request more aid in the MCH field, they needed to be offered various patterns of services in keeping with their resources in personnel and money. In his view a considerable effort of preparation and trial was required under the leadership of WHO. Countries with bilateral aid programmes in the field of health could also help in working out new patterns. The hope was voiced by delegates that WHO would give priority to this problem. They looked forward to the assessment of maternal and child health which would be considered at the next session of the UNICEF/WHO Joint Committee on Health Policy and the 1967 session of the Board. This could be an occasion for giving the work in this field, which was of such primary interest to UNICEF, a fresh impetus.

68. A basic element in MCH services was immunization against common diseases affecting children. As a general policy UNICEF preferred to help countries establish their own production facilities although it provided imported supplies of vaccines on occasion. Aid for the production of vaccines against diphtheria, pertussis, tetanus and smallpox was being provided to a dozen countries.

Disease control

69. At the current session UNICEF approved projects for two new types of disease control projects for the first time - one for vaccination against measles (in Chile) and the other for vaccination against poliomyelitis (in China (Taiwan)). Aid was given in accordance with recommendations of the UNICEF/WHO Joint Committee on Health Policy which the Board adopted in June 1965. ^{10/} Among the criteria for UNICEF aid for measles vaccination was that vaccines be administered only to groups small enough to be kept under observation during the period of reaction. The representative of WHO informed the Programme Committee that recent experience in the use of the vaccine had indicated that limitations on the size of the group were unduly restrictive and some relaxation could be considered for future projects (E/ICEF/P/L.795, paras. 96-97).

^{10/} See Official Records of the Economic and Social Council, Thirty-ninth Session, Supplement No. 15 (E/4083/Rev.1-E/ICEF/528/Rev.1), paras. 129-136.

70. Malaria: UNICEF allocations for malaria eradication had been maintained at the annual level of about \$5 million the past four years, and in 1966 represented 19 per cent of total programme allocations. Twenty-seven countries were receiving UNICEF aid and millions of children had been protected from malaria by these efforts. At the Programme Committee session the representative of WHO pointed out that nearly half of the world's population live in areas which are or have been malarious; of these over 900 million people were now free of the risk of endemic malaria.

71. Despite the gains, however, delegates participating in the discussions of the Programme Committee and of the Executive Board, noted that the achievement of eradication was still elusive in most countries. While there were some technical problems, these were not so critical in the UNICEF-assisted campaigns as were the problems of finance and organization. The need for Governments to continue the heavy outlays year after year was causing some difficulties. In several countries when malaria was reduced to a low level the Governments' interest had waned. Where this had happened the local budget had been reduced prematurely, campaigns had been weakened, and malaria had come back.

72. The discussion in the Programme Committee of malaria eradication in the Americas (E/ICEF/P/L.795, paras. 90-91) revealed a concern on the part of delegates over the prolonged duration of the attack phase of campaigns, and the heavy drain on the resources of UNICEF and the countries concerned which this entailed. When UNICEF had originally undertaken to participate in the world-wide eradication drive, it had done so in the understanding that this would be of limited duration. UNICEF had expected that after a few years the share of UNICEF resources devoted to malaria eradication could revert to other activities. It was important, therefore, that these campaigns be pursued with maximum efficiency so that they were not unnecessarily prolonged. It was pointed out that this would be as much in the interests of the countries concerned as of UNICEF, since the countries were in fact required to invest much larger resources than was UNICEF.

73. Several delegations suggested that the time had come for a serious reappraisal of the malaria eradication campaign and UNICEF's involvement in it. They felt it was essential to have a realistic study of how the work was going, and a careful projection of prospects for the future. The Board agreed to discuss UNICEF policy of aid for malaria at its next session. It proposed that that subject be first discussed by the UNICEF/WHO Joint Committee on Health Policy on the basis of the report of the WHO Expert Committee on Malaria which was to meet in September 1966.

74. Tuberculosis: The disease continued to pose a serious threat to children in the developing countries and UNICEF was currently helping forty-seven countries in their efforts to bring tuberculosis under control. A number of Governments were introducing new emphases in tuberculosis control designed to accelerate the work and make it cheaper. These new emphases also made it feasible to integrate tuberculosis control into basic health services. These procedures (recommended by the 1964 session of the WHO Expert Committee on Tuberculosis and considered in their application to UNICEF-assistance policies by the UNICEF/WHO Joint Committee on Health

Policy) included direct BCG vaccination of young children without prior tuberculin testing, and diagnosis of positive cases through microscopic examination of the sputum. In BCG campaigns in the past there had often been a considerable waste because children frequently only appeared for the tuberculin test and failed to return for vaccination. Not only was this wastage eliminated by direct vaccination, but also the work which the staff could do was doubled. The effectiveness of BCG vaccination was also being increased by the wider use of the freeze-dried vaccine, and by a greater effort to reach infants and young children. In chemotherapy, savings to UNICEF and Governments were being effected through the discovery that the inexpensive combination of isoniazid and thiacetazone has a therapeutic efficiency comparable to that of the costly standard combination of isoniazid and PAS (para-amino-salicylic acid). These new developments were reflected in aid for continued UNICEF assistance to tuberculosis control made by the Executive Board at its May 1966 session, particularly for projects in Asia.

75. Yaws: Experience with the control of yaws continued to be successful. While there were still thousands of cases in Asia and Africa, the number had been drastically reduced in some countries (e.g. Thailand, Nigeria, Ivory Coast). Although UNICEF continued to help twelve countries control yaws, most of this work is now being done by the basic health service. The attention of the Board was directed however, to the warning of WHO that health services must not become indifferent to the possible recrudescence of yaws. From the public health viewpoint, low-level transmission of yaws continued to take place in the younger age groups ten years or so after mass penicillin campaigns, and serious outbreaks of yaws were known to have occurred, even in areas where low levels of incidence had been achieved. It was essential that health services maintain a thorough surveillance and be in a position to take any immediate control measures called for whenever an outbreak occurred.

76. Trachoma: The disease was difficult to treat since it required the application of antibiotic ointment to the eyes over a period of weeks or months. However, trachoma was painful and often caused blindness, so that the effort to organize mass trachoma treatment was worthwhile. UNICEF was helping ten countries in trachoma treatment operations, mostly through their basic health services, and at its May 1966 session approved a mass expansion of the work in India. It was hoped that eventually better control measures would be developed, either through more effective drugs or a vaccine suitable for mass application.

77. Leprosy: The Board's discussion of guidelines for future UNICEF aid to leprosy control projects is given in paragraphs 156 to 165 below.

Nutrition

78. UNICEF allocations for nutrition projects at the session totalled \$3.8 million or 15 per cent of all project allocations. Almost two-thirds was for applied nutrition projects. The remainder was for milk conservation projects and the development of other protein-rich foods. The Board had before it a detailed assessment of the milk conservation programme which is discussed in paragraphs 139 to 155 of this report.

79. UNICEF is currently helping applied nutrition projects in fifty-two countries. These projects are directed to the rural family, and can succeed only through the active participation of the villagers. In these projects an effort is made to achieve two things at the same time: to educate the family in better nutrition and to stimulate local production of protective foods in school, community and family gardens and through the raising of small animals, poultry and fish. These are many-sided projects and need the support of a number of government services - community development, agricultural extension, education, and health.

80. It has always been evident that any scientific measurement of the success of these projects would be difficult. The international sponsors of these projects - UNICEF, FAO and WHO - have paid a good deal of attention in the last two years to methods of assessing them. The FAO/UNICEF Joint Policy Committee recommended some pilot evaluation projects and these were being started in several countries. Meanwhile arrangements have been made for a first global assessment of this activity for presentation to the Executive Board at its 1967 session. For this purpose, a joint consultant, acting on behalf of FAO, WHO and UNICEF was visiting selected applied nutrition projects in 1966 to obtain first-hand data on field operations.

81. The attention of the Board was directed to the fact that the special regional approach to nutrition problems in Africa had achieved its original objectives of education and stimulation. Many Africans have had training in nutrition, and manuals and textbooks suited to African conditions have been produced. The results will now be pursued in individual country projects. The largest applied nutrition project in the world, in India, had become firmly established in the national development plan; the Government now considered it to be an important part of the long-term programme to solve the country's food and nutrition problem and had given it a high priority.

82. The Executive Board approved a commitment of \$350,000 to continue for another two years the programme for research development, testing and field evaluation of protein-rich foods and other supplements for infant and child feeding which UNICEF together with FAO and WHO have been helping for over a decade. A number of food mixtures, based upon low-cost local food supplies were already being manufactured and marketed in Africa, Asia and the Americas (for details, see E/ICEF/P/L.759).

83. Whereas the applied nutrition programme was directed to the rural family, the development of low-cost protein-rich foods was addressed to the urban family, specifically to weanlings and pre-school children in cities. The objective was to assist local industrial production and commercial distribution of protein-rich mixtures at a cost low enough to be within the means of ordinary families. A number of countries had been impressed sufficiently with initial developmental studies to put the results into effect in substantial projects. The work with protein-rich concentrates and mixtures has also gained the attention of large bilateral aid programmes. This additional stimulus and support should accelerate the acceptance and use of new processed protein-rich foods.

84. During the discussion of this work in the Programme Committee and the Board emphasis was laid on the importance of it being expanded so that production and consumption of nutritious foods at low cost, particularly for weanlings and pre-school children, could become well-established and countries become self-sufficient in this respect. While the progress already made was welcomed, it was considered insufficient. The view was expressed that greater initiative should be taken in mobilizing all available resources - national and international, governmental and non-governmental, scientific and commercial - for an expansion and intensification of studies, and for the establishment of pilot plants, perhaps on a regional basis, to find better production preserving and packaging methods and means of rendering the food products more acceptable to consumers. Where the protein-rich food development had progressed beyond the stage of research and market testing, more attention should be paid to the problems of industrial production. Studies should be made to ascertain the most economic size of the factory in relation to the geographic area to be served, as well as other factors involved in distributing and selling the products at the lowest possible price.

85. It was recognized that a stepped-up international effort would place greater demands not only on UNICEF but also FAO and WHO. The World Food Programme was ready to help with some of the costs of launching new products by the provision of raw materials. Some bilateral aid systems had interested themselves in the problem and an extension of their aid could help enormously. Private industry had begun to help and the growth of their interest would be most welcome. However, even low-cost food products could be bought by only a proportion of the population and special measures were needed to place them within reach of all children needing them. The Board asked the Executive Director to prepare a report for the next Board session on the drawing in of more sources of assistance for the development of protein-rich foods.

Education and vocational training

86. Allocations at the session for education and vocational training totalled over \$4 million or 15.5 per cent of total programme allocations. The projects coming forward showed that the developing countries were increasingly trying to give a

practical bent to the content of school education to make it relevant to the life prospects of young people. Board members expressed satisfaction that in the \$50 million target the Executive Director hoped to attain, aid for education would be substantially increased, perhaps reaching \$9 million annually.

87. To meet the needs of primary schools in predominantly rural countries, curricula were being prepared that provided simple health and nutrition education, and the science of everyday life. Such simple "rural science" teaching was a feature of many education products in Africa. The teaching of science was also the focus of several projects in Asia, notably from India and Pakistan. UNICEF was giving increasing attention to the provision, where possible, for the local manufacture of the simple equipment required for this purpose, and a special study had been made in several countries of how science apparatus could be simplified and made from materials that were cheap and readily available.

88. Some UNICEF aid was also being given to educational administration and supervision. This usually took the form of courses and workshops for school directors, supervisors and educational administrators. In addition, a growing number of countries were establishing planning machinery into their Ministries of Education. The nature and causes of school drop-outs and repetition of classes were coming under closer study and had received much attention at the recent conferences on children and youth in national development in Latin America and Asia 11/. The suggestions were made that it would be worth considering how UNICEF could help pupils remain in school and how it could encourage the attendance of girls.

89. Almost all educational projects assisted by UNICEF contained provision for in-service training of teachers. In view of the great need to make the best use of existing, often untrained teachers, it was pointed out that more should be done to study the special problems of this form of training and new techniques that might be applied to their solution. The Board was informed that UNESCO hoped to establish in Africa next year a pilot study of some six years' duration to determine the most effective methods of training inadequately qualified teachers.

90. Some countries were already establishing a training service on a permanent basis, often sponsored by Institutes of Education or Centres Pedagogiques, for the training of teachers already in the system in place of the ad hoc arrangements usually found at present. In this way the raising of teaching standards of present teachers would become a continuous and on-going operation which would benefit from research and the application of tested modern techniques.

11/ See foot-note 2.

91. In the Board debate attention was directed to the importance of kindergarten education as an essential part of the educational process, providing the opportunity for the child to learn discipline, acquire manual dexterity and prepare himself for his life as part of a group. In that connexion, the problem of providing suitable home-made toys should not be overlooked. Kindergartens could contribute to reducing the number of drop-outs in the lower grades of school. A few delegations suggested that UNICEF might well consider increasing its aid to training of staff for kindergarten programmes.

92. The growing concern of developing countries for the access of women and girls to education was reflected in the increasing number of projects that provided some training in secretarial skills, the domestic arts, home-making, sewing, cookery, child care and the like. As the number of women teachers increased, more countries were introducing these studies into their primary schools or providing classes for teen-age girls outside the schools through village institutes or other community-centred activities. (For a reference to the importance of women in family and child welfare activities, see para. 133).

93. While the major emphasis in requests to UNICEF remained on primary education, many countries were also reorganizing their secondary education with a view to meeting more realistically their growing needs for trained manpower, and for a training adapted to life in a scientific age; and not, as so often in the past, conditioned by the requirements of white-collar occupations or the entrance demands of the university. A number of countries were experimenting with the comprehensive type of secondary school that was large enough to provide opportunities for students, within a framework of general studies, to follow their particular bent in courses specializing in science and mathematics, industrial arts, commercial subjects, home economics or the liberal arts.

94. Board members welcomed the provision in a number of projects of aid for the production of school textbooks. Rather than purchase books already on the market, countries were being assisted to equip centres for textbook production which became permanent parts of their educational services. UNICEF was also helping "supporting services" that prepared and published teachers' manuals and bulletins and also charts and other printed teaching aids. These services played an essential part in educational development, and for a relatively small expenditure in equipment could exercise a valuable multiplier effect.

95. It was recognized that the distinction between "education" and "vocational training" was somewhat artificial, since some elements of simple vocational preparation should be found in most school curricula. However, there were a few specially organized projects aided by UNICEF which offer elementary vocational training to young people. Usually these were intended for the twelve to sixteen-year age group, for school drop-outs or for young people whose education has not included specific

vocational preparation. It was felt that it would be interesting to examine the development of these projects in the next few years to see what lessons could be learned for the whole educational process.

Family and child welfare

96. Allocations for family and child welfare projects totalled \$1,220,000 or 4.7 per cent of all project allocations. The Board had before it an assessment of work in family and child welfare, and the main points emerging from the Board's review are contained in paragraphs 127 to 138 below.

97. In the Programme Committee's discussion of individual projects in this field, attention was directed to the need for further study of the suitability of the training equipment and audio-visual aids provided by UNICEF for special local conditions. The representative of WHO called attention to the importance of the health aspects of social welfare projects; this was particularly necessary in training and in institutions concerned with pre-school children (see E/ICEF/P/L.795, para.26).

Aid to training

98. The Board welcomed the upward trend in UNICEF aid for training. Assistance to training as an element in projects receiving UNICEF aid amounted to thirty-six per cent of allocations for long-range aid in 1965. This reflected not only the general recognition that trained staff constituted the backbone of services benefiting children but that UNICEF aid in this field was highly valued by the countries.

99. The training aided by UNICEF covered a wide range of skills, from very simple practical training of village women in nutrition and home-making at one extreme, to specialized post-graduate training of future professors of paediatrics at the other. The place of training varied considerably in different types of programmes. In family and child welfare, it constituted 83 per cent of programme aid, and in education 74 per cent. In both these programmes UNICEF's main emphasis was on helping build up staff. In disease control programmes training was a small element in the allocations (2 per cent) reflecting the fact that most of the projects had been in operation for several years, that the skills needed while quite specific were limited, and that a relatively large volume of supplies and transport was required for the operations. Basic health services, which could not exist without a strong cadre of well-trained professional staff and their auxiliaries, had 46 per cent of its aid for training. In applied nutrition, emphasis was required in training both for nutrition education and for specific food production skills; about one-third of the aid in this field was for training.

100. In the discussions of the Programme Committee and the Board regarding training trends, a number of delegations expressed reservations about the increase of seminars, short-term courses, and study tours financed by UNICEF in industrialized countries. They felt that UNICEF's special role lay in supporting within-country and regional training schemes, particularly for middle-level and auxiliary workers. Caution should be exercised in financing advanced training in industrialized countries since this was more appropriately financed by other sources, such as bilateral aid, other United Nations agencies, or private foundations. Other delegations, however, felt that the present pattern of aid to training was satisfactory and should be continued (see E/ICEF/P/L.795, paras. 152-154).

Other programme policy questions

101. The following paragraphs refer to programme policy points which emerged in the Programme Committee's and Board's discussion of progress in various fields of aid, in addition to the points discussed above or in connexion with other sections of this report.

102. The size and the number of projects assisted by UNICEF was a matter of considerable interest. There was general agreement that efforts should be made to focus UNICEF aid on fewer and larger projects in each country. This was, of course, subject to the fact that the size of the project needed to be related to the size of the assisted country. It was also recognized that pilot projects of an innovative or demonstrative character were valuable, and these would ordinarily be small projects. It was pointed out that with fewer projects greater support could be given to each project. Moreover, with many small and diverse projects to approve it was harder for the Programme Committee and the Board to follow the main lines of policy development and for evaluations to be made of the projects. In addition, when a larger number of projects had to be serviced by UNICEF it inevitably resulted in higher administrative costs. The suggestion was made that the Executive Director might analyse this problem further in a report for Board consideration. Related to this problem was the possibility voiced by several delegations that UNICEF might be broadening its activities to such a point that it would scatter its resources as well as lose its main focus on direct aid to children. Cited in connexion with this latter point was UNICEF's activities in planning for children and youth in national development.

103. The Executive Director stated that he was in agreement with the desirability of concentration of efforts within each country. He was considering various ways of encouraging countries to concentrate on priority projects, both in order to increase the impact of UNICEF aid and to reduce the UNICEF work load, and he intended to report on this to the next session of the Board. He pointed out that he had no intention of promoting planning for children and youth in national development as a

substantive project or as an end in itself. UNICEF's interest in planning should not lead to less practical co-operation with projects of direct benefit to children; on the contrary, its purpose was to make UNICEF's project programming more effective (see paras. 110 to 126 for a fuller discussion of UNICEF's activities in relation to national development planning).

104. The question of integrated services for children was discussed by Board members in relation to the approval of three projects (for Tunisia, the United Arab Republic and Yugoslavia) which provided comprehensive integrated services for children and youth in a defined area. Included in all three projects were maternal and child health services, nutrition activities, day-care for young children, primary school and vocational training for school children and youth and some form of women's education. While none of these services were individually new to UNICEF, what was new was that in the areas covered by the projects all the ministries concerned and the local authorities were combining their efforts. This type of project which attacked simultaneously the major needs of children in a given area, constituted a new approach to co-ordination and training. It also helped make easier the gearing-in of health and social development programmes with economic development plans. The Board warmly welcomed this type of project, which it recognized was experimental. The hope was expressed that successful experience with this approach would lead to similar projects in other countries, as well as other parts of the same countries. It was suggested that the integrated approach might lend itself well to UNICEF aid for children and youth in shanty-towns, a difficult field in which little had been done so far.

105. The importance of improving programming and planning of individual projects was stressed by a number of delegations, some of whom had been on country observation tours (see para. 40) and had seen the need of the countries for more help in the preparation of projects and had become aware of the heavy work load of the UNICEF field staff. The suggestion was made that the Executive Director might use more short-term consultants with a view to supplementing the work of its permanent staff. Consultants could also investigate further the many aspects of need as they manifested themselves in different settings. This would be important to the Board as it reviewed its own priorities and policies. The point was also made that the Executive Director in his approach to programming questions and the preparation of documentation should take into account various schools of thought and types of experience.

106. The Executive Director welcomed the advice on the use of more consultants. The larger allocation for planning and project preparation approved by the Board at the current session would be used in part for this. The preliminary work for the conferences and seminars on children and youth in national development had brought UNICEF field staff into touch with a number of university departments and institutes in each region whose resources and staff members could be helpful. He hoped to

draw into project preparation, including the assessment of what has so far been done, more consultants from the countries and regions concerned. In preparing reports to the Board, he would continue to try to be aware of, to consult where appropriate, and to benefit from, the views of different schools of thought. However, he believed it would be correct for him to present his own conclusions on his own responsibility rather than those of any expert or experts. The Board which itself represented different schools of thought in many fields would then be free to use or modify these conclusions as it saw fit.

107. Several delegations commented on the desirability of projects which enabled developing countries to produce for themselves what they needed for the solution of their problems. Aid with milk conservation and applied nutrition were outstanding examples of this approach (see paras. 139-155 and 78-79). There were other examples as well, including aid for the production of local textbooks, health and nutrition education materials and teaching materials (see paras. 81, 87, 94); the production of vaccines (see para. 68); equipment to produce latrine slabs for environmental sanitation programmes; and equipment for the production of play materials for day-care centres. (See statement of the Deputy Executive Director (Programmes) to the Board which elaborated on this approach (E/ICEF/CRP/66-34).

108. There were a number of references in the course of the Board discussions regarding UNICEF aid to youth. Some delegations, while recognizing that youth problems were of tremendous importance, questioned whether UNICEF with its limited resources should try to deal with these problems in a substantial way while there were such large unfulfilled tasks ahead for children. Other delegations, while conceding that younger children were the most vulnerable and deserving of the most attention, nevertheless felt that older children must also be helped. It was pointed out that the terms of reference of UNICEF specially referred to adolescents as well as children. In practice, it was suggested, youth should be viewed as a functional rather than a chronological category. Many children in the developing countries have to face work and employment problems even before the age of twelve. Many Governments place youth problems at the top of their priority list because the preparation of youth for useful work relates to immediate needs and because it is increasingly recognized that services provided for earlier age groups may be largely wasted if no provision is made for youth's transition to useful work.

109. The Board's attention was also directed to a number of other programme policy points which emerged out of the Programme Committee's consideration of individual projects, and which are discussed in the Programme Committee's report (E/ICEF/P/L.795). These included the duration of UNICEF aid to a project; the provision by UNICEF of scientific and technical literature; the specific interests of the specialized agencies in fields which were predominantly the responsibility of the other agencies; the appropriateness and the adequacy of arrangements for administering UNICEF aid in a situation such as Viet-Nam; per caput income of a country as a criterion for continued aid; UNICEF provision of emergency food relief; aid for inter-regional projects; and the reimbursement by UNICEF of United Nations technical agencies for advisory services to projects.

V. CHILDREN AND YOUTH IN NATIONAL DEVELOPMENT

110. Since 1962 UNICEF has encouraged consideration of children and youth in national development programmes. The question is whether these programmes provide children and youth with the protection they need as a vulnerable group and with the preparation they need to contribute to future economic and social progress. UNICEF hopes that one of the practical results of its activities in this field will be a greater allocation of national resources to the priority problems of children and youth; that these resources will be used more effectively by being linked to national development; and that UNICEF and other outside aid benefiting children can be used to greater advantage. It is not the intention of UNICEF to duplicate the work of others nor to advocate separate sectors for children (see also paras. 102-103).

111. The Executive Director reported a number of steps taken in the past year to help Governments to take fuller account of the needs of their children and youth in planning economic and social development (see E/ICEF/542/Add.1, paras. 70-82 and E/ICEF/CRP/66-26). Regional conferences were held in Latin America and Asia; a training seminar aimed at acquainting planners from African countries with children's problems was convened in Paris; an applied research project on methods which countries can use in approaching the problems of the young generation as part of development activities will be completed in the late summer of 1966 at the United Nations Research Institute for Social Development at Geneva; increasingly effective co-operation was being established with the United Nations regional economic commissions and regional development institutes. Useful relations have also been established between UNICEF offices and national institutes that could give assistance in national planning regarding children's problems. The Special Meeting on the Needs of African Children in the context of national development is reported upon above (see paras. 41 to 53).

Regional conferences

112. The Latin American Conference on Children and Youth in National Development was held at Santiago, Chile, from 29 November to 11 December 1965 (see E/ICEF/CRP/66-9) and the Asian Conference on Children and Youth in National Planning and Development was held at Bangkok, Thailand, from 8 to 15 March 1966 (see E/ICEF/CRP/66-8). The conferences were co-sponsored by UNICEF and the regional economic commissions and regional development institutes, in co-operation with the United Nations Department of Economic and Social Affairs, ILO, FAO, UNESCO, WHO and the IBRD. They provided an opportunity for planners, economists, administrators, financial authorities and persons whose work was more directly connected with programmes benefiting children, to examine those problems of children which could be more effectively met by being taken account of in national development planning. The discussions enabled specialists in various fields to present to planners and economists their experiences and

views regarding the protection and development of the child, as well as providing an opportunity for planners and economists to inform the specialists more specifically of the problems of allocating resources to these fields.

113. The regional conferences demonstrated that there is increasing recognition among development planners that programmes for children and youth must form an integral part of economic and social development strategy; and that they are not merely an end-product of development, but are to some extent prerequisites for achieving development objectives.

114. The conferences underlined that development planners should pay careful attention to expenditures on development of the young not only because these expenditures may help accelerate economic growth, but also because they currently represent a large percentage of national resources. It is estimated that about 30 per cent of national income is spent by families and the nation on the rearing of children. These figures far exceed expenditures for physical investment, estimated to be approximately 10 to 15 per cent of national income in some developing countries.

115. Rapid economic development creates and depends on numerous changes in the social and institutional structures of developing societies. Where thought and behaviour are deeply rooted in tradition, the pace of change may be slow, thus retarding economic growth. The conferences stressed that young people can be the primary instruments of change, as it is they who will one day participate in the modernization of their countries.

116. Programmes for the rising generations are beneficial in another sense. Expenditure in health, nutrition, and education can promote equalization of opportunities and help children of families from all economic levels to compete in life on a more equal footing. Hence they can contribute to social justice and to reducing inequalities of income distribution.

117. The conferences recognized the importance and influence of the family on the child's development. Economic conditions and the social changes precipitated by development have imposed severe strains on family stability which may deeply affect the child's upbringing. The conferences suggested that Governments adopt measures to strengthen the family and to ease its adjustment to new ways of living through legislative action as well as through economic and social assistance.

118. The documentation prepared for the conferences showed that more than one-half of all children in Asia and Latin America are members of families which barely maintain subsistence levels of living. It is estimated that 40 per cent of the urban population, and 50 per cent of the rural population in Asia live in conditions that are overcrowded, unsanitary or without shelter at all. In rural areas of some countries only around 10 per cent of the population has access to safe drinking water. Although there have been declines in infant mortality in recent years, the national averages of infant mortality rates for the countries in these regions still range from 50 to over 150 per 1,000 births,

compared with about 20 per 1,000 births in the more industrially advanced countries. Mortality rates among pre-school children in Asian countries vary from 10 per 1,000 to 81 per 1,000 compared with 1-2 per 1,000 in the developed countries. Calorie and protein intake among children continues to be low.

119. In Latin America and Asia, according to FAO estimates, food production must be increased by 53 per cent and 32 per cent respectively by 1980 in order simply to maintain the existing per caput consumption levels.

120. Most countries have made notable progress in the expansion of education, and the conferences disclosed that annual rates of increase in enrolment at the primary level have been approximately 5 per cent in Latin America, and 10 per cent in Asia. Despite these gains there are still 85 million Asian school-age children not attending school, out of a total of 200 million, and 25 million Latin American school-age children, out of a total of 55 million. Moreover, the number of girls in school is much less than the number of boys. One of the most serious problems is the alarming incidence of wastage through school drop-outs during the first years of education. Of every 100 boys and girls enrolling in the first year of primary school, only twenty to thirty-five can be expected to complete the primary level in Asia and Latin America. On the average for developing countries in Asia, 50 to 60 per cent of school-age children are in school; 10 to 15 per cent are working; and the remaining 30 to 40 per cent neither attend school nor work. Although attendance at the secondary level has increased markedly in recent years in both regions, some 85 per cent of adolescents are still outside the school system. Closely tied to the problems of education are the difficulties young people face in finding gainful employment. Statistics in Asia and Latin America indicate that the percentage of unemployed and underemployed young people was high and may be expected to rise.

121. Some of the main issues which were raised in the conferences with regard to how countries can take more appropriate account of their children's needs in development planning 12/ were as follows:

12/ Similar issues were raised in the Special Meeting on the Needs of African Children (see paras. 41 to 53 above).

(a) One of the stumbling blocks to careful planning which most countries face is a lack of qualitative and quantitative information on the manifold problems affecting families and their children. The conferences underlined the need for improvement in the collection, interpretation, and use of statistical data on children's problems; and the need for applied research and study on various problems of children and youth in development as a prerequisite for sound planning;

(b) The conferences recognized that there was no need for a separate Government agency to deal solely with children's programmes; the relevant functional ministries had the responsibility for preparation and implementation of the relevant programmes. Nevertheless, many participants stressed the great need for more co-ordination in planning, implementation and evaluation of programmes of these ministries in order to avoid waste and unnecessary overlapping as well as important gaps in their activities;

(c) It was considered essential that countries give urgent attention to the specific problems of their youth who will be in a very few years contributing to the development process. Among the questions which must be answered in preparing a strategy for the development of children and youth are the following: What type of preparation and training should they have in order to be innovative and creative? What can be done to inculcate in them attitudes and value systems conducive to development? How can more job opportunities be made available for them?

(d) The conferences brought out that there are a number of economic policy measures which may go far towards improving the living conditions of children and youth. General poverty and low family incomes constitute a central reason for the unsatisfactory conditions of children and youth, and therefore efforts to raise the economic position of the family will have a desirable impact on their children. Policies promoting the expansion of employment opportunities, particularly for the underemployed and unemployed in rural areas, were cited as important instruments for raising incomes of poorer families, as well as tax relief and family allowances. It was also suggested that Governments adopt production policies and subsidize costs of commodities essential for the child's development so that the commodities would be available to lower income families;

(e) In view of limited resources and the competing claims of other priorities, the conferences stressed that much more effort must be made in each country to mobilize voluntary resources and local efforts for children's programmes.

Follow-up action

122. Board members generally approved of the progress made in this field, including evidences of the growing interest in a number of countries, and of the various possible lines of follow-up action which had been brought to light by the conferences. Emphasis on follow-up work at the country level was especially welcomed. The suggestion was made that the time had come to make a broad evaluation of the conferences on children and youth in national development which had already been held. Several delegations referred to the importance of integrated projects (see para. 104) as a practical means of UNICEF aiding in planning. To encourage follow-up work the Board approved the two field posts for programme officers for planning in the 1967 administrative and operational services budget (see E/ICEF/AB/L.64, para. 48) and an increase in the interregional country planning and project preparation fund (see E/ICEF/P/L.794).

123. The follow-up possibilities by UNICEF, or with UNICEF aid, included the following:

(a) Publication of the reports and selected documentation of the conferences, circulating them as widely as possible to Governments, academic centres, and so on;

(b) Elaboration of a national policy or perspective plan by each interested country, which would set out objectives for the protection and preparation of children and youth, and would help to establish priorities to serve as guidelines to development planners and officials of functional ministries in preparing programmes and allocating resources;

(c) The holding of national workshops in interested countries on improving the methods and organization of planning and carrying out programmes benefiting children and youth as an integral aspect of economic and social development;

(d) Orientation of economic and social planners regarding children's problems and measures to combat these problems. Such orientation may be offered as a part of regular training courses or in seminars for planners at the regional and national levels;

(e) Co-operation between UNICEF, the United Nations Statistical Office, and the statistical offices of the regional economic commissions to develop statistical data on children's problems and their cause. Many countries hope to interest national and international institutes in applied research and studies on various subjects on which more knowledge is required if countries are to prepare effective action programmes for children and youth;

(f) Aid to countries seeking help in assessing the needs of their children and advice and guidance on how they can take adequate account of their children and youth in development programmes.

124. UNICEF has received a number of requests for consultation on problems relating to children and youth from African countries preparing national development plans. In this connexion UNICEF has helped four African countries, namely Dahomey, Niger, Upper Volta and Togo to contract with the Société d'études pour le développement économique et social (SEDES) for advice in this

field. Assistance of this kind is financed by the country planning and project preparation allocation established by the Executive Board. An allocation by the Board in June 1965 provided for assistance in acquainting planners from African countries with the problems of children and youth, through a seminar organized jointly by the International Children's Centre (ICC) and the Institut d'études du développement économique et social (IEDES) of the University of Paris in February 1966. Twenty countries of Africa (South and North of the Sahara), and from the Eastern Mediterranean area sent representatives. Most representatives were responsible in their countries for the direction of planning in health, education or the over-all national plan. IEDES will be introducing in October 1966 suitable orientation regarding children's problems into its regular training programmes for African planners. Teaching material for this course is now in preparation by IEDES and the ICC, and UNICEF-financed fellows working under the guidance of a consultant are contributing to the teaching materials. An allocation for further help in this training programme was approved at the present Board session.

125. The Board has previously approved assistance to the Latin American Institute for Economic and Social Planning and the Asian Institute for Economic Development and Planning. These institutes were established for the purpose of training officials who would be concerned with the preparation, execution and review of economic and social development plans; and, in addition, of undertaking research in these fields and of offering advisory services to Governments within the regions. UNICEF assistance includes the financing of faculty posts responsible for teaching in the field of social development with special emphasis on children and youth, research, and advisory services in the same field, and fellowships for trainees. A further allocation to continue this assistance to the Asian Institute was approved at the present Board session. As a part of UNICEF's co-operation with the Latin American Institute, discussions have been held about the possibilities of including, within its advisory services to countries on planning, some emphasis on the problems of children and youth.

126. In June 1965 the UNICEF Board approved an allocation to finance a study undertaken by the United Nations Research Institute for Social Development on planning for children and youth in national development. The study will deal primarily with methods by which countries in different stages of development can plan to meet the needs of their children and youth.

VI. PROGRAMME ASSESSMENTS AND GUIDELINES

Assessment of family and child welfare programme

127. The Board had before it an assessment of UNICEF-aided family and child welfare projects. The assessment consisted of two parts. The first was a general survey by the Bureau of Social Affairs of the United Nations Secretariat of projects for which the Executive Board had approved allocations up to June 1965 (E/ICEF/L.1260). The second was a report by short-term consultants to the Bureau of Social Affairs and UNICEF 13/ based upon field studies in five countries: Colombia, Ivory Coast, Philippines, Turkey and Uganda (E/ICEF/L.1260/Add.1).

128. The main points made by the assessment, and highlighted in joint comments on the assessment by the Executive Director and the Director of the Bureau (E/ICEF/L.1261) could be summarized as follows:

(a) Assistance in training had been by far the most important single component of the projects. The emphasis on within-country training schemes had proved to be sound, and positive returns were noticeable in a number of projects in terms of upgraded quality and status of social welfare activities. In addition to training of front-line and auxiliary workers greater emphasis needed to be placed on training senior personnel, teaching staff, volunteers, the production of indigenous training materials, and the development of opportunities for field practice.

(b) There was evidence of interest in a number of countries in activities to improve child care, both within and outside the family, through such programmes as nurseries and day-care centres, welfare centres, combined health and welfare units, community-based development programmes and programmes to train women and girls in child care. However, in relation to the need only modest beginnings had been made in those types of preventive programmes in many countries. Programmes for youth were often lacking or inadequate. The possibilities for community development contributing to family and child welfare had not been sufficiently exploited.

(c) Where countries had not yet developed any social welfare infra-structure and lacked the necessary resources and knowledge for planning and carrying out programmes, it would seem appropriate for UNICEF to assist the Government in starting some family and child welfare activities within the context of related fields such as education or health or of community development programmes. As advances took place, especially in training, UNICEF might then help Governments to develop more distinctive social welfare programmes and to experiment with new ideas and test methods in pilot areas. As more qualified personnel became available and countries were able to put more resources into the social welfare field, requests for programmes with more comprehensive coverage and greater geographic scope were likely to come forward for UNICEF aid.

13/ Dr. Henry S. Maas, Ph.D., University of California, Berkeley (United States of America); Miss E. Ray Godfrey, University of Toronto (Canada); and Miss Gloria Abate, Universidad Nacional Mayor de San Marcos, Lima (Peru).

(d) In some countries family and child welfare programmes were concentrated in rural or urban areas without policy-based priorities to account for the distribution. Governments needed to give greater thought to the policy basis for distribution of family and child welfare services between urban and rural areas.

(e) In planning family and child welfare projects Governments should be urged to consider them in the broader perspective of national development and to achieve a better integration of social welfare with over-all planning both in terms of substance and machinery.

(f) The provision of UNICEF supplies, equipment, and means of transportation had played a major role in stimulating the initiation of projects and facilitating project implementation. However, a comparatively high proportion of non-supply assistance had been required to promote the development of indigenous training schemes, local training materials, and other priority aspects of the programmes; such non-supply aid should continue to be a characteristic feature of UNICEF aid for family and child welfare.

(g) To be fully effective, UNICEF aid in the field of family and child welfare required that adequate international technical support was available in the countries, the regional social affairs units, and in the United Nations Bureau of Social Affairs.

129. In the Board discussion appreciation was expressed to the consultants for their analysis and recommendations which were useful not only to UNICEF but to administrators and policy-makers in developing countries. The assessment had certain limitations, however, due to the relatively short period of time in which the projects had received aid and the relatively brief amount of staff time devoted to the assessment. Regret was expressed that the assessment excluded consideration of mothercraft/homecraft projects, and contained very little about community development or social service activities in such programmes as health, nutrition, housing and education. More analysis of the specific elements in training schemes (recruitment, course content, use of trainees, etc.) would have been desirable. It would have also been useful if the assessment had dealt in greater depth with such questions as the effectiveness of advisory bodies, the role of non-governmental agencies, and experience with the suitability of various kinds of equipment provided by UNICEF, including the possibility of UNICEF providing more local supplies.

130. Attention was directed to the "Guidelines for Governments in the establishment of social welfare services for families, children and youth" recommended by the Economic and Social Council in its resolution 1086 G (XXXIX) of 30 July 1965 and contained in the annex to the resolution. It was felt that those guidelines constituted an excellent framework for UNICEF action in that field.

131. A number of representatives emphasized the importance of increased support to preventive services. Because in many countries the line of demarcation between social welfare and other services such as education and health cannot be clear-cut, UNICEF should be flexible in responding to requests for child welfare services from varied sources. A close and co-operative relationship between governmental and voluntary agencies was essential if there was to be the most effective deployment of available resources; the importance of

voluntary initiation in complementing governmental services should not be overlooked in plans for co-ordination and technical and financial support. The dynamic important role which social welfare could play in integrated projects was stressed. It was felt that imaginative and creative new approaches to welfare problems and more projects of a demonstration or pioneering nature should be encouraged. When projects were developed in one country which might have relevance to others, the experience should be passed on.

132. Concern was expressed that national development plans gave so little specific attention to the social needs of children and young persons. It was suggested that national meetings on planning for children in national development as well as regional conferences and seminars on social welfare problems would be helpful in bringing social needs of children and youth to the fore. Emphasis was laid on the need for more assistance in the field of youth programmes, which should be related to family and community welfare services. The imbalance between services in rural and urban areas needed to be corrected. The increasing interest in day-care centres for pre-school children and the care of neglected children in non-institutional settings was welcomed and should be encouraged.

133. Emphasis was placed on the importance of the understanding and co-operation of the parents, and especially of the mothers, if the children were to be reached, the families adapted to new conditions, and economic and social progress generally was to be advanced. Women were indispensable both as workers and as volunteers in projects aided by UNICEF, and substantially greater effort was required in activities directed toward the education and training of women and girls.

134. The considerable emphasis in UNICEF aid on training was warmly welcomed. UNICEF aid had improved the calibre of persons who can now be recruited to work in this field and a new category of national personnel was being trained which not only was making possible the creation of new services but was also helping in the evolution of social attitudes and social policy. The importance of ensuring that curricula and training methods were suited to local conditions and job requirements was fully recognized. While there was a pressing need for staff to be trained to provide direct service to individuals, groups and communities, there was an equally urgent need for training to provide leadership in policy formulation, planning, administration, and social work education. Volunteers as well as full-time workers should be trained. The primary emphasis on national training programmes, particularly for persons working at the village or neighbourhood level was felt to be especially useful. Attention was directed to the serious lack of social work literature relevant to local conditions and the possibilities for greater use of UNICEF aid to remedy this situation.

135. The Bureau of Social Affairs was congratulated on its valuable role in providing technical support for UNICEF-aided projects. The hope was expressed that the Bureau would be in a position to provide the international technical support required for expansion of UNICEF aid in this field, and that the regional social affairs units would be able to play a dynamic role in this development. In view of the multidisciplinary character of many of the projects, the close co-operation of the specialized agencies' staff and advisers was essential. The importance of technical advice adapted to local conditions was stressed.

136. It was clear from the consultants' report that there were a number of obstacles in the way of Governments identifying clearly the most suitable approach to meeting the welfare needs of families, children and youth. Greater advantage should be taken of the UNICEF aid available for assessment by the countries of their needs and resources and the establishment of priorities. There were a number of difficulties also in developing "built-in" assessment procedures in country programmes; greater help was needed by Governments in this field either through United Nations technical assistance advisers, UNICEF consultants, or both.

137. There was general agreement in the Board that the long-range importance of UNICEF aid for family and child welfare was considerably greater than was indicated by the relatively modest allocations made. The projects already developed give evidence of the significant potential of UNICEF aid in stimulating the development of planning and co-ordination bodies; in creating training schemes; in encouraging improved child welfare legislation; and in upgrading existing services and establishing new services on a demonstration basis. It was clear that Board policies in relation to family and child welfare projects had been sufficiently flexible to permit new forms of service to evolve in a changing situation. The assessment has revealed no need, at the present stage, for any change in existing Board policies governing aid in this field.

138. The Board believed that the assessment should be considered to be of an interim nature and a fuller assessment be undertaken for Board consideration at a later date. One suggestion made was that this might possibly be considered for 1968 or 1969.

Assessment of milk conservation programme

139. The UNICEF Executive Board had before it an assessment of the UNICEF/FAO-assisted milk conservation programme (E/ICEF/L.1257 and Corr.1). In the eighteen years since its inauguration, the milk conservation programme had been active in thirty-eight countries, had provided substantial assistance for the strengthening and/or the establishment of 210 milk processing plants and fifteen training centres, had supported 300 fellowships for the education of both the teacher and the student in dairy science, and had used approximately 140 consultants, experts and advisers to ensure the maximum effectiveness of the programme and the protection of the financial investment. UNICEF assistance approved during this period totalled \$24.6 million, the investment of the assisted countries exceeded four times this amount. The cost of services of consultants, advisers and experts administered by FAO approximated \$3 million, including \$1.7 million reimbursed by UNICEF.

140. The assessment prepared by two consultants to FAO and UNICEF 14/ pointed out that the aid had led to the establishment of self-sustaining plants delivering

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increasing quantities of safe milk to children and to the public generally. Some 2,750,000 children and mothers were now receiving subsidized or free milk daily from the assisted dairy plants. It had also led to the development of national dairy policies and a considerably improved standard of living of families living in the villages supplying milk to the projects.

141. The Executive Director presented to the Board observations (E/ICEF/L.1.10 and Corr.1) on the appraisal of the consultants indicating which of their findings, in his opinion, related especially to UNICEF's interest in improving child nutrition.

142. Following is a summary of the main points in this connexion which were called to the Board's attention by the consultants and the Executive Director:

(a) The milk conservation programme in its early stages was designed to rehabilitate a portion of the dairy industry in Europe and provide milk from indigenous sources to maintain and extend child feeding programmes. Later it became directed toward establishing milk processing facilities in the developing countries as a long-range means of dealing with the nutritional deficiencies of children and nursing and expectant mothers. This provided the foundation for an indigenous dairy industry in many countries which could provide a continuous supply of low-priced milk for a nutritionally deficient population. As the projects became firmly established, agricultural and dairy husbandry practices improved under the stimulus of assured regular outlets for their produce at fair market prices.

(b) On request from the Governments, UNICEF/FAO assistance has been provided for:

- (i) Milk plant facilities - consisting of supplies and equipment to either supplement existing facilities or for the initiation and the development of a completely new scheme. This aspect has accounted for the major portion of the aid;
- (ii) Training and education - consisting of aid for training centres, fellowships, special educational conferences, short courses, and seminars, and for milk producer and milk consumer education in the countries where the milk schemes are located;
- (iii) Technical personnel - consisting of consultants, experts and advisers who provide continuous surveillance, guidance, evaluation and leadership to this world-wide programme.

(c) The programme, which began with the free distribution of milk from the plants, has evolved over the years into a system whereby some of the assisted Governments have shifted the emphasis from free milk to subsidies on milk distributed to low-income families. The subsidy system has made possible a considerable increase in the number of persons, particularly in urban areas, drinking milk.

(d) However, the largest number of persons benefiting directly from the schemes, live in the villages supplying milk to the projects. The projects have had both an immediate and long-term impact on economic structure of the villages and in some instances have had dramatic effects in improving the standard of living of rural families.

(e) A third group, the children of families buying milk at commercial prices from UNICEF-aided plants, benefit directly because of the increasing quantities of wholesome processed milk and milk products being made available.

(f) UNICEF/FAO assistance has been unique as a pioneering development in many ways and in many countries. In some countries it has been the first assistance to dairy development and has provided the stimulus for the expansion of the dairy industry under Government or commercial auspices. Such pioneer action where a profit motive is not the goal, involves calculated risks. From the beginning, the Governments of the developing countries and the international agencies have recognized that the implementation of the milk scheme would be difficult and slow due to such factors as the low efficiency of milk producing animals and the lack of an effective culling programme; insufficient cattle feed production; inadequately trained personnel; the relatively high price of milk from a newly developing scheme; failure to establish and enforce appropriate laws and regulations; the need for UNICEF to buy equipment from many contributing countries; and dietary habits and traditions of the population. The magnitude and complexity of these difficulties was not always predicted. Unforeseen economic, political, management and other changes have also arisen to affect the degree of success of the undertakings. In some instances the completion of the project was excessively long and/or the growth response over several years was disappointing. The majority of the projects have been, or will be economically viable within five or six years of their inauguration, and are fulfilling or will fulfil the objectives for which the international assistance was provided.

(g) The methods of project planning, development and implementation as well as the methods of equipment procurement have been modified over the past five years. A system of consolidated procurement of equipment based on a standardized general layout and selection of equipment has resulted in great savings in the time required for the general engineering and planning of the projects, significant reductions in the equipment costs and delivery time, and simplified arrangements for in-plant training of personnel. This streamlining of methods has to a large degree overcome certain impediments which in the past had affected the rate of project implementation.

(h) Over-all results are highly satisfactory. The catalytic effect of the international assistance has been impressive. Dairy industries are now well established in parts of the Eastern Mediterranean area, Central and South America and South Central Asia. A number of modern industrial processes and marketing and management methods have been introduced into the developing countries through the projects. Their successful application has provided the experience by which further adoption of these and similar practices in those sections of the world may be stimulated.

(i) The training programme has been broad in both its educational and geographic coverage and has contributed immeasurably to the success of the project. The educational content has been designed to serve the needs of persons engaged in all segments of the dairy development programme and at all levels of responsibility. Geographically, training institutes have been established and training courses have been offered in many widely separated sections of the developing world. A strong educational base has been established to make possible a continuing supply of qualified management and technical manpower for UNICEF/FAO-assisted plants as well as other dairy plants in the developing countries.

143. In discussing the assessment Board members commended the consultants for their comprehensive and careful review. Their identification of common problems and their recommendations on specific aspects of the planning and implementation of projects would be of considerable value in the future to countries embarking upon such projects, as well as to the international agencies.

144. In the course of the Board's review of future policy in this field, attention was directed to the suggestion of the consultants that UNICEF might consider the possibility of revising its criteria for future aid in order to give greater emphasis to the importance of the development phase of dairying in preference to the welfare milk phase. This, in the consultants' opinion, would involve investment in all aspects of a broadly based long-range programme to build dairy industries on a sound economic basis in developing countries.

145. In connexion with this suggestion several points were brought out by the various Board members as well as the UNICEF secretariat. Since UNICEF's aid was primarily to get milk to children who were in special need, the welfare aspect could not be disregarded. There was assurance from the Secretariat that no change in present policy was contemplated. While the importance of dairy development was unquestioned, it was beyond UNICEF's capacity to assist all phases and aspects of dairy development. UNICEF aid for milk conservation was directed specifically to help children; the benefits to the dairy industry were a secondary achievement. A well-integrated plan, which must link the various departments of the Government and FAO experts as well as UNICEF resources and staff, can lead to the development of projects which will meet the objectives of improved child nutrition as well as promoting the establishment of a sound dairy industry and improving living standards. It is not the intention of UNICEF, however, to continue to assist the dairy industry over an extended period in any one country, but rather to establish a base on which the industry might develop. In those countries where the dairy industry is now well rooted it is believed that expansion can be achieved by building on the foundations already established through UNICEF/FAO aid. Generally, these countries should be able to meet the need for new plants and equipment through commercial channels, bilateral aid or from the voluntary sources. Thus, as compared with the last ten years, the total amount of UNICEF aid for milk conservation in the future would be less.

146. Elaborating on some of these points the Director of the UNICEF Food Conservation Division pointed out that up until now UNICEF aid, bilateral aid and private capital have helped those developing countries which had both reasonable quantities of milk available for collection and processing and a potential for a rapid increase in milk supplies. UNICEF assistance was first concentrated in southern and eastern Europe and then directed to Central and South America and southwestern Asia. In these areas UNICEF may still be called

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142. Following is a summary of the main points in this connexion which were called to the Board's attention by the consultants and the Executive Director:

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(g) The methods of project planning, development and implementation as well as the methods of equipment procurement have been modified over the past five years. A system of consolidated procurement of equipment based on a standardized general layout and selection of equipment has resulted in great savings in the time required for the general engineering and planning of the projects, significant reductions in the equipment costs and delivery time, and simplified arrangements for in-plant training of personnel. This streamlining of methods has to a large degree overcome certain impediments which in the past had affected the rate of project implementation.

(h) Over-all results are highly satisfactory. The catalytic effect of the international assistance has been impressive. Dairy industries are now well established in parts of the Eastern Mediterranean area, Central and South America and South Central Asia. A number of modern industrial processes and marketing and management methods have been introduced into the developing countries through the projects. Their successful application has provided the experience by which further adoption of these and similar practices in those sections of the world may be stimulated.

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143. In discussing the assessment Board members commended the consultants for their comprehensive and careful review. Their identification of common problems and their recommendations on specific aspects of the planning and implementation of projects would be of considerable value in the future to countries embarking upon such projects, as well as to the international agencies.

144. In the course of the Board's review of future policy in this field, attention was directed to the suggestion of the consultants that UNICEF might consider the possibility of revising its criteria for future aid in order to give greater emphasis to the importance of the development phase of dairying in preference to the welfare milk phase. This, in the consultants' opinion, would involve investment in all aspects of a broadly based long-range programme to build dairy industries on a sound economic basis in developing countries.

145. In connexion with this suggestion several points were brought out by the various Board members as well as the UNICEF secretariat. Since UNICEF's aid was primarily to get milk to children who were in special need, the welfare aspect could not be disregarded. There was assurance from the Secretariat that no change in present policy was contemplated. While the importance of dairy development was unquestioned, it was beyond UNICEF's capacity to assist all phases and aspects of dairy development. UNICEF aid for milk conservation was directed specifically to help children; the benefits to the dairy industry were a secondary achievement. A well-integrated plan, which must link the various departments of the Government and FAO experts as well as UNICEF resources and staff, can lead to the development of projects which will meet the objectives of improved child nutrition as well as promoting the establishment of a sound dairy industry and improving living standards. It is not the intention of UNICEF, however, to continue to assist the dairy industry over an extended period in any one country, but rather to establish a base on which the industry might develop. In those countries where the dairy industry is now well rooted it is believed that expansion can be achieved by building on the foundations already established through UNICEF/FAO aid. Generally, these countries should be able to meet the need for new plants and equipment through commercial channels, bilateral aid or from the voluntary sources. Thus, as compared with the last ten years, the total amount of UNICEF aid for milk conservation in the future would be less.

146. Elaborating on some of these points the Director of the UNICEF Food Conservation Division pointed out that up until now UNICEF aid, bilateral aid and private capital have helped those developing countries which had both reasonable quantities of milk available for collection and processing and a potential for a rapid increase in milk supplies. UNICEF assistance was first concentrated in southern and eastern Europe and then directed to Central and South America and southwestern Asia. In these areas UNICEF may still be called

on to assist to complete or complement previously aided schemes, but it is not envisaged that UNICEF will help establish many new projects. In the Americas the milk industry should develop further in many areas, but this is expected to be accomplished through private capital.

147. In India and Pakistan, bilateral aid and UNICEF have now helped milk schemes in all the larger cities, and the present problem is to increase milk production and the import of milk powder to enable the plants to operate at maximum capacity. In the Eastern Mediterranean, plants have been started in nearly every country, and this is leading to expansion with bilateral aid and private capital in areas where milk production conditions are more favourable.

148. In Africa, where production is approximately 50 kgs in terms of milk equivalent per person annually (as compared with 276 kgs in Eastern Europe, 135 kgs in Southern Europe and 99 kgs in Western Asia), UNICEF is advancing slowly and it is expected that this will be the main area calling for assistance in the next few years. It is necessary to start with collection centres near small producers, rather than with big pasteurizing plants, and it is expected this pattern will be typical of any new development. It will also be necessary to give more assistance to training and education of producers and staff than was the case in earlier schemes. More technical help to plan and implement the new schemes will be needed.

149. At the present stage UNICEF is moving into areas where agricultural and industrial practices are in the early stages of growth. Milk is available in limited amounts, but encouraging potentials exist; current milk prices are high, but by better methods of agriculture and animal husbandry the quantity of milk can be increased. The cost of milk relative to average income in many areas places milk in the class of a luxury food. This is one of the reasons for the need to find nutritious substitutes for milk-based weaning food.

150. It was pointed out that UNICEF has accumulated a considerable amount of engineering experience in relation to milk handling in many countries, and especially with problems of low-cost milk distribution. This is available to bilateral aid sources and to countries financing their own schemes by loan or otherwise. UNICEF is expected to maintain collaboration in engineering with a number of countries and schemes which are not depending on substantial financial assistance from UNICEF. This should benefit children, through more emphasis on cheap milk.

151. Some delegates raised the question as to whether in view of the limited supply of milk and milk powder in the world UNICEF should not give more attention to the development and use of alternative protein resources to supplement milk as a food for children. It was suggested that where milk supplies are limited major emphasis be given to the distribution of milk to younger children, and that other protein-rich foods be mixed with milk. Certain delegates emphasized that in many developing countries milk is destined to be far too limited in supply and expensive in cost to meet the minimum protein requirements. This point was also emphasized by the FAO representative who mentioned FAO's efforts and also joint activities of FAO, WHO and UNICEF in the field of protein-rich foods other than milk (see paras. 82-85).

152. In response to a query about current UNICEF policy in helping milk drying plants, the Director of the Food Conservation Division stated that practice had to be flexible and related to specific local conditions. In some places where there were isolated pockets of milk production distant from consuming centres or where there were large seasonal surpluses, a good case could be made for milk drying plants. In other places emphasis on collection, processing and distribution of fluid milk would be the more practical method of providing milk to large numbers of children.

153. In the course of the Board discussion attention was directed to the importance of bringing all the aided plants to full operating capacity. It was recognized that sustained efforts would be needed by Governments specifically in relation to those factors influencing milk production efficiency and volume (selective breeding, live-stock disease and pest control, feed and fodder production, animal nutrition and related matters). Governments may need to give high priority to their requests for experts to work with the responsible Government officers in the development of increased milk supplies.

154. Emphasis was directed to the need to provide milk to low income groups at the lowest economic price. One method used successfully in countries when local milk has a high fat content, is toning. Imported skimmed milk powder, used under Government control, is mixed with the local milk thereby not only to expand the output of good quality toned milk but also to provide a strong economic stimulus to the entire dairy project. This results from the fact that world prices for skim milk powder are usually lower than the cost of fluid milk in developing countries. Therefore, the blending of the two results in lower costs to consumers, increased milk consumption and an opportunity to maintain incentive prices to producers so that local production may be increased. It was pointed out that in addition to the amounts of skim milk powder already going into toning, a further 15,000 to 20,000 tons of powder annually is required to permit existing plants to operate at capacity. It was stressed that countries producing skim milk powder for export could contribute greatly to these developments by making their quantity of powder available through commercial sales, sales on concessional terms, bilateral grants or through the World Food Programme.

155. At the conclusion of its review of the assessment the Board approved the recommendations of the Executive Director (E/ICEF/L.1258 and Corr.1, para. 24) as follows:

(a) The present division of responsibilities between UNICEF and FAO for project development and implementation should be continued in order to use the joint experience of the past and to continue the close and harmonious team effort.

(b) Special attention should be given to assist Governments in assuming a major role in the preparation of pre-project surveys, and later in project preparation through a thorough investigation and analysis of local conditions, the compilation and analysis of data and the creation of a Government body to be responsible for the organization, financing and implementation of new projects. The joint team approach to country surveys is desirable and should be carried out by Government personnel and regular staff members of UNICEF and FAO, complemented as required by consulting experts. The individual responsibilities of the Governments and of the international agencies and

their joint relationships in these matters should be clearly defined at the time of project planning.

(c) The teams responsible for project surveys should formulate a clear statement regarding the place of toned milk in the specific areas or project under consideration.

(d) The assisted Governments should give emphasis to increasing rural milk production through the use of improved methods of dairy husbandry and agriculture.

(e) Future UNICEF aid to milk conservation programmes should be governed by the following conditions:

- (i) In general the present policy and criteria relating to UNICEF's role in the field as established by the Executive Board in June 1965 should be continued; 15/
- (ii) Assistance should be considered in the context of the general development of the country, the priority assigned by Governments to the projects within their development plans, and in relation to requests for assistance from UNICEF in other fields, UNICEF's resources, and the availability of aid from other sources;
- (iii) For those countries previously helped under the milk conservation programme, further assistance should be directed first to continuing aid for those plants already assisted. The aim would be to increase local milk supplies in line with plant capacity and, where successful, to consider at a later date the expansion of the plant facilities to meet increasing market demands;
- (iv) A special situation exists in Africa which has, with some exceptions, the least developed dairy industry of the regions covered by this programme. Africa has been the most recent to receive aid from UNICEF in this field. UNICEF assistance should be continued and extended where local conditions are favourable. Assistance to milk conservation projects in Africa will require a larger proportion of funds for project development, implementation and training, relative to equipment costs than was the case in other regions.

15/ See Official Records of the Economic and Social Council, Thirty-ninth Session, Supplement No. 15 (E/4083/Rev.1-E/ICEF/528/Rev.1), annex IV.

Guidelines for aid to leprosy control projects

156. Following the review of the leprosy control projects at its June 1965 session, the Executive Board reiterated its need for clear guidelines as to what constituted an efficient programme against which to evaluate continuing aid. ^{16/} For some time UNICEF had been concerned with the failure of some leprosy control projects to reach the minimum level of regular treatment of patients required in effective control programmes. It decided to consider the general problem again at its May 1966 session in the light of recommendations of WHO following the session of the WHO Expert Committee on Leprosy. The report of the Director-General of WHO on UNICEF assistance to leprosy control (E/ICEF/L.1262) was based on the conclusions of the Expert Committee which met in Geneva from 27 July to 2 August 1965.

157. The Expert Committee on Leprosy had undertaken a general assessment of results obtained in leprosy control programmes in the light of epidemiological evidence and experience gained in some ten years of intensive leprosy work. Its recommendations consisted chiefly of a system of priorities, suitable for local conditions, established in view of the recognized impossibility in many areas of overcoming all difficulties in the application of leprosy control measures. It was especially difficult to keep patients under regular treatment for the necessary period, and to maintain contacts under surveillance. The Expert Committee believed that priority should be given to treatment and follow-up of infectious or contagious cases and surveillance of their contacts, especially household contacts under fifteen years of age. Besides these recommendations, the Expert Committee tentatively suggested that the minimum proportion of open cases to be treated in an operational area in order to obtain a significant reduction in incidence should be 75 per cent. This objective should be reached in each operational area within a period that could tentatively be fixed at around five years.

158. It believed that with the adoption of this system of priorities, follow-up and regularity of treatment of the infectious patients could be greatly improved in view of the reduction of the workload, and there would be better returns from the resources applied, including greater impact in reducing the contagiousness of the disease. Moreover, with the selective application of resources, case-finding could also be intensified, in order to obtain early diagnosis and early treatment, especially in those cases more prone to develop the infectious forms of the disease. Therefore, it would be possible to use in a more rational way the available resources in each operational area. In countries with limited resources it was advisable to reduce the size of the operational area so that the objective could be reached. On the other hand, countries with adequate budgets should also treat as many non-infectious cases as possible.

159. The Committee emphasized the urgent need for expanding research in every aspect of the leprosy problem, including field research in operational methods and sociological aspects. It was pointed out that WHO will co-operate with Governments in evaluation of leprosy control projects.

^{16/} Ibid., paras. 145-151.

160. The Executive Director welcomed the new emphasis in leprosy control programs proposed by WHO. In a note to the Board (E/ICEF/L.1263) he recommended certain criteria for future UNICEF aid to leprosy control projects (see para. 164). There were a number of well-run campaigns which more than met the proposed criteria, and subject to the Board's approval, UNICEF would continue to support them. It was understood that the level of efficiency recommended might, of course, be modified in the light of further studies by WHO.

161. In the course of the Board's discussion the technical soundness of the WHO recommendations from a public health point of view was not questioned. However, several delegations feared the effect of the WHO guidelines in some cases if they were applied rigidly, since they could discourage Governments and voluntary agencies, whose activities were very important, from continuing their work. Leprosy was a social disease with strong emotional overtones and for any Government or international organization to withdraw from leprosy work could have deep psychological implications; there might be a loss of the public co-operation so necessary to tackling the disease. To give absolute priority in treatment to open cases and their contacts could discourage other cases from seeking help, and some new lepromatous cases might not be found out. In some countries the operational area resulting from following the guidelines strictly would have to be very small, it would be exceedingly difficult in such a country to envisage leaving leprosy sufferers in other areas to their fate. Because of these practical considerations these delegations believed that great caution should be exercised in reducing or withdrawing aid.

162. In response to these comments the WHO representative pointed out that priority to contagious cases did not preclude treatment of other cases; it meant that doctors or auxiliary workers should not occupy themselves with such cases if it meant leaving the contagious cases and their child household contacts without attention. While he understood the concern with the problems in the implementation of the guidelines, he pointed out that their fulfilment was required only in each operational area rather than on a country-wide basis, which would be considerably more difficult. More complex studies than had hitherto been made were needed to determine the level of effectiveness below which a campaign ceases to represent a good use of resources. He believed that in the meantime a certain flexibility should be observed when evaluating the progress of a project toward the objectives set forth by the Expert Committee.

163. There was general agreement in the Board on the importance of environmental hygiene and general improvement in social and economic conditions for leprosy control. Considerable interest was expressed in the possibilities of BCG and chemoprophylaxis as additional weapons in leprosy control.

164. The Board, basing itself upon the recommendations set forth by the Executive Director (E/ICEF/L.1263, para. 4) but allowing for somewhat more flexibility, agreed that future UNICEF aid to leprosy control projects would be provided only if the following conditions are met:

(a) Assisted Governments are prepared to accept the new guidelines recommended by WHO and to modify their plans of operations accordingly;

(b) Priority is given to the treatment and follow-up of contagious cases and surveillance of their contacts;

(c) Case finding of lepromatous and other contagious cases is undertaken where this has not already been done and is pursued vigorously in all campaigns;

(d) Pending further studies by WHO, regular treatment of at least 75 per cent of the estimated contagious cases in each operational area is the campaign target, this target to be reached as soon as possible, and in any case within a period of not more than five years. To qualify for continued UNICEF assistance, programmes which have not yet achieved this level should show a steady rate of progress compatible with the achievement of the 75 per cent minimum target within a period of not more than five years; in any case, each situation will have to be considered on its merits, with due allowance for any special circumstances, but modifications of the target should be the exception rather than the rule.

165. It was agreed that, in the light of the fears expressed by some delegations, the Executive Director would report to the Board on the effects of the new guidelines after a trial period so that the Board could take such additional action as might seem warranted.

VII. POSSIBLE ROLE OF UNICEF IN FAMILY PLANNING

166. The question of the possible role of UNICEF aid in family planning activities was raised at the June 1965 session of the Executive Board. 17/ The Board agreed that the question should be placed on the agenda of its May 1966 session and requested the Executive Director to prepare a report on the subject. The Board also agreed that the Executive Director submit one or two requests for assistance from Governments giving a high priority to aid in this field, it being understood that such requests could not be considered unless the Board first adopted a policy of aid for family planning. The Executive Director submitted a report (E/ICEF/L.1259) and also circulated two project requests, one from India (E/ICEF/P/L.754) and the other from Pakistan (E/ICEF/P/L.755) which he was prepared to recommend if the Board agreed to the principle of aid in this field.

167. The report of the Executive Director contained sections discussing the socio-economic aspects of rapid population growth; the relationship of family size to the health and welfare of children; the elements of population programmes having a bearing on family and child welfare; and the types of assistance needed by most countries requesting aid for responsible parenthood and family planning. It also contained some notes describing existing family planning programmes in a number of countries. The report recommended that UNICEF should accept for consideration requests for assistance to family planning programmes where the requesting Government considered that the need for these services had a high priority in respect to children's health and welfare. They should fit as far as possible into the basic child health and welfare services. Each request would have to be considered within the resources that could be made available to the particular country. UNICEF would not offer any advice on techniques nor would it provide contraceptive supplies or equipment to make them, and it would seek the technical advice of WHO for any assistance in this field.

168. In introducing his report the Executive Director expressed the conviction that both the moderation of population growth, where it was needed, and the availability of family planning services as part of health and social services, had a large bearing on the welfare and development of children (see E/ICEF/CRP/66-40). The reasons were given in some detail in his report. He emphasized that in accordance with the principle expressed by the General Assembly in its resolution 1838 (XVII) of 18 December 1962 UNICEF should not advocate any particular population policy, recognizing that it is the responsibility of each Government to decide on its own policies, and to adopt relevant programmes in accord with its own concepts of priorities. Among the countries which have already taken steps to make family planning services available to their people, some have done so not with the object of moderating the rate of population growth but solely as a normal part of health services. Some countries believed it essential to include family planning services along with other efforts to raise the value of the individual child and to educate people in responsible parenthood - an objective completely in accord with UNICEF's aims and principles. Maternal and

17/ Ibid., paras. 107-119.

child health services, literacy and education (especially among girls), the raising of the age of marriage, and health education all served to encourage responsible parenthood. The addition of family planning services would constitute an important means for extending maternal and child health services, especially in rural areas. Family planning services, however, should be regarded as only one aspect of comprehensive programmes for children. Using all available means, UNICEF's main effort should continue to be the extension of services benefiting children, the general improvement of their condition, and their better preparation for life.

169. Most representatives participated in the extensive debate on this question. A considerable number of delegations were in favour of the Executive Director's recommendations, and a considerable number were against. Still others, some of whom were inclined to favour one side or the other, deplored the deep cleavage of opinion in the Board. They hoped that in the interests of the Board tradition of decision by consensus that a compromise would be found acceptable to a substantial majority of the Board members; or if this were not possible that a decision on the general policy involved would be deferred until a subsequent Board session. It was suggested that in the meantime the matter could be referred to the UNICEF/WHO Joint Committee on Health Policy. A number of Board members hoped that regardless of the decision on principle, UNICEF would be able to respond favourably to the requests of India and Pakistan for aid.

170. Those in favour of the recommendations held that every individual should have the right to choose whether or not to use family planning services, and countries too should have the right of free choice. WHO could offer technical advice on request, but material assistance was also needed. Some Governments were convinced that limitations of the size of families and proper spacing of children were necessary for the promotion of the health, welfare and well-being of their children, mothers and families. When these Governments requested material assistance for their programmes UNICEF should be prepared to provide it because it was UNICEF's role to help safeguard the health and well-being of mothers and children.

171. Some delegations elaborated on the factors which had led their Governments to adopt a policy of family planning within the framework of their maternal and child health services. The rapid increase in population, resulting from falling death rates and birth rates continuing at a high level, made it very difficult to give children the things they should have to develop their best potentialities, or even, in many instances, enough food and other basic necessities.

172. Health aspects were also of major concern. Frequent child-bearing at short intervals had deleterious effects on the health of the mother as well as the nutrition and health of toddlers. One of the objects of family planning services would be to provide a better alternative to induced abortions which were a serious problem in many places. Higher infant mortality, prematurity and stillbirth after the fourth child were of grave importance, especially in countries in which a large proportion of all births were of the fifth or higher in birth order. As a part of maternal and child health services family planning would help reduce high infant mortality rates.

173. Another aspect considered was that of human rights - the right of a woman to decide when she will bear an infant. Maternity should not be forced. However, to exercise the right of free choice, the population, particularly the lower-income

groups must know what the rights were; consequently both the education of the public and availability of services was essential. Moreover, it was the right of children to be born when they were welcome, and at a time and at such intervals that their parents could give them all the attention, protection, love, care and other necessities of life to which they were entitled.

174. Social and economic improvement was, of course, essential and every effort should be made to further the economic and social growth of developing countries. However, in spite of tremendous efforts to raise the standard of living, the countries concerned were convinced that family planning measures were also necessary. Indeed, they believed that a reduction in the rate of population growth was a major prerequisite for a massive improvement in the conditions of their children. Moreover, family planning would contribute to economic and social development because of its emphasis on quality of human resources and the freeing of women from frequent unwanted pregnancies so that they could make their rightful contribution to the progress of their country.

175. Family planning should be regarded not only as an essential element in maternal and child health services but one which would augment and strengthen other elements of those services. Sufficient knowledge and experience was now available to give a number of countries confidence in moving ahead with such programmes. It was pointed out that many countries were already providing family planning services through UNICEF-supported health services so that UNICEF was already indirectly supporting family planning. Experience had shown that family planning was well accepted by the people, but material aid of the type normally provided by UNICEF, especially transport and educational aids, were needed to reach more people, especially in the rural areas where most of them lived. Since a request for aid for this purpose would have to be considered within the amounts which UNICEF could make available to a country for all purposes, it would not create a situation different from that which now obtained when any new request was submitted.

176. A number of representatives referred to the general UNICEF policy of aiding countries in relation to those children's needs to which the countries assigned priority; some countries, for reasons which they considered of vital importance, wanted to improve their health services so as to encourage responsible parenthood and advance the well-being of their children. The suggestion that the Board be influenced in any major policy decision by intimations that it would lose financial support from certain quarters was derogatory to its integrity; it could be equally pointed out that additional financial support would be forthcoming from other quarters if the policy were adopted.

177. Some representatives of Governments which did not feel that family planning programmes were necessary in their own countries, or whose programmes were limited, supported the general principle of UNICEF aid for family planning, primarily for the same reasons as summarized above.

178. The delegations holding that the UNICEF Board should not adopt a policy of aiding family planning programmes at the present session based their position upon a variety of grounds.

179. It was pointed out that rates of population growth varied from country to country. The accuracy of projections of population increase was open to serious doubts since they assumed that future birth rates would not fall. However, the history of development showed that the rates of population growth diminished after a country had attained a certain economic, social and cultural level. In order to avoid excessive disparity between rates of population increase and the rates of economic and social development it would be better to lay stress on such measures as industrialization, increased agricultural production, integration of women in public life, and the strengthening of health services, including maternal and child health. It was not true that all developing countries required population control to develop economically. Population explosion was a result, not a cause, of poverty, and birth control should not be considered a panacea for economic under-development.

180. The reduction of the birth rate depended not only on economic, social, and cultural factors, but also on the traditions and customs of the country as well as the religious beliefs of the population. Birth control was foreign to the customs of many countries and was also often contrary to the spirit of their generally followed religions. The point was made that in a number of countries now contributing to UNICEF through both governmental and private sources, UNICEF aid for family planning would be in conflict with the religious beliefs of a very large section of the community and might alienate many supporters. It would be wrong for UNICEF to depart from its mandate of saving children to engage in activities designed to prevent them from being born.

181. A distinction needed to be made between the national and international aspects of family planning. While it was true that individual Governments had the responsibility of deciding on their own population and family planning policies, UNICEF as an international agency should not embark on activities which were highly controversial from the religious, philosophical, moral and economic points of view. UNICEF, in any event, did not have the resources to make a substantial impact on such a large and complex problem and it would be unwise to spread its limited resources too thinly, diverting them from activities which were generally agreed to be essential. Such efforts as were made in the field of family planning should be confined to education and information of various levels of health personnel and community leaders and should not involve UNICEF in the implementation of family planning programmes. Financing of family planning, where it was wanted, should be left to the Governments themselves or to bilateral assistance and private foundations.

182. Reservation was expressed about the methods of birth control which were likely to be used in programmes aided by UNICEF in terms of their possible harmfulness or their applicability in countries with a limited number of trained staff and low levels of hygiene. Many cultures had long used simple methods of limiting births which were within the reach of all and involved no expense; there was no need, therefore, to use controversial methods whose effects were not yet fully known. One delegation stated it would have no objection to family planning if the rhythm method were used.

183. Family planning programmes were not opposed by some delegations on a priori grounds. They emphasized, however, that it was necessary to ensure that such programmes be well-planned and respect the physical and moral integrity of persons to whom they were applied. Programmes intended for mass application were bound

to be different from those for individuals and there was ground for fear that coercion would be applied. Moreover, birth control programmes in some cases included sterilization, a method which many persons regarded as harmful or abhorrent; and the suggestion was made that it might bring UNICEF into the field of racial problems. The fear was also expressed by one delegate that the introduction of large-scale family planning services would lower standards of morality. If the programmes aided by UNICEF proved to be unpopular or unsuccessful, there was the danger that UNICEF would be associated with their failure and its well-deserved reputation would be tarnished.

184. Since the United Nations General Assembly had refrained from measures involving active participation in family planning programmes, UNICEF action in this field was also questioned. Some delegations also doubted whether the adoption of the recommendations of the Executive Director would be in accord with the decisions taken by the World Health Assembly. They referred especially to a phrase in the preamble of resolution WHA 19.43 of 20 May 1966 which recognized that scientific knowledge with regard to human reproduction was still insufficient. This indicated that more scientific study was necessary and it would be inappropriate for UNICEF to act in advance of these studies or to take a more active role in this field than that taken by WHO. In this connexion it was also pointed out that the two specific project requests which the Executive Director had circulated had not received WHO technical approval.

185. The Assistant Director-General of WHO reviewed for the Board the main lines of the programme of WHO regarding the health aspects of human reproduction including the broadening activities of its scientific groups and its programme of aid to research. ^{18/} The suggestion that it was necessary to delay any action until this research was completed was not relevant since, as in other scientific areas, research would always be needed. While WHO had not pronounced an opinion either way on any specific contraceptive method, it was prepared at all times to provide interested Governments with data about what was known, based upon the current state of scientific investigation. He called attention to the fact that resolution WHA 19.43 recently adopted by the World Health Assembly at its nineteenth session represented a positive confirmation that the role of WHO was to give members technical advice upon request in the development of activities of family planning, as part of an organized health service, without impairing its normal preventive and curative functions. As for the Indian and Pakistan projects, WHO had not envisaged itself either giving or withholding approval on technical grounds until the UNICEF Board had accepted the principle of aid to family planning.

186. The representative of FAO pointed out that in spite of considerable efforts, the rate of increase in the world's food production still remained lower than that of population increase. The next thirty years would be a most critical period for the developing countries in their efforts to provide a minimum satisfactory level of nutrition for their growing population. In the absence of extensive measures both to raise productivity and stabilize population growth the world would face disaster of unprecedented magnitude.

^{18/} This statement was subsequently circulated as a conference room paper (E/ICEF/CRP/66-47).

187. The representative of UNESCO referred to the importance of general measures which served to moderate population growth, particularly the education of women and girls. At the forthcoming UNESCO General Conference, the Director-General intended to propose the establishment of a programme for analysing the effects of education on demographic phenomena. The General Conference would also be asked to take a decision regarding a possible study of the effectiveness of the education and information methods practised by Governments in their family planning programmes.

188. The Board also had circulated to it five statements on the subject, submitted by the following non-governmental organizations: Associated Country Women of the World (E/ICEF/NGO/104), International Catholic Child Bureau (E/ICEF/NGO/105), International Planned Parenthood Federation (E/ICEF/NGO/103), the Pan-Pacific and South-East Asia Women's Association (E/ICEF/NGO/98) and World Union of Catholic Women's Organization (E/ICEF/NGO/100).

189. At the conclusion of the debate the Chairman, in the light of the various opinions expressed, appointed a Working Party 19/ to see if agreement could be reached which might have the support of a substantial majority of the Board. As a basis for starting its work the Working Party had two draft resolutions 20/ which had been circulated to the Board. The Working Party presented a draft resolution (E/ICEF/CRP/66-43) which combined elements of the two other drafts. This draft resolution, which was adopted by the Board without objection, read as follows:

The Executive Board,

Having received the report of the Executive Director on the possible role of UNICEF in family planning (E/ICEF/L.1259), which was prepared in compliance with the request of the Board at its June 1965 session,

Having received resolution WHA 19.43 of 20 May 1966 adopted by the World Health Assembly at its nineteenth session,

Taking into account the points of view expressed by members of the Executive Board in their discussion on this subject,

1. Expresses its appreciation to the Executive Director for his report;

19/ The Working Party consisted of the Chairmen of the Board, the Programme Committee, and the Committee on Administrative Budget and the representatives of Ethiopia, France, Peru, Sweden, Switzerland, Tunisia, the Union of Soviet Socialist Republics and the United States of America.

20/ Draft resolution submitted by the representatives of Afghanistan, France, India, Pakistan, Sweden, Tunisia, Turkey and Yugoslavia (E/ICEF/CRP/66-37); and draft resolution submitted by the representatives of Belgium, Federal Republic of Germany, Philippines, Senegal, Switzerland and Thailand (E/ICEF/CRP/66-38).

2. Decides to defer action on the recommendations of the Executive Director until the 1967 session of the Board;

3. Requests the advice of the UNICEF/WHO Joint Committee on Health Policy on the best way in which UNICEF might participate in programmes of family planning, with particular reference to the technical aspects; in so doing the Executive Board requests the UNICEF members of the Joint Committee on Health Policy to be guided by the following principles:

(a) UNICEF assistance shall be given in response to Government requests, as part of a country's health services and not as a separate category of assistance;

(b) UNICEF assistance shall be limited to the usual forms of aid that have been approved by the Executive Board for many years, such as training of personnel, provision of vehicles, and supplies and equipment for maternal and child health services;

(c) UNICEF shall not take any responsibility for the organization and administration of the governmental programme relating to family planning;

(d) UNICEF shall request the technical advice of WHO and the Bureau of Social Affairs of the United Nations Secretariat in connexion with any such assistance.

190. Several delegations, though not opposing the resolution, expressed their disappointment that the Board was not willing to approve the policy although a number of countries were already providing family planning services through health services for which UNICEF had approved aid.

191. In the light of the Board action the proposals for UNICEF aid for projects in India and Pakistan were not considered by the Programme Committee or the Board. It was agreed that the UNICEF secretariat would discuss further with the Governments of India and Pakistan the possibility of making additional requests for assistance to their existing health services, in which family planning was already being integrated. If that was agreed, requests would be submitted to WHO for technical approval and then submitted to members of the Executive Board for a mail poll vote.

VIII. MAURICE PATE MEMORIAL FUND

192. At its special session on 11 November 1965, the Board approved the recommendation of the Executive Director that the Nobel Peace Prize money should be used to establish a Fund in memory of Maurice Pate (see E/ICEF/537). Approval in principle was also given to the suggestion that the Fund should be used for strengthening the training or experience of people who are serving in fields related to the development and welfare of children in countries with which UNICEF is co-operating. It was believed that a Memorial Fund which contributed actively to the general purposes of UNICEF would be one which would have particularly appealed to Mr. Pate, and it was agreed that a more detailed plan would be submitted to the May 1966 session of the Board.

193. The May 1966 session of the Board approved a plan submitted by the Executive Director (E/ICEF/542, paras. 76-83) for a Memorial Fund which would give recognition to the value of regional training facilities in fields benefiting children. The Fund would honour each year an institution in a developing country that adapts and offers its services to people from countries in the region. The selected institution would be given some modest assistance to strengthen its services to other developing countries. For example, this could be a grant to enable a faculty member to visit or teach in other parts of the region, so that his institution would become more familiar with the requirements of students outside its own country. This award would be known as "The Maurice Pate Training Award" and could be presented to the institution at an appropriate ceremony. Several fellowships could be awarded to enable people from outside the country to study at the chosen institution. Though the fellowships could be for more than one year's duration, this would be a one-time award tenable at that institution. Candidates would be selected in relation to what the chosen institution could offer as well as their own training needs. This could include securing higher academic qualifications or training more specifically related to a candidate's particular work. It could include observation and practical work under the aegis of the chosen institution. Candidates should have reached a level where they would be able to exercise some influence in their chosen field. They would be known as "Maurice Pate Fellows".

194. The Nobel Peace Prize money amounted to about \$54,500 and to this the Board agreed to add the approximately \$5,000 contributions to UNICEF in the name of Maurice Pate which were given in lieu of flowers, and \$2,000 contributed by an individual who has agreed to its use for this project. Since there might be other organizations or persons who would be glad to contribute to such a Fund in memory of Maurice Pate, it was agreed that the Fund should remain open for further contributions and that information to this effect should be circulated through suitable channels. Use of the Fund would not be restricted to income from its investment. The Board agreed

that a more rapid use of the Fund by the expenditure of the principal would bring benefits more quickly to the countries it was designed to help. Hopefully, it would be replenished by additional contributions. The total amount awarded each year would normally not exceed \$12,000. This would provide for a grant for one faculty member and at least two fellowship years, depending on the travel involved, the length of training and the living costs.

195. The awards would be made within one, or exceptionally two, UNICEF regions each year on a rotating basis, and with the object of giving recognition and help in different fields of training concerned with the development and welfare of children. The UNICEF Resident Director of the region whose turn it was to receive the awards would propose an appropriate institution and would recommend candidates to the institution. A report on the use of the Memorial Fund would be made to the Board at each annual session. The first award would be made in 1967.

IX. JOINT POLICY COMMITTEES WITH WHO AND FAO

196. The Board selected UNICEF representation for the next sessions of the joint policy committees with FAO and WHO, both scheduled for early February 1967. The Board while recognizing the merit in continuity of service on these Committees and the special contribution that could be made by experienced and professionally qualified persons also felt it important to ensure a wide representation of different points of view and different geographic areas. It therefore decided that in the future no representative shall serve for more than two sessions of the joint committee unless they became representatives by virtue of their office, namely Chairman of the Executive Board or Chairman of the Programme Committee.

UNICEF/WHO Joint Committee on Health Policy

197. The Board decided that the UNICEF membership at the next session of the UNICEF/WHO Joint Committee on Health Policy (JCHP) should be as follows: the Chairman of the Executive Board and the Chairman of the Programme Committee by virtue of their office, and the following representatives on the Executive Board: Dr. Katherine Bain (United States of America); Dr. Robert Debré (France); and Dr. Fedor Zakharov (Union of Soviet Socialist Republics). The alternate to either the Chairman of the Board or the Chairman of the Programme Committee would be the First Vice-Chairman of the Board. The other alternates would be Dr. Boleslaw Gornicki (Poland), Dr. Phon Sangsinkeo (Thailand) and Dr. Javier Arias Stella (Peru).

198. The Board was informed that the items which are being considered by the Director-General of WHO and the Executive Director of UNICEF for the agenda of the next session of the JCHP include two global assessments: for maternal and child health and for applied nutrition programmes, both of which are scheduled to be on the agenda of the UNICEF Board session in June 1967. Also being considered for the agenda are two topics suggested by the JCHP at its last session, in February 1965, namely parasitic infestations and fluoridation of water. The Board requested that two more items be considered for the JCHP agenda: one on family planning (see para. 189) and one on malaria (see para. 73).

FAO/UNICEF Joint Policy Committee

199. UNICEF representation on the FAO/UNICEF Joint Policy Committee consists of the Chairman of the Executive Board and the Chairman of the Programme Committee and three persons designated by Governments elected from the membership of the Board. These

persons are to be selected by their Governments in consultation with the Executive Director and are to be persons who are members of their Government's delegation to the UNICEF Board and/or who have had direct experience in nutrition programmes of interest to UNICEF.

200. The Board decided that the UNICEF membership at the next session of the FAO/UNICEF Joint Policy Committee should be as follows: the Chairman of the Executive Board and the Chairman of the Programme Committee by virtue of their office, and persons designated by the Governments of the Federal Republic of Germany, India and Tunisia in accordance with the criteria described in paragraph 199. The alternate to the Chairman of the Board and the Chairman of the Programme Committee would be the First Vice-Chairman of the Board. Other alternates, if needed, would be selected according to the criteria described in paragraph 199, by the Governments of Chile, Ethiopia and Yugoslavia.

201. The Board was informed that items which are being considered by the Director-General of FAO and the Executive Director of UNICEF for the agenda of the next session of the FAO/UNICEF Joint Policy Committee include: a general progress report on work in the field of nutrition; the global assessment of the applied nutrition programme (also on the JCHP agenda); co-operation between bilateral and international aid in the production, manufacture and distribution of high-protein foods; the role of home economics in FAO/UNICEF-assisted projects in mothercraft/homecraft and women's education; and rural youth programmes.

X. PUBLIC INFORMATION POLICY AND OBJECTIVES

202. The Executive Director submitted a report on public information policy and objectives (E/ICEF/L.1265) in response to a request which had previously been made by the Board. The report pointed out that UNICEF public information activities have two objectives. One was to create an informed and concerned body of public opinion in both the industrialized and the developing countries that would be aware of, and responsive to, the needs of children and youth. The second objective was to secure increased financial support for the work of UNICEF from both governmental and private sources. Since the needs of children were greater than could be met from all available resources it was hoped that UNICEF information might also lead bilateral aid agencies, voluntary agencies, foundations, etc. to use more of their resources on behalf of children. Two emphases on the situation of children and youth in developing countries needed to be presented. One was concerned with opportunities for investment in the preparation of the rising generation so that they could contribute to national development. This was of particular importance for Government contributions. The second was concerned with the protection of children and youth - a humanitarian emphasis more directly related to private fund-raising.

203. The report discussed the role of UNICEF National Committees as one of the main channels for assessing information needs and for distributing informational materials. It also dealt with the production of information materials based upon field sources; on the preparation of materials for use in various regions and for different audiences; on the choice of media and placement; and on the role of greeting card promotion. There was need to organize a better flow of information material from the field, both generally, and especially for projects adopted for fund-raising by National Committees. More material was needed for television; for school use and for children and youth; and for articles in professional journals and those reaching opinion-leaders. The UNICEF organization needed to be geared to collect and produce "core" material which would be translated, adapted, and placed or distributed by National Committees and UNICEF staff. It was important for UNICEF to rely upon the competence and good will of the press, radio, television and film industries and to involve them in the production of materials about children in developing countries for their own use.

204. During the course of the Board session the Executive Director's Consultative Panel on Public Information met and after reviewing the report gave it general endorsement. The report was then approved by the Executive Board. To carry out the objectives laid down in the report the Executive Director had proposed in the 1967 administrative and operational services budget to raise the number of national and international posts for field information staff from two to five; to make provision for a television - radio officer at Headquarters, and consultants; and to allow for increased production costs, including subsidies to help National Committees undertake the translation and reproduction of material required in bulk for national distribution. These provisions were approved when the Board approved the budget (see para. 219).

XI. REPORT OF THE COMMITTEE ON ADMINISTRATIVE BUDGET

205. The Executive Board had before it the report of the Committee on Administrative Budget on its thirty-fifth session (E/ICEF/AB/L.64) dealing with 1965 financial reports; the UNICEF financial plan for 1967; office accommodation for UNICEF Headquarters; greeting card budget estimates; and the suspensibility of DDT 75 per cent water-dispersible powder. These matters are discussed below, with the exception of the financial plan for 1967 which is discussed in paragraphs 37 to 39 above.

UNICEF financial reports for 1965

206. The Board noted that the Committee on Administrative Budget had reviewed and approved the financial report of the Executive Director for 1965 (E/ICEF/AB/L.57) 21/ and a report showing administrative and operational service expenditures for 1965 (E/ICEF/AB/L.58).

207. Total expenditure in 1965 amounted to \$30.3 million compared with \$39.8 million in 1964, a reduction of \$9.5 million. In considerable part this decline was a consequence of the decrease in allocations for supplies and equipment which occurred at the Board sessions in 1963 and 1964. In 1961 the Board had approved a change of financial policy which enabled UNICEF to expand its aid more rapidly than its income for a period of several years. Allocations had reached a peak in 1962 and then declined in 1963 and 1964; expenditure of allocations takes place fourteen to fifteen months later. A further part of the decline in expenditures reflected a series of particular circumstances which were not expected to continue in a significant way beyond 1965. In 1966 expenditures were expected to rise to \$35 million (plus or minus \$4 million) and in 1967 to \$37 million (plus or minus \$5 million).

208. The Board noted the cancellation of the unobligated balance of the administrative and operational services budget for 1965, amounting to \$118,304. The Board decided that in the future such unobligated balances should be cancelled automatically as of 31 December, the amounts to be subsequently reported to the Board. It also agreed that the information given in the administrative and operational services expenditures report should be included in the financial report in the future, rather than being issued separately.

21/ For a discussion of the Board's consideration of the report of the Board of Auditors on the financial report, see paras. 239-241 below.

Office accommodation for UNICEF Headquarters

209. General Assembly resolution 57 (I) of 11 December 1946 which established UNICEF provides that: "The United Nations shall make no charge to the Fund on account of staff and facilities, so long as these can be provided from the established services of the Secretariat and within the limits of the United Nations budget. If additional funds are necessary, money for such purposes shall be provided by the Fund".

210. In a letter dated 11 April 1966 the Secretary-General advised UNICEF of the urgent necessity to make plans to move its Headquarters from the office space it now occupies in the United Nations Headquarters Building. The expansion of certain programmes of the United Nations and the establishment of some new services created an urgent need for more space. If UNICEF were not to vacate its premises the United Nations would be forced to rent office space to house its own Secretariat, a proposal that could not be entertained at a time when the United Nations was providing rent-free facilities to UNICEF (see E/ICEF/AB/L.62, annex I). The Secretary-General expressed full appreciation and sympathy for the problem his request created for UNICEF. He expressed the hope that the move by UNICEF would be temporary and that a long-term solution to the problem of office space could be developed which would enable all members of the United Nations family in New York again to be accommodated on common premises. An architectural study was under way with this objective.

211. At the suggestion of the Secretary-General, and with the assistance of the staff of the United Nations, the Executive Director made a study of various outside locations which would be suitable for UNICEF Headquarters. In this search he benefited from the survey made by the United Nations of available office space adjacent to United Nations Headquarters site. A new building, 866 United Nations Plaza, appeared to offer the most suitable accommodations under the circumstances. A total of 42,150 square feet gross (37,000 square feet net) would be provided at an annual cost of \$333,000. Installation and moving costs would amount to approximately \$107,000.

212. While regretting the necessity, first to pay rent for space and, secondly, for moving from the United Nations Headquarters, the Executive Director pointed out that there would be certain advantages in the new location. For the past several years, the UNICEF Headquarters staff have worked in very cramped quarters - well below normal United Nations standards - and on different floors. The space available at the new location is on one floor which would provide for better integration of the various divisions of UNICEF and permit a return to normal standards of space per person, with a small area for expansion. In the Executive Director's view it was desirable for UNICEF to remain as close as possible to United Nations Headquarters because of the need to remain in close contact with Missions to the United Nations,

as well as with other branches of the United Nations, especially the United Nations Development Programme, the Department of Economic and Social Affairs, and the conference and document services. The option for leasing the premises at the United Nations Plaza Building was effective only until the end of May 1966 and if it was not taken by then it would be lost to any branch of the United Nations as well as UNICEF.

213. There was concern in the Board that so little time was available to canvass various possibilities for new quarters, including the possibilities of rent-free premises that might be made available by Governments or through foundations or other private means. It was to be regretted that the UNICEF Board was placed in a position where the possibilities for negotiation and exploration of alternatives were so limited and a hasty decision needed to be made. The Executive Director explained that while UNICEF had been put on notice some four years ago that it would have to move, both his predecessor, Mr. Pate, and he had hoped that an actual request to move would continue to be deferred. Any delay in bringing this matter to the Board's attention must therefore rest with the UNICEF secretariat and not with the United Nations.

214. The possibility of a move to Europe was discussed. Several representatives pointed out that there had not been time to see if Governments were ready to make concrete offers. The Executive Director pointed out that, in general, unless the new premises were in Geneva, UNICEF would have to pay for conference and documentation services as well as some other services which the United Nations had agreed to continue to provide to UNICEF. The valuation placed by the United Nations on these services, at \$500,000 annually, would exceed the savings on free premises, unless the host Government were also prepared to make a contribution for these costs. The initial cost of moving to Europe would be over \$1 million.

215. The majority of representatives in the Committee on Administrative Budget, which discussed this problem at some length, supported the Executive Director's recommendations. A number stressed the importance of UNICEF remaining in New York, as close as possible to United Nations Headquarters. Some felt that in any case there was no alternative but expressed the hope that a way would be found of relieving UNICEF of the financial burden for rent.

216. The Board approved the Executive Director's recommendation to rent adequate space for UNICEF Headquarters at the United Nations Plaza building on a five-year lease. The Executive Director was also requested to explore the possibilities of permanent UNICEF accommodations at a new United Nations Headquarters building. It was suggested by some members that the Executive Director seek supplementary financial resources to cover the accommodation costs of UNICEF Headquarters; others suggested that other locations might be explored. The Executive Director was asked to provide a progress report to the Board on these matters.

Supplementary budget estimates for 1966

217. The Board allotted \$804,000 to meet supplementary requirements in the 1966 administrative and operational services budget. Over half of the supplementary requirements were due to mandatory salary increases approved by the General Assembly for international staff (gross increase \$412,000). Additional income to UNICEF from staff assessment as a result of the revised salary scales will amount to \$124,000. Other supplementary requirements consisted of moving and rental costs for UNICEF Headquarters (\$190,000); subsidies to local costs of UNICEF offices (\$183,000); charges by the United Nations for certain reproduction costs (\$10,300); and an increase in external audit costs (\$8,700). The Executive Director was urged to continue his efforts to obtain contributions from assisted Governments for the local administrative costs of UNICEF field offices in order to reduce the amount of subsidies required from UNICEF.

Administrative and operational services budget
estimates for 1967

218. The Board approved a 1967 administrative and operational budget, as set forth in the Executive Director's budget estimates (E/ICEF/AB/L.60), and including provision for Headquarters office rent, amounting to \$3,095,750 (gross) for administration and \$5,413,050 (gross) for operational services, making a total of \$8,508,800. The total net budget amounted to \$7,696,800 after deducting estimated net revenue. The total gross increase over 1966 amounted to 6.1 per cent.

219. Statutory increases resulting from changes in United Nations post adjustment rates and local salary scales at UNICEF offices accounted for \$125,200 or over one-third of the increase (exclusive of Headquarters rent). Most of the other increases were due to a decision to increase the public information programme in order to create a favourable climate for increased contributions and for regional staff to follow-up the regional conferences on children and youth in national development programmes (see paras. 122-126).

220. The total number of established posts in the 1967 budget estimates included 189 international posts (71 at Headquarters and 118 in the field); 345 local posts financed by UNICEF (120 at Headquarters and 225 in the field); and 227 field posts financed by assisted Governments. The total number of posts financed by UNICEF was 534. As compared with 1966, the budget provided for a net increase of 5 international posts and 8 local posts financed by UNICEF. This included an international staff member to represent UNICEF in Viet-Nam. It also provided for an increase of one local post financed by assisted Governments. A summary of the proposed changes in established posts is given in the budget estimates (see E/ICEF/AB/L.60, paras. 30-34).

221. In connexion with the budget as well as the financial report there was considerable discussion of the ratio of administrative and operational service expenditures to total expenditures. The ratio of administrative expenditures to total expenditures in 1966 is expected to amount to approximately 7.5 per cent. The ratio of operational services expenditures to total expenditures is expected to amount to approximately 13.5 per cent. Similar ratios are estimated for 1967. If the value of distribution of free milk and of reimbursable procurement were added to total UNICEF expenditures the ratios would be lower; in 1965 (the latest year for which actual figures are available), the ratios would have been 5.9 and 10.6 per cent respectively.

222. In recent years UNICEF administrative costs had been subject to the general upward trend affecting all agencies (including salary increments, rising cost of living, higher prices of administrative supplies and services, etc.), and, in addition, to increased costs resulting from its world-wide operations. As compared to national organizations, it was subject to the generally higher costs of an international organization which recruits staff from many nations.

223. Moreover, the workload of operational services in the preparation and implementation of projects would, in many cases, be more appropriately measured not by the value of UNICEF assistance but by the total cost of the projects, which is, on the average, two and one-half times greater. UNICEF co-operation in a project requires field staff to take account of the whole project and not to restrict their attention to the delivery and use of supplies.

224. In addition, there are qualitative factors of workload which are not reflected in total expenditures. The preparation of projects affecting children and youth as part of national development programmes, which involve dealing with several governmental ministries or departments, requires more staff time. Assistance to training, which amounts to over one-third of total UNICEF assistance, requires more of the staff's time than the delivery of quantities of standard supplies for programmes such as disease control campaigns. Greater staff attention was required for the co-ordination of UNICEF aid with that of bilateral and multilateral agencies, and for encouraging those agencies, as well as voluntary agencies, to give more support to programmes of benefit to children. These activities while adding to administrative costs, did not increase the volume of UNICEF assistance against which these costs are measured.

225. There was general agreement that the main reason for the increased ratio of these costs to total expenditures resulted not from the administrative or operational services side of the equation but from the decline in UNICEF expenditures on supplies and equipment (see para. 207).

226. The Board believed that the best solution would be to increase income so that there could be greater expenditure on programme aid. The present UNICEF administrative structure could service a \$50 million annual expenditure, the goal endorsed by the Board (see para. 31), with less than a proportionate increase in administrative costs. On the other hand, it was recognized that the UNICEF administrative organization must, in the long run, be adjusted to its resources.

227. The Board adopted the following resolution with reference to the administrative and operational services budget estimates for 1967 on the understanding that the Executive Director would continue to scrutinize very carefully all aspects of administrative and operational services expenses with a view to carrying out the tasks of the UNICEF Secretariat as economically as possible:

A

Budget estimates for the financial year 1967

The Executive Board resolves:

1. That for the financial year 1967 estimates totalling \$US8,508,800 are approved for the following purposes:

	<u>US dollars</u>
Section 1: Salaries, wages and common staff costs	7,122,700
Section 2: Other expenses and permanent equipment	<u>1,386,100</u>
TOTAL ESTIMATES	<u>8,508,800</u> =====

2. That the Executive Director be authorized to administer as a unit the provisions under each of sections 1 and 2. Transfers between these sections may not be made without the prior authorization of the Committee on Administrative Budget.

B

Income estimates for the financial year 1967

The Executive Board resolves that for the financial year 1967 estimates of income totalling \$US812,000 are approved as follows:

	<u>US dollars</u>
Income from staff assessment (net)	792,000
Other income	<u>20,000</u>
TOTAL INCOME	<u>812,000</u> =====

Financing of estimates for the financial year 1967

The Executive Board resolves that for the financial year 1967 budget estimates totalling \$US8,508,800 shall be financed as follows:

	<u>US dollars</u>
By allocation at its May 1966 session	4,254,400
By allocation at its June 1967 session	<u>4,254,400</u>
TOTAL ESTIMATES	<u>8,508,800</u>

228. The Board allocated \$4,412,000 to cover the costs of administrative and operational services for the last half of 1966 and \$4,254,400 to cover these costs for the first half of 1967.

Greeting Card Fund

229. The Board approved a change of the financial year of the UNICEF Greeting Card Fund to end on 30 April rather than 31 August. The change will provide data earlier to make possible more efficient planning for the next campaign, and the financial report will reach the Board session one year earlier.

230. The Board noted that the Committee on Administrative Budget approved budget estimates of the Greeting Card Fund for the 1966 season (1 May 1966 to 30 April 1967) of \$2,300,060 (gross) as detailed in the estimates submitted (E/ICEF/AB/L.56). The Committee also authorized the Executive Director to spend an additional amount of up to 10 per cent of the gross budget, if necessary, to meet costs of expanded production and sales, should the apparent demand before and during the season increase beyond the present forecast, and also to transfer budgetary funds between allotment accounts as required.

231. The budget provides for establishing a collating plant in the Copenhagen Freeport and expanding the collating plant in the UNICEF warehouse in New York to supplement existing commercial facilities during critical periods. Additional small collating facilities will also be established in association with UNICEF National Committees in one or two countries of Europe. In order to meet the additional workload resulting from the steady growth of greeting card and calendar sales, a total of 5 new posts were added (3 international professional and 2 general service). The budget provides for a total of 20 established posts: 13 at New York Headquarters and 7 in Europe.

232. Because of the necessity to enter into commitments for the 1967 season eight to ten months before the beginning of the budget year, the Committee authorized the Executive Director to spend an amount not exceeding \$1,250,000 as an advance from the 1967 budget.

233. The Board noted that the Committee on Administrative Budget reviewed and approved the financial report for the Greeting Card Fund (E/ICEF/AB/L.55) which covered the 1964 sales campaign (1 September 1964 - 31 August 1965). The 1964 campaign brought a net income of \$2,167,000, an increase of \$436,000 over the previous year's campaign. Approximately 37,800,000 cards and 342,000 calendars were sold as compared with 30,600,000 cards and 223,000 calendars in the 1963 campaign. The sales for the 1965 season are forecast at 48 million cards. A sales growth rate of about 20 per cent per year is assumed in planning for the 1966 and 1967 seasons.

234. The Board noted the report of the Board of Auditors on the financial report of the Greeting Card Fund (E/ICEF/CRP/66-41). The Board of Auditors pointed out that the Fund had now developed into an important commercial enterprise which is bringing in substantial funds to UNICEF. The Board of Auditors recalled that in its report for the period 1 September 1962 - 31 August 1963 it had recommended the appointment of an expert management consultant or a committee of experts to undertake a detailed study of all aspects of the Greeting Card Fund's operation. An expert consultant firm management had been engaged but its study had so far been limited to a review of Headquarters forecasting of sales and production of cards and the procedures of the United States Committee in handling orders. The Board of Auditors stated that the Greeting Card Fund's present internal organization suffered from inadequate accounting systems and procedures, lack of proper stock control, deficiencies in the system of receipt and delivery of goods, a shortage of qualified personnel to attend to the various activities, and in a number of cases, from poor observance of regulations in ordering payments without proper vouchers of delivery or of receipt of goods.

235. The Deputy Executive Director (Operations) stated that a number of problems had arisen in control of stocks and production as a result of the rapid growth of card sales. The management consultant firm had made a number of recommendations on handling these problems in North America and the problems had either been solved or were on the way to solution. Problems in Europe were still being worked upon. The Executive Director had under consideration a number of valuable recommendations made in a detailed study by the representative of Switzerland to the Executive Board, Mr. Hans Konzett, who had also been Chairman of the Standing Advisory Committee of the European National Committees and had had long experience in the printing business. In the light of this detailed study the Executive Director needed to consider whether a committee of experts was necessary. He would report to the Board on the action taken. The additional staff approval in the budget (see para. 231 above) would enable better production and stock controls.

236. The Board expressed its appreciation of the importance of greeting card sales campaigns not only because they raised substantial sums of money but because they provided people all over the world with a direct link with international efforts on behalf of children. The Board expressed its gratitude to all those involved in the designs of the cards, and paid special tribute to UNICEF National Committees and to the many voluntary organizations and individuals without whose efforts the campaigns could not have been successful.

Suspensibility of DDT 75 per cent water
dispersible powder

237. The problem of the suspensibility of DDT 75 per cent water dispersible powder was discussed at the June 1965 session of the Executive Board following comments on this problem in the report of the Board of External Auditors. The Board asked for a further report on this question at its May 1966 session. 22/ The Board had before it a note by the Executive Director (E/ICEF/AB/L.61) which pointed out that:

(a) Following a meeting of the WHO Expert Committee on Insecticides in October 1965 and based upon its recommendations, the Director-General of WHO has sent new specifications in draft form to the Executive Director for the purchase of DDT water dispersible powder and advised that they be used as a basis for procurement. The United States Agency for International Development (AID) will also adopt the new specification as from 1 July 1966. It is proposed that a joint meeting be held with all interested manufacturers and formulators to discuss the problem of suspensibility and the revised specifications.

(b) The reviewed specification is strengthened in the following aspects:

- (i) Warranty for a twelve-month shelf life;
- (ii) Severer accelerated storage treatment (to "predict" the effect of storage);
- (iii) Severer tests of suspensibility;
- (iv) One sample to be taken from each 5,000 kgs. formulated instead of a composite sample from 10,000 kgs.;
- (v) More careful definition of quick visual test of suspensibility for field use.

(c) A "DDT Co-ordinating Committee" consisting of the WHO/Pan-American Health Organization, the United States Public Health Service, UNICEF, and a leading manufacturer and formulator has been organized and has met several times for the purpose of keeping the suspensibility question under review.

(d) In accordance with the new specifications, UNICEF - as from the beginning of 1966 - required suppliers to give a warranty of a storage life of twelve months in the warehouse. Any powder found not to meet the suspensibility test after this period should be promptly replaced or corrected at the expense of the supplier. If the supplier fails to do this, UNICEF may (i) replace or correct the material and charge the cost to the supplier, or (ii) retain the material at an agreed reduction in price.

(e) A number of manufacturers and formulators are understood to be pursuing technical work on the problem and the Communicable Disease Centre of

22/ See Official Records of the Economic and Social Council, Thirty-ninth Session, Supplement No. 15 (E/4083/Rev.1-E/ICEF/528/Rev.1), paras. 210-218.

the United States Public Health Service has established a small pilot plant. In the meantime, some refinements are understood to have been made in processing.

(f) UNICEF is now having tested samples of material produced under the six-month shelf-life requirement introduced in January 1965. Thus far 98.5 per cent of the samples, representative of 10 million pounds of material, have met the six-month shelf-life requirement. Tests are now to be made of suspensibility of 100 samples of materials collected in the field with the help of WHO/Pan-American Health Organization, after transport to the point of end-use.

238. Extensive field testing and reporting has been encouraged and the relatively few reports and samples suspected is indicative of an improving situation. Since June 1965, no further quantities of powder have been reported to UNICEF from the field as presenting operational difficulties. The Executive Director interpreted this to mean that the relatively minor quantities still being found low in suspensibility are made usable by soaking or the addition of detergent. The Board noted that the Committee on Administrative Budget had emphasized the need for the continued sample testing of material collected at the point of end-use, since in other types of campaigns it had been found that laboratory testing was not adequate to indicate the quality of material after transport to and storage in the field.

239. After the Committee on Administrative Budget had met the Executive Board received the report of the Board of External Auditors on the 1965 financial report (E/ICEF/CRP/66-41) which reported that the UNICEF Administration, after consultation with various specialized agencies, had now recognized the existence of the problem, and was applying some of the necessary remedial measures, although these were reported not to have progressed as far as originally anticipated. The Board of Auditors suggested that additional measures be considered, including agreement with the Governments of all the assisted countries on a system of selected tests through which the necessary suspensibility of the product could be ascertained at the time of its use in the field; and on arrangements for use of the product within the manufacturers' guarantee period, so as to ensure the validity of claims that it might be necessary to file with the producer of the DDT.

240. The Deputy Executive Director pointed out that the importance of tests at the point of use had been emphasized by the Committee on Administrative Budget (see para. 238). It was planned to test a larger number of samples should the results of the first 100 samples (see para. 237 (f)) indicate that this was warranted. The UNICEF secretariat would do all it could to ensure that the DDT-powder was used within the manufacturers' guarantee period. However, this problem was only partially within UNICEF's control. While Governments would be urged to use their older stocks first this could not always be completely ensured because of internal transport problems and the need for having some reserve stocks available at various points.

241. The Board considered that the problem of suspensibility of DDT 75 per cent water dispersible powder continued to be a technical one, and that the action which had been taken on behalf of UNICEF was satisfactory.

XII. QUESTIONS TO BE CONSIDERED AT THE 1967 BOARD SESSION

242. As is set forth elsewhere in this report several questions arose during the course of the deliberations of the Executive Board which it was agreed would be considered at the 1967 Board session. This included UNICEF policy on assistance for malaria eradication (see para. 73), and the drawing in of more sources of assistance for protein-rich foods for children (see para. 85). A number of other health and nutrition policy questions will also be discussed on the basis of reports by the joint policy committees with WHO and FAO (see paras. 198 and 201). There would be two global programme assessments - one on maternal and child health (see para. 67) and the other on applied nutrition (see para. 80). The Board noted that in accordance with its decision at the June 1965 session 23/ it will review progress on reaching the young child, aged one to six years, on the basis of a report by the Executive Director.

243. The interest in the Board on the question of concentration of programme effort has been referred to in paragraphs 102-104 of this report. Several delegations believed that the time had come when it would be desirable for the Board to consider the strategy, criteria and priorities in the use of UNICEF aid, in order to ensure that the resources of the Fund were being used most effectively for the benefit of children in the developing countries. This might involve a review of the situation and needs of children in the developing countries, based upon available statistics, country studies, deliberations of the regional conferences on children and youth in national development, and relevant materials available from agencies in the United Nations family and from other sources. It might consider the principles of distribution of UNICEF aid as between various categories of aid and between various countries, and planning for children and youth within the framework of national development programmes. It might also consider the assessment of the effectiveness of programmes assisted by UNICEF. The Board agreed to place this matter on the agenda of its 1967 session, which it would consider on the basis of a report by the Executive Director.

23/ Ibid., para. 65.

ANNEXES

ANNEX I

ATTENDANCE

Members

Chairman:^{a/} Mr. Joseph W. Willard (Canada)
Afghanistan: Mr. Yar Mohammad Mujadidi
Australia: Mr. J.C. Ingram
Belgium: Mr. Hilaire Willot, Mr. Alfred Ameel
Brazil: Mr. Ernest Alfonso Bartolomeu, Mr. Celso Ortega Terra
Bulgaria: Dr. Sibilla Radeva, Mr. Dimitri Kissimov
Chile: Mr. Hernán Sánchez
China: Mr. Pao-Yi Tsao, Mr. S.S. Liu, Mr. Shu-Mei-sheng
Ecuador: Mr. Bolivar Paredes
Ethiopia: Mr. Yohannes Tsige, Mr. Hailu Sebsibe, Mr. Yohannes Wolde Gerima,
Mrs. Mary Tedesse, Mr. Yohannes Habtu, Mr. Demissie Adefrissew
Federal Republic of Germany: Mr. Heinrich Sartorius
France: Dr. Raymond Mande, Mr. Serge Eluecque
India: Dr. Sushila Nayer, Dr. K.N. Rao, Mr. K.K. Bhargava, Mr. S.K. Sarin
Israel: Mrs. Zena Harman
Morocco: Mr. Boumahadi Boubeker
Pakistan: Mr. V.A. Hamdani, Lt. Col. S.A. Jafarey
Peru: Dr. Javier Arias Stella
Philippines: Dr. Clemente Gatmaitan, Mr. Privado G. Jiménez
Poland: Dr. Boguslaw Kozusznik, Dr. Boleslaw Gornicki, Mr. Mieczyslaw Bulawa,
Mr. Mieczyslaw Cielecki
Senegal: Dr. Gabriel Senghor
Sweden: Mr. Nils Thedin, Miss Lisa Mattson, Mrs. Ulla Wickbom, Dr. Yngve Hofvander,
Dr. Yngve Larsson
Switzerland: Mr. Hans Conzett, Miss Francesca Pometta, Mr. Jean Jacques Mourey
Thailand: Mr. Abhai Chandavimol, Dr. Boon Suvarnasara, Mr. Xujati Pramoolpol
Tunisia: Mr. Mohamed Beyrakdar, Mr. Mohamed Chakchouk, Mr. Chamheddine Bendamire
Turkey: Dr. Ihsan Dogramaci
Union of Soviet Socialist Republics: Dr. Fedor Zakharov, Mr. Alexander Zabolotsky,
Mr. Alexandre Abramov
United Arab Republic: Mr. Badrawy M. Fahmy
United Kingdom of Great Britain and Northern Ireland: Mr. N. Leach, Mr. W.T.A. Cox,
Lt. Col. D.S.F. Bult-Francis
United States of America: Mr. P.F. Delliquadri, Dr. Katherine Bain,
Miss Blanche Bernstein, Mr. Arthur M. Stillman
Yugoslavia: Mr. Svetomir Jauković

^{a/} The First Vice-Chairman, Mr. Nils Thedin (Sweden) presided at the 350th meeting on 26 May 1966, and part of the 351st meeting on 27 May 1966.

Government Observers

Cameroon: Dr. Thomas Barla Moukoko
Canada: Mr. Brian J. Iverson, b/ Mr. Gilles Grondin b/
Central African Republic: Dr. J. Gody
Dahomey: Dr. Victor Agbessi
Ghana: Mr. Annan Arkyin Cato
Guinea: Dr. Youssouf Condé
Liberia: Mr. T. Siafa Sherman
Libya: Mr. Ramadan D. Biri, Mr. Mohammed Kawafi, Mr. Memoi O. Daas,
Mr. Ali M. El'Mazig
Madagascar: Dr. Henri Ratsifandrihamanana, Mr. Roger Rajoelisololo
Malawi: Mr. L.P. Anthony, Dr. B. Gunda
Netherlands: Mr. Jan Eggink
Niger: Mr. Abdou Adam
Nigeria: Dr. O. Adeniyi-Jones
Norway: Mrs. Jo Tenfjord
Rwanda: Mr. Emile Kanyandekwe, Mr. P. Clover Iyamuremye
Sierra Leone: Mr. G.E.O. Davies
Spain: Dr. Juan Bosch Marín
Sudan: Mr. Sayed Nuri Khalil Siddig

United Nations

Department of Economic and Social Affairs of the United Nations Secretariat:
Mr. Jean Iliovici, Miss Aida Gindy
Economic Commission for Africa: Mr. James Riby-Williams
United Nations Development Programme: Miss Joan Anstee

Specialized agencies

International Labour Organisation (ILO): Mr. J. Reynaud
Food and Agriculture Organization of the United Nations (FAO): Dr. M. Autret,
Dr. L.M. André, Mr. Mirko Lamer, Mr. H. Pederson, Mr. P.R. Thomforde
United Nations Educational, Scientific and Cultural Organization (UNESCO):
Mr. Jean Guiton, Mr. Conrad Opper, Mr. Tadesse Terrefe
World Health Organization (WHO): Dr. Lucien Bernard, Dr. Stanislas Flache,
Dr. Estella Budiansky, Dr. Louis Bechelli
International Bank for Reconstruction and Development (IBRD): Mr. M.A. Burney

Inter-Governmental Organization

Organization for African Unity: Mr. Hizekiel Isaac

b/ As the representative of Canada was Chairman of the Executive Board, the other members of the Canadian delegation attended as Government Observers.

Non-governmental organizations

Associated Country Women of the World: Mrs. Aroti Dutt
Catholic International Education Office: Brother Michael,
Rev. Fr. Dr. Callisto Mkona
Catholic International Union for Social Service: Brother Michael,
Mrs. Asserate Mamo
Commission of the Churches on International Affairs, The: Reverend D. Essono Beka,
Mr. S. Bikun, Mrs. M. Mpandes, Mrs. Rhoda Msuya, Mrs. Robbins Strong,
Mrs. Stephen Trowen-Nagbe
Friends World Committee for Consultation: Mr. Joseph Adede Litu
International Alliance of Women - Equal Rights, Equal Responsibilities:
Mrs. Margaret Bender
International Association of Schools of Social Work: Mrs. H  l  ne Castel
International Catholic Child Bureau: Mr. Henri Gastaldi
International Catholic Migration Commission: Mr. Mario Gallo
International Committee of Catholic Nurses: Sister Douziech Marie-Rose
International Confederation of Midwives: Miss Ling Skorven
International Conference of Catholic Charities: Rev. Fr. Dr. Carlo Capone,
Miss Bernadine Foley, Mrs. Gerda A. Gallo
International Conference of Social Work: Mr. Yohannes W. Gerima, Mrs. Kate Katzki
International Council of Nurses, The: Mrs. Abeba Wolderufael
International Federation of Business and Professional Women:
Miss Christina Claassens
International Federation of Settlements and Neighbourhood Centres:
Miss Lillian D. Robbins
International Federation of Social Workers: Mrs. Kate Katzki
International Federation of University Women: Mrs. Donald Sabin
International Movement for Fraternal Union Among Races and Peoples:
Miss Jane Namugenyi
International Planned Parenthood Federation: Dr. J.W. McAllan
International Social Service: Mr. Demissie Adefrissew, Mrs. Michael Harris
International Society for Rehabilitation of the Disabled: Dr. B. Oscar Barry
International Union for Child Welfare: Miss Marie Denham, Miss A.E. Moser,
Mr. Mebrahtu Yohannes
International Union for Health Education: Dr. Juan Bosch Mar  n, Dr. Gabriel Senghor
League of Red Cross Societies: Mr. Getatchew Araya
Medical Women's International Association: Miss I. Weithaler
National Council of Social Service for Uganda: Mr. E. Mambule Kigundu
Pan-Pacific and South-East Asia Women's Association, The: Mrs. Donald Sabin
Salvation Army, The: Brigadier Benjamin R. Amu
Women's International Zionist Organization: Mrs. Zoe Slomovitz
World Alliance of Young Men's Christian Associations: Mr. John Eveland,
Mr. John Symthe, Mr. Admasou Zike
World Association of Girl Guides and Girl Scouts, The:
Miss Honorine Ranivoarimanana
World Confederation of Organizations of the Teaching Profession: Mr. Demisse Belay
World Council for the Welfare of the Blind: Mr. Shimelis Adugna
World Jewish Congress: Mr. and Mrs. Philip Berman
World Organization for Early Childhood Education: Mrs. Jo Tenfjord

World Union of Catholic Women's Organizations: Mrs. M. Ballet, Miss Mary Hancock, Mrs. Rose Ntjam, Mrs. Victoria Okoye, Mrs. Yvonne Rabezarisoa, Mrs. B.O. Thorpe, Mrs. Kevina Tyaba, Miss Alba Zizzamia
World Young Women's Christian Association: Mrs. Gladys Lawther, Mrs. Nelli Njage, Mrs. Phoebo Shukri, Mrs. Tsadale Yegezu

UNICEF National Committees

Belgium: Mr. Hilaire Willot c/
Canada: Mrs. Sylvia Lamothe, Miss Rachel Smiley
Denmark: Miss Kersten Grueland
Federal Republic of Germany: Dr. Werner Veith
Ireland: Mr. P.J. Donohoe
Netherlands: Mr. Jan Eggink d/
Norway: Mrs. Jo Tenfjord d/
Poland: Dr. Boguslaw Kozusznik, c/ Mr. Mieczyslaw Bulawa c/
Spain: Dr. Juan Bosch Marín d/
Sweden: Mr. Nils Thedin, c/ Mrs. Ulla Wickbom c/
Switzerland: Mr. Hans Konzett c/
United Kingdom of Great Britain and Northern Ireland:
Lt. Col. D.S.F. Bult-Francis c/
United States of America: Mrs. Helenka Pantaleoni

c/ Also member of Government delegation at the session.

d/ Also Government Observer at the session.

ANNEX II

DESCRIPTION OF PROJECTS FOR WHICH AID WAS APPROVED
IN MAY 1966

A. AFRICA

ALGERIA

HEALTH SERVICES
Continuation,
mid 1966 - mid 1967

Allocation approved: \$1,500,000
Technical approval: WHO

E/ICEF/P/L.706

The Ministry of Public Health, which was reorganized in 1965, is trying to work out a well defined health policy for the country, adapted to local needs. During 1966/1967 emphasis will be placed mainly on the training of various categories of personnel and, at the same time, activities already initiated will be consolidated. Five new departmental nutrition rehabilitation centres will be opened, increasing their number to ten. Two new schools for laboratory technicians will be opened in 1967, each to train 30 students per year. In order to improve the practical training of auxiliary and para-medical personnel, as well as doctors, supplementary equipment will be provided to the gynaecological, obstetrical and children's clinics at the Mustapha University Hospital in Algiers. UNICEF will provide supplies and equipment for two schools for laboratory technicians, five nutrition rehabilitation centres, the Algiers Hospital and the central vehicle maintenance workshop; transport for the supervision of MCH activities; and stipends. WHO will continue to participate in the project with its entire team of about twenty advisers.

ALGERIA

NUTRITION: FOOD MIXTURES
FOR CHILDREN
First request for UNICEF
aid, mid 1966 - mid 1967

Allocation approved: \$118,000
Technical approval: FAO and WHO

E/ICEF/P/L.741

The Government is giving a high priority to the production of a low-cost, protein-rich food based on local raw materials, which could be used both as a weaning food and as a diet supplement for young children. It has authorized SEMPAC, a State-owned company which controls twenty-three couscous factories and seventy flour mills, to move ahead with research and testing and to produce on a pilot scale the product envisaged in this project. In collaboration with UNICEF, FAO and WHO, SEMPAC has studied the production of a flavoured mixture of pre-cooked flours, composed of hard wheat, chickpeas and lentils, fortified with 10 per cent skim milk powder, vitamins A, D and riboflavin and calcium. This food has a protein content of 20 per cent. Acceptability tests are currently being conducted in collaboration with FAO and WHO, prior to manufacture on a commercial scale. During the first two years about 600 tons will be produced, which will benefit about 100,000 children. The Government has agreed to distribute the product through its own commercial channels at the lowest possible price and exempt from taxes. With the help of a Government subsidy, a certain amount of this food will be provided at an even lower price of free of charge to needy families and those on public assistance through MCH centres, hospitals and State pharmacies and stores. A Government-sponsored education campaign will stimulate the use of this food mixture. These activities will be supplemented in rural areas by the use of a mobile demonstration unit. UNICEF will provide the machinery and equipment needed for the production of a protein-rich food skim milk powder and other additives for the initial period, demonstration equipment and a vehicle.

ALGERIAEDUCATION

Continuation and expansion,
mid 1966 - mid 1967

Allocation approved: \$180,000
Technical approval: FAO, UNESCO,
WHO

E/ICEF/P/L.746

The proposed plan for 1966/1967 is as follows:

Primary education: In order to avoid taking teachers away from their pupils for long periods of time, short refresher courses will be held at the district level. The courses will be given by 450 primary school inspectors and teaching counsellors who, in turn, will be trained during five ten-day seminars organized at Algiers in the latest teaching methods, which they will then pass on to the lower echelons. The pedagogical training of primary school teachers is being increasingly supplemented by general education, given during summer vacations in the general and vocational training centres, of which 572 existed in 1965. The number of normal schools for primary teachers will be increased to twenty-four, training 3,600 teachers per year.

Secondary education: Three seminars of a few days' duration each will be organized for 200 temporary teachers of the first cycle of secondary school, in order to familiarize them with modern teaching methods. During 1966/1967, 30 new rural home economics instructors will be trained, bringing the total to 80, and the number of training centres will be increased to 28. Basic agricultural studies will be intensified and the number of students in the agricultural training schools increased. Boarding facilities will be established in these schools at the rate of ten per year, to accommodate 3,000 students. At least 40 teachers and instructors will be trained at El Harrach Agricultural Institute (Algiers). The training of personnel for the school canteen programme will also continue. UNICEF will provide audio-visual equipment, scientific, domestic science and agricultural demonstration materials, transport, travel grants and honoraria.

CAMEROONHEALTH SERVICES

Continuation and expansion,
mid 1966 - mid 1967

Commitment approved: \$119,000
Allocation approved
for 1966/1967: \$32,000
Technical approval: United
Nations Department of Economic
and Social Affairs, FAO and WHO

E/ICEF/P/L.679

In the first phase of the comprehensive national plan (1966-1969) the Government intends to establish six demonstration zones (Demonstration d'action de sante publique - DASP) in specially selected areas of the country. Each zone will contain a main demonstration centre, 32 health centres with 6 beds each, and 40 sub-centres, also with beds. Existing centres will be absorbed within the new structure, new centres being created where necessary to bring the number of institutions up to standard. In areas outside the DASP zones, maternal and child health activities will continue. Four additional centres will be opened in areas not yet covered by the existing services. The first medical school in Cameroon will be opened in 1966; two new nurse-midwifery schools will be created and four existing nurse-midwifery and health auxiliary schools will be strengthened. The courses for nurses will be extended from two to three years, and public health orientation will be introduced into all training courses in 1966. Existing health staff will receive such orientation through short courses, seminars and conferences. A Women's Centre near Yaounde will give practical training in hygiene, child welfare, home economics and nutrition for some 250 women and girls. The leprosy campaign will be intensified with the expansion of case-finding and follow-up throughout the epidemic areas. Of the estimated 72,000 cases, it is expected that 48,000 will be reached during the period of this plan.

UNICEF will provide basic equipment for 38 health centres and 40 sub-centres in the DASP zones and 4 MCH centres outside the zones; teaching equipment for 6 nurse-midwifery schools and 1 women's centre; drugs for leprosy and yaws; transport; and stipends. WHO will provide experts in the fields of public health, nursing, environmental health, medical education and fellowships. A social welfare adviser provided by the Bureau of Social Affairs of the United Nations Secretariat will participate in the training programme for women and girls. Assistance will also be received from the European Development Fund (FED), the Agency for International Development of the United States and the Fonds d'Aide et de Cooperation aux Etats de la Communauté (FAC).

<u>CHAD</u>	<u>HEALTH SERVICES (INCLUDING SOCIAL SERVICES</u> Continuation and extension, 1966-1967	Allocation approved: <u>\$30,000</u> Technical approval: <u>United</u> Nations Department of Economic and Social Affairs and WHO
	E/ICEF/P/L.673	

The Government is now preparing a long-term plan for the development of integrated basic health services. The advice of WHO is being sought and co-ordination with social and community development activities is being encouraged. Priority will continue to be given to the training of personnel at all levels. The nurses' courses at Fort Lamy are expected to accommodate a total of 145 students in 1966; refresher courses will also be organized. During the period of this plan, a second public health demonstration centre will be established at Charoua, where practical experience and in-service training will be provided. Increased attention will be given to the gathering of epidemiological and demographical data with a view to the extension of the application of medico-social activities in the Republic. UNICEF will provide basic equipment and supplies for the health centre and for environmental sanitation activities; honoraria for two instructors; training stipends; and transport for supervision. WHO will continue to provide a senior medical officer, a nurse-tutor and a sanitary engineer.

<u>CHAD</u>	<u>LEPROSY CONTROL</u> Continuation, mid 1966 - mid 1967	Allocation approved: <u>\$12,500</u> Technical approval: <u>WHO</u>
	E/ICEF/P/L.654	

At the end of September 1965, 52,160 cases were registered; 30,632 were under treatment and, of this number, 21,631 were under regular treatment; 12,626 cases were under observation without treatment; 16,084 were considered as arrested and 2,167 as cured. The campaign will continue in 1966/1967 on the same general basis as in previous years. Treatment will be provided in static centres and through 17 motorized, 65 bicycle and 5 boat, horse and camel circuits. UNICEF will provide drugs, campaign equipment and replacement vehicles and bicycles.

<u>CHAD</u>	<u>APPLIED NUTRITION</u> Continuation, mid 1966 - mid 1968	Allocation approved: <u>\$47,000</u> Technical approval: <u>United</u> Nations Department of Economic and Social Affairs, FAO and WHO
	E/ICEF/P/L.757	

The Government has developed a five-year plan for the improvement of nutrition; operations began early in 1965. Expansion of the project will be accelerated during the next two years, especially in the North. The World Food Program has been asked to provide supplies for a greater number of school children. Vacation training courses will be organized in 1966 and 1967 for approximately 100 teachers. Sixty new gardens, orchards and school poultry runs will be established with the aim of encouraging greater village production. An elementary home economics training centre opened in October 1965, where young women will be given training in a two-year course to become home economics assistants (monitrices) and will then direct women's clubs and teach the elements of child care and family feeding. A first class of 15 students is foreseen. Nutrition studies will be continued, and FAO and UNICEF staff will collaborate in 1966 on a study of milk production by small-scale dairy farmers. UNICEF will provide horticultural and poultry-raising material for 60 centres, home economics training material and equipment, transport and stipends.

CHADEDUCATION

First request for UNICEF
aid, mid 1966 - mid 1969

Allocation approved: \$41,000
Technical approval: UNESCO, FAO

E/ICEF/P/L.752

The long-term objective of the Government is to reform the educational system along lines more suited to the present day needs of Chad. In order to expand the school system, the first priority will be to increase the teaching force at all levels through an accelerated programme of training to upgrade the teaching standards of teachers already in service, and at the same time to improve the school inspection service so that standards will continue to be maintained at a high level. Some 30 to 50 new primary classes will be established each year. A pedagogical training centre will be established in 1966 where 30 primary school teacher-trainees will enrol each year in one-year courses. By 1969, 90 teachers will have been trained. Accelerated refresher courses will be established for primary teachers already in service in order to raise teaching standards, and preparatory courses will be organized each year for 25 secondary school teacher trainees to facilitate their entry to the inter-state Graduate Training School established at Brazzaville, Congo. All school inspectors will undergo special refresher training, and a fourteenth regional inspection service will be established in 1967. One secondary and two primary schools will become demonstration and pilot schools associated with the pedagogical centre for practical training of students. UNICEF will provide audio-visual, reproduction and science teaching equipment for the Pedagogic Centre; teaching materials for two pilot primary schools and a secondary demonstration school; and transport. UNESCO will provide an expert in psychopedagogy, a teacher of French, literature, history and geography and a teacher of science, mathematics, physics and chemistry.

CENTRAL AFRICAN
REPUBLICEDUCATION

Continuation and extension,
mid 1966 - mid 1968

Allocation approved: \$51,000
Technical approval: UNESCO

E/ICEF/P/L.743

During the next two years, the facilities of the National Centre at Bangui will be enlarged and improved so as to accommodate a minimum of 50 teachers every 3 months. A selection of 31 demonstration schools covering all 13 regions of the country is being made and the training courses will include a period of in-service work in the demonstration schools under supervision. Emphasis will be placed upon the practical modifications in the curriculum being developed at the Bangui Centre. Increased emphasis will be placed on local production of practical teaching material suitable to the country's requirements. Some workshops will be developed to prepare such material for general use. UNICEF will provide supplementary teaching aids, books and workshop equipment for the National Teaching Centre and 31 demonstration schools; transport; and stipends for 400 teachers attending in-service courses. UNESCO will continue to provide the services of four experts.

CONGO (BRAZZAVILLE)

HEALTH SERVICES
Continuation and extension,
mid 1966 - mid 1968

Commitment approved: \$62,000
Allocation approved
for 1966/1967: \$43,000
Technical approval: WHO

E/ICEF/P/L.740

A pilot zone will be created at Kinkala, a rural town some 78 kilometres from Brazzaville and near Pointe Noire, to be the focus of an accelerated training programme providing public health orientation for rural health personnel. Supervision of the health services in the prefecture combined with health education of health personnel and the general population of the area will be undertaken. Outside the demonstration zone five new health centres will be constructed. The maternity centre at Linzolo and the maternity and paediatric wards at Makelekele Medical Centre will be upgraded. Two new hospitals will be constructed and equipped. A combined nation-wide mass campaign will be launched against measles and smallpox. Tuberculosis control measures, under the direction of the anti-tuberculosis centre at Brazzaville, will be further developed, and the BCG campaign will be extended progressively towards the north of the country. Courses for social workers, nurses and midwives at the two schools in Brazzaville will continue at the present annual rate of intake. Training of graduate nurses at Pointe Noire and of laboratory assistants at the Pasteur Institute (Brazzaville) will also be continued. Beginning in 1966, a two-year course for X-ray technicians will be initiated. A new school will be established in July 1966 for the training of polyvalent auxiliary health workers. The Government intends to start a nutrition education programme for health personnel and the general public. UNICEF will provide basic and supplementary equipment for the demonstration zone; for two existing and five new centres; for the maternity and paediatric wards at Linzolo and Makelekele and the hospital at Pointe Noire; equipment for the tuberculosis control campaign, including BCG vaccine; teaching and training equipment for nutrition education; transport; and stipends. WHO will provide experts in the fields of public health, nursing, medical and nutrition education and tuberculosis control together with fellowships for health personnel. Bilateral aid from a variety of countries is being provided in the form of personnel, construction of buildings, equipment, supplies and fellowships.

CONGO (BRAZZAVILLE)

LEPROSY CONTROL
Continuation,
mid 1966 - mid 1967

Allocation approved: \$7,000
Technical approval: WHO

E/ICEF/P/L.654

At the end of August 1965, the number of registered cases totalled 18,819. Of these, 9,096 cases were under treatment, 6,425 with satisfactory regularity; 4,241 were under observation without treatment and 3,470 were considered as arrested. The campaign will continue in 1966/1967 on the same general basis as in previous years, through static treatment centres and 5 motorized, 65 bicycle and 8 boat circuits. UNICEF will provide drugs, campaign equipment and replacement vehicles and bicycles.

CONGO (BRAZZAVILLE)EDUCATION
Continuation, 1966/1967Allocation approved: \$72,000
against approved commitmentEAST AFRICAHEALTH SERVICES: TRAINING IN
PAEDIATRICS AND OBSTETRICS
Continuation, mid 1966 -
mid 1969Commitment approved: \$108,000
Allocation approved
for 1966/1967: \$43,000
Technical approval: WHO

E/ICEF/P/L.716

During the period mid 1966 - mid 1969 assistance will be given to the Department of Paediatrics and the Department of Obstetrics and Gynaecology with a view to improving training facilities in both departments. Both departments are revising their curricula and training schedules to emphasize paediatrics and preventive medicine in the five-year medical degree course. A further new aspect of training will be the extension of practical field work to two remoter areas of Ankole and Mbarara, where conditions are considered to be typical of those that will be encountered by graduates during service in the rural areas. Seminars will be conducted and consultant visits will continue to be made by staff members of the respective departments to rural hospitals and health centres, serving to promote preventive health measures as well as to maintain good standards of clinical and nursing techniques. UNICEF will provide teaching and demonstration equipment for the two Departments; funds for the printing of reports, seminar papers and a booklet for midwives; transport; and training grants. WHO is providing the Department of Paediatrics with two lecturers who will serve until mid 1966, after which the University will resume responsibility for these posts. WHO will also provide a senior lecturer and a midwifery tutor with public health experience. The University will continue both paediatrics and obstetrics training schemes at the end of the period without further aid from UNICEF.

EAST AFRICANUTRITION: RURAL EXTENSION
TRAINING
Continuation, 1966/1967Allocation approved: \$11,000
against approved commitmentEAST AFRICASOCIAL WELFARE AND COMMUNITY
DEVELOPMENT
Continuation, 1966/1967Allocation approved: \$53,500
against approved commitmentETHIOPIAHEALTH SERVICES
Continuation, mid 1966 -
mid 1967Allocation approved: \$117,000
Technical approval: WHO

E/ICEF/P/L.730

The Government is now evaluating existing health services in the provinces with a view to consolidation prior to planning and expansion. An additional mobile MCH team will be formed and will commence work in the densely populated areas of Addis Ababa. The training programme will be expanded by the establishment of a new training school for 40 auxiliary health workers in Asmara adjoining the Itegue Mennen Hospital. A pilot training project for traditional midwives has also been planned. The content of the courses and selection methods for trainees will be revised; 200 students will be enrolled at the Gondar Public Health College. At the Medical Auxiliary School in Addis Ababa, 110 trainees will be enrolled. Endemic disease control will continue along existing lines with emphasis on integration with the health services. Tuberculosis control activities will continue to be developed, with increased BCG vaccination. Evaluation of activities in the pilot area will be undertaken. The Tuberculosis Demonstration and Training Centres in Addis Ababa and Asmara will continue to accept students for in-service training. Trachoma control in Eritrea Province will be concentrated on consolidation of the

ETHIOPIA (continued)

results of the mass campaign. Leprosy control activities in areas of high infection, which are not easily accessible in Godjam and Shoa Provinces, will be intensified and expanded. A six-month course will be given for ten trainees who will become leprosy field workers. School children in areas with health centres will be examined and cases of trachoma, tuberculosis and leprosy will be treated. UNICEF will provide supplementary MCH and environmental sanitation equipment and expendables for health centres and training supplies for medical auxiliaries schools; equipment for the mobile MCH unit; supplementary equipment for the maternity and paediatric wards of one training hospital; drugs, BCG vaccine, laboratory and campaign equipment, X-ray films and supplies for tuberculosis; ophthalmic ointment for trachoma; dapsone tablets for leprosy; transport; and training grants. WHO will continue to provide eight advisers and specialists.

ETHIOPIA NUTRITION: MILK Allocation approved: \$97,000
CONSERVATION against approved commitment
Continuation,
1966/1967

ETHIOPIA SOCIAL SERVICES AND Allocation approved: \$64,000
COMMUNITY DEVELOPMENT Technical approval: United
TRAINING Nations Department of Economic
Continuation and expansion, and Social Affairs
mid 1966 - mid 1967

E/ICEF/P/L.691

The present plan calls for the introduction of pre-vocational training and day-care activities. Ten new rural centres will be established and seven additional centres will be strengthened. Hand weaving will be introduced to revive the traditional craft and encourage the training of children in the home, thus ensuring continuation of this skill. The Government has assumed full responsibility for the regular training programme at the School of Social Work, and only limited support for the supervision of students in the field and refresher courses is now requested. The training course at Awasa Training Centre will be extended to two years with a yearly intake of 40 trainees. Seminars, in-service and refresher courses are planned for a total of 112 participants. UNICEF will provide mothercraft, homecraft, audio-visual and production equipment for 17 community development centres; day-care and pre-vocational equipment and hand looms for 13 centres; transport; and training grants. The United Nations Department of Economic and Social Affairs will continue to provide a full-time adviser.

ETHIOPIA EDUCATION Allocation approved: \$130,000
Continuation, 1966/1967 against approved commitment

GABON LEPROSY CONTROL Allocation approved: \$4,500
Continuation, Technical approval: WHO
mid 1966 - mid 1967

E/ICEF/P/L.654

Of 9,750 cases registered at the end of June 1965, 5,485 were under treatment, 2,212 of these on a regular basis; 347 cases were under observation without treatment and 395 were considered as arrested. Treatment during 1966/1967 will continue as in previous years, through static centres and 9 motorized, 70 bicycle, 3 boat and 20 pedestrian circuits. UNICEF will provide drugs, campaign equipment and replacement vehicles and bicycles.

GABON

EDUCATION
Continuation, mid 1966 -
mid 1967

Allocation approved: \$17,000
Technical approval: UNESCO, FAO

E/ICEF/P/L.685

In order to extend more rapidly the practical teacher-training methods initiated in Libreville, the Government intends to open three sub-centres in the provinces, each to accommodate 30 trainees and each with 10 pilot schools attached. The first of these centres will be opened in October 1966; two more are planned for 1967/1968. In the period of the five-year plan, in addition to the 180 teachers already trained, 2,130 teachers, school principals and inspectors will receive supplementary training. UNICEF will provide supplementary teaching equipment for the Libreville and Mitzié centres and their demonstration and pilot schools and transport for supervision. UNESCO will provide the services of an expert in teacher training and school curricula, and one in educational psychology. The UNESCO adviser who participated in the development of the plan will continue to assist. A nutrition expert and a home economics adviser from FAO are contributing in their respective fields in teacher training. The French Fund for Assistance and Co-operation is financing a professor in mathematics for the Centre for Teacher Training at Libreville beginning in January 1966.

THE GAMBIA

EDUCATION
First request for UNICEF
aid, mid 1966 - mid 1968

Allocation approved: \$25,000
Technical approval: UNESCO, FAO

E/ICEF/P/L.659

In the first phase of the comprehensive development programme in education now being prepared with the assistance of a UNESCO consultant, the Government is seeking to improve the quality of teaching and of practical education by the introduction, at the secondary level, of science teaching and technical training and by the strengthening of home economics. The plan for the next two years is to develop the educational establishments at the secondary level where suitable staff and premises are available in anticipation of the more comprehensive scheme now being prepared. The teaching of science will be introduced in two establishments. The quality of academic teaching will be improved in secondary (junior technical) schools and practical trades training will be introduced (carpentry and mechanics for boys and home economics for girls). Teaching methods for the primary level will be upgraded and home economics training expanded at the secondary level. UNICEF will provide general teaching aids, science teaching equipment and library books for two grammar schools; general teaching aids and technical training equipment for two junior technical schools and home economics equipment for one school; and general teaching aids, home economics teaching equipment and library books for Yundum teacher-training college. UNESCO will provide an instructor-trainer, a teacher in practical mechanics, and two twelve-month fellowships annually, one in carpentry and the other in practical mechanics.

GHANA

EDUCATION: SCIENCE
TEACHING
Continuation, 1966/1967

Allocation approved: \$118,000
against approved commitment

GUINEA

HEALTH SERVICES
Continuation and extension,
mid 1966 - mid 1968

E/ICEF/P/L.773

Commitment approved: \$286,000
Allocation approved
for 1966/1967: \$178,000
Technical approval: United
Nations Department of Economic
and Social Affairs and WHO

During the period mid 1966 - mid 1968 a hospital will be established in each of the 29 medical regions. Five of these will be equipped, as will 30 health centres and 50 dispensaries. The National Secondary School of Public Health will be strengthened and two new sections will be created for the training of assistantes sociales and personnel for the environmental sanitation activities. Short refresher courses will be given at the regional level for 15 nurses and 15 midwives four-month regional courses will be given for 100 matrones a year. Using experience and techniques gained in the demonstration zone at Coyah, the Government intends to construct communal water facilities and latrines in 30 localities in 10 regions outside the zone. Following refresher courses at the National School or at the regional level, health agents will be assigned to supervise activities in the 10 regions. Health education of the population will be an integral part of the extended scheme. Endemic disease control activities will be progressively integrated with the health services. The target during the present plan will be to increase the number of regularly treated cases from 12,400 to 50,000 out of a total of 64,083 cases registered. The Government plans to undertake a national campaign against smallpox for which lyophilized vaccine will be produced in Guinea at the Institute for Research in Applied Biology at Kindia. An eventual target of 10 million doses of the vaccine is envisaged which would allow surrounding countries to benefit from the production. UNICEF will supply teaching and training equipment for the National Secondary School; basic equipment for 5 hospitals, 30 health centres and 50 dispensaries; supplies and equipment for environmental sanitation; drugs for leprosy control; equipment for smallpox vaccine production; transport; equipment and spare parts for the Transport Maintenance Service; stipends and honoraria. WHO has assisted in the formulation of the project through resident experts in MCH and public health planning, a sanitary engineer and two nursing advisers. A WHO consultant is assisting the Government in an evaluation of the leprosy campaign.

IVORY COAST

HEALTH SERVICES
Continuation,
mid 1966 - mid 1968

E/ICEF/P/L.762

Commitment approved: \$125,000
Allocation approved for
1966/1967: \$43,000
Technical approval: WHO

The assistance provided by UNICEF since 1960 has helped to promote a steady expansion of health services with the gradual integration of maternal and child welfare activities in health centres with those of the endemic disease control teams working throughout the country. In 1966/1967 it is planned to modernize two major district health centres at Bouake and Korhogo and four rural MCH centres in selected areas. Eight rural dispensaries, where MCH work will be carried out are to be upgraded. During the following year, two more district health centres, twelve rural centres and twenty sub-centres will be upgraded. Increased attention will be given to tuberculosis control. BCG vaccination without pre-testing will be carried out by trained personnel attached to endemic disease teams, as well as in health centres. The mobile teams will also visit schools in a planned total coverage of the country. UNICEF will provide supplementary equipment for 4 district health centres, 16 rural centres and 28 sub-centres; campaign equipment for disease control; drugs for leprosy control; BCG vaccine; and transport. A team of WHO consultants will continue to be available in the country. At least 68 doctors have been provided by France as well as a considerable quantity of supplies and equipment for certain disease control activities especially sleeping sickness. The United States Agency for International Development is assisting in a campaign of vaccination against measles.

IVORY COAST

APPLIED NUTRITION
Continuation,
mid 1966 - mid 1968

Commitment approved: \$65,000
Allocation approved
for 1966/1967: \$44,000
Technical approval: FAO and WHO

E/ICEF/P/L.715

The plan foresees the creation of 44 new poultry runs in two years, the strengthening of the production of chicks and pullets in the poultry-raising centres, and training courses for teachers. Four hundred new gardens (of which 30 are maintained in conjunction with large complementary post-primary courses) will receive small sets of tools. Horticulture centres, which will provide training courses for 220 teachers a year, will be given complementary equipment for irrigation and grain conservation. Brochures on school poultry raising and a manual on orchards will be published. The teaching of home economics will be developed in the towns of the interior; 30 new schools will be equipped with demonstration materials; and retraining courses will continue to be arranged for teachers. In 1966/1967, 22 canteens will be created, including a new network in the west; a further 22 canteens will be created the following year. In addition, 20 large canteens will be equipped, each canteen to serve 300 students in the complementary post-primary courses. The number of canteens will thus stand at 102 in 1967 and 124 in 1968, serving protein and vitamin-enriched meals to about 15,000 students. Brochures on extension work in school feeding will be published. UNICEF will provide material for 44 school canteens and 20 large canteens in the complementary courses; a small tool kit for 400 school gardens and complementary equipment for the horticulture and poultry-raising centres; 30 sets of basic material for home economics teaching; and transport. FAO will provide two experts on nutrition and horticulture and an inter-country expert on poultry raising. WHO will provide experts and technical advice. France and the United States Peace Corps will also provide technical assistance.

IVORY COAST

SOCIAL SERVICES AND
MOTHCRAFT/HOMECRAFT
Continuation,
mid 1966 - mid 1968

Allocation approved: \$53,000
Technical approval: United
Nations Department of Economic
and Social Affairs, FAO and
WHO

E/ICEF/P/L.778

During the period of the present plan, 8 new social centres will be opened and 10 existing centres will be strengthened and will train some 120 animatrices. A new aspect of the project will be the extension of the women's club activities into the villages through rural education centres. Five teams each staffed by three animatrices will be created. The teams will give practical help to rural women and will in the process provide simple education in home economics and child care and will endeavour generally to stimulate local interest in home and community improvement. The JACF (Jeunesse Agricole Catholique Feminine) will continue providing simple two-day courses of a similar nature for village women in other areas. In 50 villages, newly trained monitrices of the Service civique feminin will supervise village centres and will assist in the development of communal self-help activities directed towards improving village life. The School of Social Work will continue its training of social welfare staff. Places in the school have been made available for students from neighbouring African countries. UNICEF will provide demonstration material for 18 social centres, 50 village clubs and 25 rural education centres; transport; training grants; and honoraria and salaries for instructors at the School of Social Work. The Bureau of Social Affairs of the United Nations Secretariat will provide technical guidance through the services of two social welfare training experts assigned to the country. The Government of Israel will provide four experts for the Service civique feminin; the Government of France will provide four social welfare assistants; the United States Peace Corps will provide volunteers for the rural education teams.

KENYA

HEALTH SERVICES
Continuation and expansion,
mid 1966 - mid 1967

Allocation approved: \$260,000
Technical approval: FAO, WHO

E/ICEF/P/L.729

The main elements of the plan for 1966/1967 are as follows:

Training: Karuri will continue to train para-medical and professional personnel as will the two schools for assistant health visitors at Embu and Kisumu. Four new mission training schools for assistant midwives are being established with Government support.

Environmental sanitation: The Government proposes to implement 63 additional rural sanitation schemes in 12 districts, including supplementary schemes in 7 of the larger and more densely populated districts serving some 80,000 people.

Tuberculosis control (including BCG campaign): Greater emphasis will be placed in future on sputum collection by health centre and dispensary staff for examination by direct microscopy at district laboratories. X-ray facilities will be used chiefly to examine tuberculosis high-risk groups. Activities in the national tuberculosis programme test-run area in Murang'a (Fort Hall) district will be further developed. Intensified case-finding based on experience gained in this area is expected to result in an increase in the number of notified tuberculosis cases in the country. In 1966/1967, it is expected that one million additional BCG vaccinations will be accomplished.

Nutrition survey and training: The seven para-medical workers who assisted in the nutrition surveys are being given a year of training after which they will be posted for field work in the provinces in close liaison with local health authorities, farmers training centres, community development centres and women's clubs. A second training course for seven students is planned to take place in 1966/1967. Five non-medical nutritionists who have graduated in home economics at the University College in Nairobi will be responsible for nutrition education at the provincial level and will be assisted by the hospital assistants on completion of their training.

UNICEF will provide basic MCH clinic, ward and laboratory equipment and expendables for 138 health centres and two hospitals; equipment for rural water supplies, latrine construction and school sanitation; X-ray films, laboratory and vaccination equipment, BCG vaccines and drugs; supplementary laboratory equipment for nutrition training; transport; stipends for 201 trainees; and local salary for a transport director. WHO will continue existing staff assignments during 1966/1967 and will provide several fellowships for Kenyan medical candidates.

KENYA

TRAINING IN NUTRITION
AND DAIRY TECHNOLOGY
Continuation, 1966/1967

Allocation approved: \$75,000
against approved commitment

KENYA

NUTRITION: MILK
CONSERVATION (RURAL
MILK CENTRES)
Continuation, 1966/1967

Allocation approved: \$158,000
against approved commitment

KENYAMOTHERCRAFT/HOMECRAFT AND
COMMUNITY DEVELOPMENT
Continuation, mid 1966 -
mid 1967Allocation approved: \$58,000
Technical approval: United
Nations Department of Economic
and Social Affairs, FAO and
WHO

E/ICEF/P/L.681.

During 1966/1967, in addition to in-service training of personnel at the officer level, the national community development centre within the Kenya Institute of Administration will give 3 six-month courses for 25 senior community development assistants each. A six-month course will also be given for 25 senior community development assistants. Three-day seminars recently held for 200 members of the National Assembly, provincial and county representatives, and personnel of government departments, have prompted the Government to plan similar meetings in 1966/1967. Thirteen district training centres will be in continuous operation for 10 months of the year, accommodating altogether some 500 students per course. The training programme for day nursery supervisory personnel will be expanded, and the women's club movement (sponsored by voluntary organizations and incorporating over 1,500 clubs with a record active membership of some 45,000) will be further strengthened. Youth centres will continue to play an important part in community affairs by providing training opportunities for boys and girls who for various reasons are not able to attend school. UNICEF will provide teaching and demonstration equipment for women's groups, youth clubs and nursery centres; a vehicle for supervisory purposes; training grants; and salaries for two nursery centre instructors, counterpart staff. The United States Agency for International Development will provide two training advisers in community development and supplies and equipment for three demonstration projects, to be used as a basis for evaluation.

MADAGASCARHEALTH SERVICES
Continuation, mid 1966 -
mid 1967Allocation approved: \$59,000
Technical approval: United
Nations Department of Economic
and Social Affairs and WHO

E/ICEF/P/L.750

During the period 1966/1967 the Government will open twelve new health centres in the six provinces, strengthen thirteen existing centres, intensify health and nutrition training, complete the organization of a school health inspection service, launch the third phase of its environmental sanitation development project and expand the scope of the Nutrition Service. The attendance of women for pre-natal and post-natal consultation will be encouraged by distribution of milk, vitamins and soap; infants will be weighed and measured against growth rates established by the WHO MCH adviser. The work of mothers' clubs in the demonstration zone will be progressively concentrated on village improvement through environmental sanitation. High priority will be given to strengthening the Nutrition Service, and three new sections will be created in clinical nutrition and anthropometrics, biochemistry and dietetics. One of its undertakings will be the dissemination of well-balanced menus incorporating traditional Malagasy dishes. Thirty nurse visitors and 50 health agents, sanitarians and health assistants will be trained. The training of volunteer health auxiliaries will be accelerated. Refresher training of health personnel will be decentralized and an endeavour will be made to reach medium level personnel of the agriculture, nutrition education and rural promotion services, local authorities and leaders through health and nutrition education courses organized by the Inter-Ministerial Committee on Nutrition Education. UNICEF will provide basic and supplementary equipment and expendables for 25 health centres, environmental sanitation equipment for the demonstration zone, transport and stipends.

MADAGASCARLEPROSY CONTROL
Continuation, 1966/1967Allocation approved: \$22,000
against approved commitmentMADAGASCARNUTRITION: AGRICULTURAL
EXTENSION TRAINING
Continuation, 1966/1967Allocation approved: \$19,000
against approved commitment

<u>MADAGASCAR</u>	<u>EDUCATION AND RURAL DEVELOPMENT</u> Continuation, 1966/1967	Allocation approved: <u>\$109,000</u> against approved commitment
<u>MALAWI</u>	<u>HEALTH SERVICES</u> Continuation, 1966/1967	Allocation approved: <u>\$37,000</u> against approved commitment
<u>MALI</u>	<u>HEALTH SERVICES</u> Continuation, 1966/1967	Allocation approved: <u>\$66,000</u> against approved commitment
<u>MALI</u>	<u>NUTRITION: MILK CONSERVATION</u> First request for UNICEF aid, mid 1966 - mid 1968	Commitment approved: <u>\$125,000</u> Allocation approved for 1966/1967: <u>\$60,000</u> Technical approval: <u>FAO</u>
	E/ICEF/P/L.682	

The aim of the project is to improve the production and distribution of milk so as to provide a safe supply of milk and milk products of uniform quality for distribution to low-income groups, particularly mothers and children. The areas of Bamako and Segou will be established as pilot zones. A milk plant with an initial capacity to heat-treat 5,000 litres a day will be established in the capital city of Bamako; it will be constructed to permit expansion to a capacity of 10,000 litres a day. The plant will be equipped to manufacture also yoghurt, cheese, fermented milk and ice cream. Collection centres will be established in the production area around Bamako. Milk treatment equipment at the Sotuba Zootechnical Research Station will be transferred to nearby Segou, where a dairy centre is to be established. Some supplementary equipment will be provided to make it possible for the quantity of milk being processed to be increased from 500 to between 1,500 and 2,000 litres a day. Paw milk for this plant will come from the surrounding delta area. To ease seasonal shortages of milk, and to reduce its retail price, local milk would be "toned" by imported skim milk powder to a level of 2 to 2.5 per cent fat. One year after the processing plant begins operations, a subsidized milk distribution programme will be organized for priority groups of young children and will continue for ten years. Senior personnel of the plants will be trained abroad. Medium-level personnel and operators of the collecting centres will receive specialized training in neighbouring African countries. The plant at Bamako will provide a practical training area for personnel entering the milk industry. Education programmes for producers and cattle raisers will be conducted by extension workers, moniteurs and students from the School of Animal Husbandry. UNICEF will provide reception and processing equipment for the plant at Bamako; equipment for four collecting centres; supplementary processing equipment for the Segou plant; transport; and training grants for five dairy workers. FAO will provide the services of an expert in dairy technology, as well as two six-month fellowships.

<u>MALI</u>	<u>EDUCATION</u> Continuation, 1966/1967	Allocation approved: <u>\$100,000</u> against approved commitment
<u>MAURITANIA</u>	<u>HEALTH SERVICES</u> Continuation, 1966/1967	Allocation postponed: (\$40,000)

The French Committee for UNICEF has agreed to raise funds for this project, and the allocation of \$40,000 for the next twelve months against the approved commitment is therefore postponed.

<u>MAURITANIA</u>	<u>EDUCATION</u> Continuation, 1966/1967	Allocation approved: <u>\$83,000</u> against approved commitment
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<u>MOROCCO</u>	<u>HEALTH SERVICES</u> Continuation and expansion, mid 1966 - mid 1967	Allocation approved: <u>\$194,000</u> Technical approval: WHO
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E/ICEF/P/L. 735

During the next years, the extension and modernization of the public health network will continue. One urban health centre, 4 rural health centres, 10 urban dispensaries, 50 rural dispensaries, 4 provincial laboratories and 2 school health centres will be constructed or reorganized. The central health education service will be completed. The number of day-care centres run by the National Moroccan League for the Welfare of Children and Health Education (LNMPEES), which takes care of underprivileged children aged 0 to 7 years, will be increased to 45. Ten nutrition rehabilitation centres will receive kitchen equipment. The training programme will continue, including courses for 900 assistant nurses and 160 tutors as well as 2 four-day MCH seminars for 300 doctors and 150 nurses who supervise health zones. Practical field training will be organized for the students in the Faculty of Medicine at Rabat in order to supplement clinical training with the study of the family and social environment and the operation of the rural health services. Control of communicable diseases will be intensified through the establishment of a more effective public health network. From now on tuberculosis control activities will be centred in the health centres, in accordance with the new WHO techniques, to permit increased case finding and more regular treatment. The ECG vaccination programme will be expanded. UNICEF will provide basic and supplementary equipment for the public health network; audio-visual, recreational and kitchen equipment; drugs for disease control activities; equipment for the production of freeze-dried vaccine for the smallpox campaigns; vehicles, stipends and honoraria.

<u>MOROCCO</u>	<u>MOTHELCRAFT AND HOMECRAFT</u> Continuation and expansion, mid 1966 - mid 1967	Allocation approved: <u>\$45,000</u> Technical approval: United Nations Department of Economic and Social Affairs and FAO
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E/ICEF/P/L.646

It is proposed in the next year to establish 50 new children's day-care centres with suitable play equipment, bringing the total to 150 well equipped day-care centres; to expand the activities of 50 community centres by providing demonstration gardening equipment; to open 3 new provincial training centres; to extend the work for the advancement of women by creating a regional training centre in an area stricken by severe erosion where groups of village women selected to act as animatrices in their own villages will take part in two-month courses on rural homecraft, personal and community health and the techniques of rural modernization; and to continue the programme of in-service specialization courses and refresher courses for staff. UNICEF will provide audio-visual equipment, equipment for teaching homecraft and rural techniques and for health education, and agricultural and play equipment, as well as transport and stipends for local study. The Bureau of Social Affairs of the United Nations Secretariat will participate in the execution of the programme through its community development expert assigned to the country. FAO will provide an expert in homecraft.

MOROCCOEDUCATIONContinuation,
mid 1966 - mid 1967Allocation approved: \$29,000
Technical approval: FAO and UNESCO

E/ICEF/P/L.745

Starting in October 1966, the primary education reform will be extended to another 50 pilot schools in rural areas, bringing the total to 100. It is planned to strengthen nine agricultural colleges. The gradual integration of nutrition education in the primary school curriculum will continue. The number of supervision sectors staffed by nutrition consultants will be increased from ten to seventeen, thus guaranteeing better supervision of the school canteens. Courses and seminars will be organized for 100 rural instructors and 70 teachers, 30 headmasters and 30 primary school inspectors, as well as for 20 nutrition consultants. Audio-visual equipment and supplies will be given to the Pedagogic Bureau of the National Education Ministry for the use of three chief rural education inspectors training rural teachers, and to the School Feeding and Nutrition Education Bureau to facilitate training for canteen workers. UNICEF will provide supplies and equipment for practical agricultural work in 50 new primary schools; supplementary equipment for 10 pilot schools and 9 agricultural colleges; audio-visual equipment; transport; stipends and honoraria. UNESCO is providing an adviser in rural teacher training. An FAO nutrition adviser assigned to the country will collaborate in the development of the nutrition education programme.

NIGERHEALTH SERVICES INCLUDING
SOCIAL SERVICES
Continuation, 1966/1967Allocation approved: \$76,000
against approved commitmentNIGERAPPLIED NUTRITION
Continuation and extension,
mid 1966 - mid 1968Commitment approved: \$115,000
Allocation approved
for 1966/1967: \$74,000
Technical approval: United Nations
Department of Economic and Social
Affairs, FAO, UNESCO and WHO

E/ICEF/P/L.776

Following reorganization of the Nutrition Service, a widening of activities is foreseen. Pilot demonstration schemes are planned for production of protein- and vitamin-rich foods, including fish and poultry. Communities will also receive guidance and help in vegetable and fruit tree growing. The rate of expansion of school and community gardens will be reduced to 10 new demonstration schools per year but more emphasis will be placed upon irrigation, selection of the most appropriate seeds, insect control and the participation of families so as to encourage the wider application in the community of the experience gained. The teaching of home economics to girls in the teacher-training colleges and schools will be continued. A women's education scheme (animation féminine) will be undertaken with bilateral assistance from IRAM (L'Institut Français de Recherche et d'Application des Méthodes de Développement). It is planned to train about 800 leaders over the two-year period. Refresher courses and seminars will also be organized. Bilateral groups have been working for some time in the country to develop training of young men as leaders and promoters of village improvement schemes. Training, which will take place in 30 pioneer camps, will accommodate some 105 trainees per month. An intensive and co-ordinated extension of nutrition education will be carried out through the various services of health, agriculture, education and youth and sports. Teaching of nutrition and home economics will be included in health education and training of health workers and teachers. UNICEF will provide equipment for fish and poultry raising, school gardens, youth clubs and mothercraft and homecraft training; transport; stipends; and the salary of one training adviser for 18 months. The Bureau of Social Affairs of the United Nations Secretariat will provide two experts in community development. FAO would continue to provide a nutritionist and a home economist and fellowships insofar as funds are available.

<u>NIGER</u>	<u>NUTRITION: MILK CONSERVATION</u> <u>First request for UNICEF aid,</u> <u>mid 1966 - mid 1968</u>	Commitment approved: \$120,000 Allocation approved for 1966/1967: \$50,000 Technical approval: FAO
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E/ICEF/P/L.669

The aim of the proposed project is to stimulate the production, collection and consumption of milk in a pilot area near Niamey in order to ensure a supply of safe and uniform-quality milk and milk products for low-income groups, particularly mothers and children. A pilot area is to be established at Kirkissoye near Niamey where intensive cattle breeding and vegetable production will be undertaken. A collecting and cooling centre will be established in the area, which will serve also as a practical training area for personnel who will service the milk industry. A small milk processing plant will be established in Niamey. The plant will have an initial capacity of 5,000 litres per day, and will be so constructed that it can be enlarged later as required. The plant will be equipped to manufacture yoghurt and limited supplies of cottage cheese. In the initial phase, three collecting centres will be established in the surrounding production area. Local milk, after collection and treatment, will be "toned" and supplemented by imported reconstituted skim milk powder, in order to offset seasonal shortages in production, and to reduce the retail price to the consumer. One year after the processing plant begins operation, a milk distribution programme for priority groups of children and pregnant women will be initiated under government subsidy.

A national co-ordinating agency, the "Commission Nationale de l'Elevage" will be responsible for handling and co-ordinating the problems related to milk production, processing and distribution. A programme of nutrition education will be organized by the co-ordinating agency for mothers, teachers, medical and social workers and personnel responsible for the distribution of milk. In the initial phase, senior personnel will receive training abroad, while junior personnel and other staff will be trained in neighbouring countries. At a later stage the training of these grades will be provided within the milk industry now being aided in Niger. UNICEF will provide equipment for collection, reception and processing of milk, transport and fellowships. FAO has provided three experts in the field of water resources, animal feed and food conservation and will provide an additional expert to advise the co-ordinating agency on the technical aspects of the project. Two six-month fellowships will be provided under technical assistance.

<u>NIGERIA</u>	<u>HEALTH SERVICES</u> <u>(EASTERN REGION)</u> <u>Continuation, 1966/1967</u>	Allocation for 1965/1966 approved: \$30,000 Allocation for 1966/1967 postponed: (\$60,000)
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The United Kingdom Committee for UNICEF has agreed to raise funds for this project, and the allocation of \$60,000 for the next twelve months against the approved commitment is therefore postponed. Funds raised by the Committee in 1965 are now being transferred to UNICEF, and an allocation of \$30,000 to cover the actual requirements of the project since mid 1965 has been approved post facto.

NIGERIA HEALTH SERVICES Allocation postponed: (\$78,000)
(WESTERN AND MID-
WEST REGIONS)
Continuation, 1966/1967

The United Kingdom Committee for UNICEF has agreed to raise funds for this project, and the allocation of \$78,000 for the next twelve months against the approved commitment is therefore postponed.

NIGERIA YAWS CONTRCL Allocation approved: \$43,000
Continuation, Technical approval: WHO
mid 1966 - mid 1967
E/ICEF/P/L.654

The campaign in the four regions continues satisfactorily. Latest figures show that the over-all incidence of infectious yaws has dropped to 0.13 per cent as compared with 2.9 per cent at the time of initial treatment surveys. The Government intends to intensify case-finding and follow-up procedures in the residual areas during the coming year. The mobile units will continue smallpox vaccination, and yaws field personnel, having undergone training in the clinical aspects of leprosy, are also combining case-finding activities as a routine part of yaws surveillance work. Integration of the yaws activities into the general public health services is proceeding in all regions. For the 1966/1967 operations UNICEF will provide drugs, campaign equipment and replacement vehicles.

NIGERIA LEPROSY CONTRCL Allocation approved: \$33,000
Continuation, 1966/1967 against approved commitment

NIGERIA NUTRITION: AGRICULTURAL Allocation approved: \$60,000
EXTENSION TRAINING against approved commitment
(WESTERN REGION)
Continuation, 1966/1967

NIGERIA NUTRITION: FOCOD TESTING Allocation approved: \$75,000
AND PROMOTION against approved commitment
Continuation, 1966/1967

NIGERIA

COMMUNITY DEVELOPMENT
(MID-WEST REGION)
Continuation and extension,
mid 1966 - mid 1968

E/ICEF/P/L.683

Commitment approved: \$70,000
Allocation approved
for 1966/1967: \$40,000
Technical approval: United Nations
Department of Economic and Social
Affairs, FAO, WHO

The aim of this project is to train community development workers at all levels so as to promote the organization of women's groups, clubs and youth activities in all localities. During 1966/1967 six further candidates will be trained at the University of Nsukka. The Benin City training centre will be completed and a training course will be provided for 24 rural community development workers. The first six graduates from Nsukka will receive a short induction course at Asaba, where orientation and organizational courses are being provided with assistance from the United States Agency for International Development. Three of the graduates will be assigned to central organizational posts and three to take charge of three new divisional centres which will provide training and supervision for village leaders and the promotion of rural activities. When the six additional candidates have been trained at the University of Nsukka, they will be assigned to six further divisional centres to be opened during 1967/1968. UNICEF will provide supplies and equipment for the new divisional centres, vehicles for training and supervision, and stipends. The Department of Economic and Social Affairs of the United Nations Secretariat will provide consultant advice through the services of a community development expert who is available in the Western Region. FAO is providing guidance in the home economics aspects of the project through a resident home economist.

NIGERIA

COMMUNITY DEVELOPMENT
(WESTERN REGION)
Continuation,
mid 1966 - mid 1967

E/ICEF/P/L.656

Allocation approved: \$104,000
Technical approval: United Nations
Department of Economic and Social
Affairs, FAO, WHO

An elaborate community development organization is now being established to be the focal point for all governmental services through which the rural and urban population will become involved in the comprehensive social and economic development of the Region. For the implementation of this scheme, there is an urgent need for trained personnel, particularly at the local level. Training centres were established and the main training courses started in February 1965. The trainees for the major courses are selected through a process of careful screening. For the women's training programme, out of 706 candidates, 22 trainees were selected after interviews, pre-selection courses and tests. Candidates for the 1966/1967 courses are now being selected. UNICEF will provide teaching, training and audio-visual equipment for Shasha Community Development Training Centre; manual arts equipment for Shasha training centre and Ibadan in-service training centre; mothercraft and homecraft equipment for Ibadan Women's Training Centre; transport; stipends for 1360 trainees; and honoraria and travel allowance for lecturers at Shasha Training Centre. The Department of Economic and Social Affairs of the United Nations is providing the services of a senior community development expert, an expert in youth work and an associate expert in training. FAO has assigned a home economist to the "women's work" part of the project.

NIGERIA

EDUCATION (NORTHERN REGION)
Continuation, 1966/1967

Allocation approved: \$333,000
against approved commitment

NIGERIA

EDUCATION (MID-WEST REGION)
 First request for UNICEF aid,
 mid 1966 - mid 1971

Commitment approved: \$102,000
 Allocation approved
 for 1966/1967: \$80,000
 Technical approval: UNESCO

E/ICEF/P/L.690

The aim of the project is to provide a primary school curriculum suited to the needs of the children of the Mid-West Region, particularly by introducing more technical skills, elementary science and mathematics. A new section has been created within the Ministry of Education to deal specifically with the implementation and supervision of this plan. Committees have been appointed to prepare curricula for the revised eight-year courses. Textbooks are also being reviewed appropriately. Senior staff members are being trained to organize and supervise the new courses. Arrangements are being made with the United States Peace Corps to provide 96 Peace Corps volunteers who will be placed in strategic positions throughout the region, in teacher-training colleges and in their associated demonstration schools, contributing directly to the training of students and participating in seminars, demonstrations and visits to existing schools so as to assist teachers already working to learn the syllabus content and teaching techniques of the new courses. Selected candidates will be sent by the Government to the Advanced Teacher-Training College at Owerri (Eastern Region) so that on completion of their studies they may be posted to take over the work of the Peace Corps volunteers. In-service training of Grade II teachers will also be undertaken at Owerri. Two mobile teams of qualified science teachers will undertake in-service training duties on their circuits, at the same time exercising supervisory functions and contributing to the strengthening of the work at seminars and conferences.

A centre for reference and research to be set up at Benin City will be a clearing house for ideas and will keep schools and colleges informed on curriculum research, teaching techniques, and aids and equipment related to primary science instruction. UNICEF will provide basic science and technical materials to establish workshops in the 16 teacher-training colleges and their demonstration schools and in 25 pilot schools per year. Meanwhile, the Government will equip all other primary schools to which newly trained teachers are posted and where serving teachers successfully complete courses for upgrading in the respective subjects. UNICEF will also provide transport and training grants for supplementary training at Owerri for four supervisors. UNESCO will provide one expert in science teaching.

RWANDA

HEALTH SERVICES INCLUDING
 SOCIAL SERVICES
 Continuation, 1966/1967

Allocation approved: \$41,000
 against approved commitment

SENEGAL

HEALTH SERVICES
 Continuation and expansion
 mid 1966 - mid 1968

Commitment approved: \$190,000
 Allocation approved
 for 1966/1967: \$129,000
 Technical approval: United Nations
 Department of Economic and Social
 Affairs and WHO

E/ICEF/P/L.712

During the period of 1966-1968, priority will be given to improving the rural health services with increasing emphasis on preventive care. The plan is to extend the services presently available in rural areas by strengthening existing hospitals, health centres, community centres and dispensaries. Training of health personnel will continue at the present levels, but existing schools will be improved. The present lack of qualified social welfare personnel will be overcome through accelerated training at the level of the assistantes sociales. Practical training will be given in two community centres. The leprosy campaign will be continued at an accelerated pace. A further three sectors and two sub-sectors are now being established. With the extension of the campaign area and intensified case finding, additional treatment circuits and village treatment centres will be created. Personnel required for the campaign will continue to be trained at the Marchoux Institute. The Government intends to undertake the control of tuberculosis, a major public health problem. The plan is to launch a ECG vaccination campaign in 1966 in which 300,000 children will be vaccinated. Simultaneously the organization of a pilot zone will be undertaken in the region of Thies, where a system of case finding and curative and preventive care will be established. The zone is expected to be in operation by 1967. At the same time existing tuberculosis centres will be strengthened. UNICEF will provide teaching and training equipment for

SENEGAL (continued)

fix training schools for health personnel and two community centres; supplementary basic equipment for existing hospitals, MCH centres, and dispensaries; drugs for leprosy; BCG vaccine, vaccination and campaign equipment; transport; and stipends. WHO will continue to provide a nutritionist, a sanitary technician, a sanitary engineer, two nurse-tutors and a public health nurse. In addition, a doctor, a technician and a laboratory nurse will be assigned to assist the tuberculosis control campaign. The Bureau of Social Affairs of the United Nations Secretariat is providing a general social welfare adviser and a social welfare training adviser.

SENEGAL

APPLIED NUTRITION

Continuation and extension,
mid 1966 - mid 1968

E/ICEF/P/L.664

Commitment approved: \$123,000

Allocation approved
for 1966/1967: \$65,000

Technical approval: FAO, WHO, UNESCO

During the next two years a further 105 canteens and approximately the same number of school gardens will be opened, and 117 schools not previously assisted will receive supplementary equipment. The number of school children receiving daily snacks and participating in the practical demonstrations of food production through gardening projects will be increased to 14,000. In addition to the extension of nutrition training in all the Teachers' Training Colleges, the Government plans to arrange national and regional seminars for existing teachers and key personnel involved in the rural gardening and poultry-keeping schemes. UNICEF will provide equipment and material for 105 school gardens and canteens supplementary local foods, teaching aids, stipends for seminars and transport for supervision. FAO will continue to provide the services of a nutrition educator and a horticulturist.

SENEGAL

COMMUNITY DEVELOPMENT

Continuation and extension
mid 1966 - mid 1968

E/ICEF/P/L.675

Commitment approved: \$100,000

Allocation approved
for 1966/1967: \$44,000

Technical approval: United Nations
Department of Economic and Social
Affairs, FAO, UNESCO and WHO

During the next two years, the number of rural training centres will be increased to 56 so as to provide 2 centres for each of the 28 provinces of Senegal. In the vicinity of the training centres model demonstration village projects will be established with emphasis on the improvement of sanitation and safe water supplies, community gardening, poultry raising, domestic science etc. It is expected that 7,500 additional rural leaders will be trained and set to work in the villages from which they come. Six mobile teams will be organized to service the sparsely populated areas of the country. Following successful preliminary experience in providing simple play centres for young children who are left alone in the villages while their parents work in community projects or engage in group instruction, it is now intended to establish some 36 such day-care centres where children can be left in the charge of trained assistants. UNICEF will provide demonstration and audio-visual equipment for training, equipment and toys for day-care centres, transport and stipends. UNESCO will provide the services of two experts to advise on the teaching of home economics to women and the utilization of audio-visual equipment, as well as four fellowships for community development organizers.

SIERRA LECNEHEALTH SERVICESContinuation and expansion,
mid 1966 - mid 1969Commitment approved: \$149,000
Allocation approved
for 1966/1967: \$85,000
Technical approval: WHO

E/ICEF/P/L.732

During the next 3 years, in addition to improving the 24 existing rural health centres, 2 new rural health centres and 6 new dispensaries will be opened each year and a total of 4 additional pre-school clinics will also be opened. Supervision of the MCH work in the "under fives" clinics and in rural health centres, as well as the activities of the village maternity attendants, will be conducted by the public health nurses, and by the district and provincial medical officers. Thirteen district hospitals will be upgraded. Special emphasis will be given to nutritional requirements and to immunization against the principal diseases of childhood. Beginning in October 1966, a new programme will be initiated for the training of state registered nurses and professional midwives. The training of practical nurses and midwives in six hospital schools is being reorganized and standardized. At the auxiliary level, suitable candidates will be given training in public health nursing. In addition training will be provided for practical nurse trainees, village maternity attendants, health inspectors and health assistants. The new plan foresees a regular system of provincial, district and village level supervision with much greater emphasis on corrective action and in-service training to upgrade staff as may be found necessary. The action against leprosy will be intensified in the next two years, and endemic disease control teams will continue "mopping-up" operations in yaws control in concurrence with mass smallpox control activities. The activities of the mobile teams and the health units will be closely co-ordinated in order to prepare their gradual integration into the basic health services.

UNICEF will provide basic equipment and expendables for 2 training schools, 15 hospitals and 28 health centres; midwifery kits; drugs for yaws and leprosy control; environmental sanitation supplies and equipment; transport; and stipends. WHO will provide public health administrator, a nursing adviser, a medical officer and a sanitarian, as well as fellowships. The United States Agency for International Development will supply vaccines, technical equipment, medical supervisory personnel and transport for mass vaccination campaigns against smallpox and measles, as well as four nurse tutors for the nursing school. AHEAD (American Health Education for African Development Incorporated) has agreed to finance two thirds of the cost of the construction of a new building for the nursing school.

SIERRA LECNEMOTHERCRAFT AND HOMECRAFTContinuation and
expansion, 1967-1968Allocation approved: \$40,000
Technical approval: United Nations
Department of Economic and Social
Affairs, FAO and WHO

E/ICEF/P/L.674

During 1967-1968, the emphasis will be on the training of supervisory personnel and village leaders. By 1968 eight additional senior personnel will have been trained. During the same period, 90 community development workers will undergo training and 725 village leaders will take short courses. Seminars will be held each year to evaluate progress and new developments will be planned accordingly. Mass education in health and nutrition will continue to be provided through the dissemination of simple literature in the vernacular. The Government intends to consolidate the project with other rural self-help activities of the ministries of social welfare and of the interior in order to increase its effectiveness and accelerate development in the rural areas. UNICEF will provide funds for the production of educational literature in the vernacular transport and stipends. FAC will continue to provide the services of two home economists for co-ordination and training. The Freedom from Hunger Campaign is providing the services of a horticulturist.

SIERRA LECNEEDUCATION

Continuation, 1966/1967

Allocation approved: \$70,000
against approved commitment

SOMALIA

EDUCATION
Continuation, 1966/1967

Allocation approved: \$74,000
against approved commitment

TANZANIA,
UNITED REPUBLIC OF

HEALTH SERVICES
Continuation
mid 1966 - mid 1967

Allocation approved: \$118,000
Technical approval: WHO

E/ICEF/P/L.663

During the next year, the Government intends to establish ten new health centres with UNICEF assistance. The Government also intends to support the expansion of existing voluntary child welfare clinics and the establishment of 31 new clinics and 128 sub-clinics in hospitals and dispensaries in areas not yet served by government health centres. To reinforce the staffing of existing centres, and to provide additional health personnel required for new services, the Dar-es-Salaam Medical School will increase its intake of trainees from 10 to 25 a year. The number of medical assistants in training at existing voluntary agency schools in the Bumbuli area will be increased from 15 to 20 a year. Training of medical aides will be continued at the rate of 45 per year, and a further 55 such aides will be trained at new schools to be established. The training of health inspectors will be upgraded. Eight special courses for midwifery tutors will be conducted at Dar-es-Salaam and upon graduation the tutors will undertake the upgrading of village midwives to the level of health auxiliaries. Additional training of this type will be undertaken in the rural areas by voluntary agencies supported by the Government. UNICEF will supply basic MCH and teaching equipment and transport. WHO will provide technical personnel. Assistance from other sources will include bilateral aid from the United Kingdom, Canada and the Federal Republic of Germany, and support from the Rockefeller Foundation (United States) and the Basel Foundation for Developing Countries (Switzerland).

TANZANIA,
UNITED REPUBLIC OF

MALARIA ERADICATION
(ZANZIBAR AND PEMBA)
Continuation, mid
1966 - mid 1967

Allocation approved: \$63,000
Technical approval: WHO

E/ICEF/P/L.703

This project, aimed at the eradication of malaria from the islands of Zanzibar and Pemba, is now in the later stages of the attack phase. Efforts during 1966/1967 will continue to be concentrated upon ensuring total coverage within the adjusted cycle periods, coupled with geographical reconnaissance and increased surveillance and supervision. An attempt will be made to introduce systematic larviciding in perennial breeding sources, especially during the dry season. Focal spraying will be carried out in case areas with reported cases in unsprayed districts in Zanzibar town. Epidemiological investigations will be intensified. Continuous attempts will be made to establish liaison with military authorities in order to ensure satisfactory malaria eradication in military camps. The Government will be urged to employ more spraymen in order to cope with agricultural huts in coral areas and rice fields, and to overcome the shortage of spraymen on account of high absenteeism. Surveillance agents will assume an increasingly important role, not only to detect fever cases but also to detect people arriving from the mainland and to report unsprayed structures. Mass drug administration will be resumed in problem areas such as coral areas, rice fields and the areas with cases attributable to exophily of vector. Health education will be intensified. UNICEF will provide insecticides, anti-malaria drugs, equipment and transport. WHO will continue to provide a team of five experts headed by a malarialogist and such additional staff as may be required. A further assessment of the project by the WHO advisory team is planned for late 1966.

TANZANIA,
UNITED REPUBLIC OF

NUTRITION: MILK
CONSERVATION (ARUSHA)
Continuation and extension,
mid 1966 - mid 1968

Commitment approved: \$75,000
Allocation approved
for 1966/1967: \$32,000
Technical approval: FAO

E/ICEF/P/L.728

Owing to a sharp rise in building costs, additional assistance is now required for water piping and electrical fittings on the Arusha dairy plants. Completion of the buildings is set for September 1966. Under an arrangement between FAO and the New Zealand Freedom from Hunger Campaign (FFHC), a plant manager has arrived in the country. Progress on the training scheme has been slow, but courses are expected to begin early in 1967. Meanwhile eight students have received training in dairy courses at Egerton College in Kenya, which is also receiving UNICEF aid. The Government policy of establishing more small African farms has necessitated a revision of the original scheme for milk collection; the immediate effect is to call for the erection of four large and ten small centres, which will ensure a good flow of raw milk to the new plant. More centres may be required later. UNICEF will provide equipment for collecting centres, supplementary services equipment for Arusha, transport and the services of erection engineers.

TANZANIA, UNITED
REPUBLIC OF

LEATHERCRAFT AND HOME CRAFT
AND COMMUNITY DEVELOPMENT
Continuation, 1966/1967

Allocation approved: \$126,000
against approved commitment

TANZANIA, UNITED
REPUBLIC OF

EDUCATION: HOME ECONOMICS
Continuation, 1966/1967

Allocation approved: \$10,000
against approved commitment

TOGO

HEALTH SERVICES
Continuation, 1966/1967

Allocation approved: \$20,000
against approved commitment

TUNISIA

HEALTH SERVICES
Continuation and
expansion, mid 1966 -
mid 1967

Commitment approved: \$65,000
Allocation postponed: (\$65,000)
Technical approval: WHO

E/ICEF/P/L.709

During 1966/1967 the Cap Bon pilot programme will be extended to the Governorate of Tunis. In 1967, the 25 rural dispensaries will be upgraded and 2 new ones constructed. Two new MCH centres, 2 rural maternities and a mobile school health unit will be established and the central public health laboratory of the Governorate will be strengthened. Preventive activities will be intensified, in particular the vaccination of infants and pre-school age children, health and nutrition education for mothers, control of communicable eye diseases and, especially, activities affecting the health of pre-school age children. The practical training of medical and para-medical personnel will continue. UNICEF will provide supplies and equipment for 33 public health installations, vaccination and mid-wifery kits, triple vaccine (DPT), tools and equipment for vehicle maintenance, transport, stipends and honoraria. WHO will continue to provide advice and guidance through its team of experts and consultants in the country. The UNICEF Committee of the Federal Republic of Germany has agreed to raise funds for this project, and the allocation has therefore been postponed.

<u>TUNISIA</u>	SOCIAL SERVICES AND MOTHERCRAFT/HOME CRAFT Continuation, mid 1966 -- mid 1967	Allocation approved: \$76,000 Technical approval: United Nations Department of Economic and Social Affairs, FAO
	E/ICEF/P/L.768	

During 1966/1967 ten nursery schools will be created and twenty upgraded, and seven after-school centres, seven children's villages (one for girls) and four youth centres will be established or strengthened. Approximately 18,000 children attending these centres will receive at least one balanced meal a day, adapted to their nutritional needs. The rural development programme will be continued through 13 regional social centres which will be strengthened and 30 local social centres which will be newly constructed. Courses will be organized for 20 child-care workers, 97 assistant nursery teachers, 50 instructors for after-school centres, 82 special instructors for children's villages, 14 youth centre directors; 230 auxiliary social workers for the rural development programme, and 20 social workers who will assure the co-ordination of the family social services programmes in various sectors. Multi-purpose services designed to meet the special needs of families will be extended to four additional sectors in 1966 and five in 1967. Each sector will have at least one graduate social worker. UNICEF will provide games, audio-visual, manual arts, domestic science, educational recreation, gardening and small-animal raising equipment for the various centres; teaching and demonstration equipment for the National School for Rural Instructors "La Soukra"; transport; stipends and honoraria. The World Food Program will furnish supplementary foods.

<u>TUNISIA</u>	EDUCATION Continuation, 1966/1967	Allocation approved: \$43,000 against approved commitment
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<u>TUNISIA</u>	VOCATIONAL TRAINING Continuation, mid 1966 - mid 1967	Commitment approved: \$90,000 Allocation postponed: (\$90,000) Technical approval: ILO and FAO
	E/ICEF/P/L.707	

The purpose of this project is to give young people who do not have an opportunity to go to school or who must leave school before completing primary education, a chance to improve their basic education and to begin learning a trade, at the same time developing in them a taste and respect for practical work. During 1966/1967 it is planned to increase the enrolment of 25 more urban pre-vocational training centres. Five new rural pre-vocational training centres will be opened in October 1966, bringing their number to eight. Two maritime centres will be strengthened. Three district directors will assure the supervision of the rural centres. The training of personnel will continue at the National Vocational Training Institute, with that of rural pre-vocational instructors being supplemented by a period of field training at the rural centre of La Manouba. Courses of 9 months' duration are planned for 50 workshop instructors, 15 teachers, 35 instructors for girls' centres and 10 vocational counsellors. A six-month course will be organized for 20 instructors for rural centres, and one-month refresher training will be arranged for 30 workshop instructors, 40 teachers and 20 vocational counsellors. UNICEF will provide supplementary equipment for 25 urban centres, basic equipment for five rural centres and two maritime centres, demonstration materials, transport, stipends and honoraria. ILO will provide an adviser in pre-vocational training for girls and one in agriculture. The UNICEF Committee of the Federal Republic of Germany has agreed to raise funds for this project, and the allocation has therefore been postponed.

TUNISIAINTEGRATED SERVICES FOR CHILDREN
(RURAL PILOT PROJECT)

First request for UNICEF aid,
mid 1966 - mid 1967

Allocation approved: \$68,000

Technical approval: United Nations
Department of Economic and Social Affairs
FAO, UNESCO and WHO

E/ICEF/P/L.742

A pilot project to try out methods of achieving integral rural social development for mothers and children will be implemented in the Governorate of Souk-El-Aroa, a backward area but rich in development possibilities. Since the area has three natural regions which are quite different with respect to geography and human and economic resources, the results of the project should be applicable to many other parts of the country. A base-line study of the needs of children and families, housing and sanitation problems, adaptation to life in the resettlement villages, the problems of work and the vocational training of young people, will be undertaken in the three zones in order to define more precisely the needs and desires of the population involved.

In order to upgrade basic services for families, mothers and children in these zones, according to the known needs, the following steps will be taken: six MCH and maternal education centres, four multi-purpose dispensaries and six public showers and wash-houses will be established in resettlement villages. Two day-care centres, one after-school activities centre and one youth centre will be established, as well as one regional and three local social centres. Seven community gardens will be organized to complement the efforts being made in nutrition education and in improving the food habits of the population. Seven school playing fields for sports and leisure activities will be developed. Three primary schools will include manual arts in their curricula. Two rural pre-vocational training centres will be established, as well as seven civil service centres. Supplementary training will be organized for all new personnel, in order to explain the purpose of the project and train them to work as a team and seminars will be arranged for personnel already working in the zones, especially teachers. UNICEF will provide funds and supplies needed to prepare the base-line study, supplies and equipment for the various centres, transport, stipends and honoraria. The Bureau of Social Affairs of the United Nations Secretariat, FAO, ILO, UNESCO and WHO will provide assistance through their experts in the country. On Government request, the Bureau of Social Affairs will provide an expert in rural community development.

UGANDAHEALTH SERVICES

Continuation and extension,
mid 1966 - mid 1968

Commitment approved: \$174,000

Allocation approved
for 1966/1967: \$120,000

Technical approval: WHO

E/ICEF/P/L.756

The plan for the next two years includes the following:

Health centre development: The Government anticipates upgrading a minimum of ten health centres during 1966-1968, in addition to establishing several small health units throughout the country. The plan also provides for the construction of 22 100-bed rural hospitals for which a special loan has been raised bilaterally. The first phase calls for the establishment of 11 hospitals. Work has commenced on four of these and should be completed early in 1967. Facilities at 4 mission training hospitals, 11 general hospitals and 19 dispensaries and maternity centres will be improved.

Immunization: Immunization measures were initiated on a national scale in January 1965 through the normal working programme of rural health units. Concurrently, as part of a pre-school protection programme, a comprehensive immunization campaign was initiated in South Ankole district in May 1965. Based on a three-visit schedule, all children up to the age of 5 years and 11 months are given BCG, smallpox, triple vaccine and vaccination against poliomyelitis at the first visit;

UGANDA (continued)

the second and third doses of triple and polio vaccine are administered during the second and third visits. Sixteen static health units are co-operating so that by September 1967 it should be possible to cover the entire district of Ankole (population 600,000).

Disease control: During the period of this plan, some 500 infectious tuberculosis cases and their family contacts in the Eugisu pilot district will receive treatment. BCG vaccination, using the direct technique, will also be undertaken. After total coverage of the area, new-born infants will be vaccinated routinely under the national immunization campaign. Beginning in January 1968, it is planned to extend these simplified measures of tuberculosis control throughout the country at the rate of three districts a year. Treatment of leprosy patients will be continued along present lines, with increasing consolidation of work through health centres.

Health education: The first regional health education unit will be launched in 1966 to serve the Northern Region. Facilities and staff already exist for a second unit at Fort Portal in the Western Region. Health education seminars are planned for 1966 and 1967. There are now ten health educators in field posts who have undergone training abroad and four others are scheduled for courses overseas this year. The facilities of the Health Education Division of the Ministry of Health will be strengthened.

Trainings: The Ministry of Health has decided that comprehensive nurse-training courses should be mounted at all of the 18 district hospitals in the country. These hospitals will be upgraded to cope with the training of nurses and midwives in community nursing, including domiciliary nursing, midwifery and public health duties to fit them for all aspects of rural health work. Each school will provide from 60 to 120 places. With assistance from Makerere Medical School, the Government also intends to organize district refresher courses for rural medical personnel so as to assist field staff, district medical officers, nursing sisters, health inspectors, medical assistants in charge of health centres and tutors from training schools in assessing and meeting the health needs of their areas from the preventive aspect.

UNICEF will provide clinic and ward equipment and expendables for 15 hospitals, 19 dispensaries and maternities and 10 health centres; vaccines, drugs and vaccinating equipment for immunization and TB control; audio-visual and demonstration equipment for health education in training schools and health education units; teaching and training equipment for six nurses' and midwives' training schools; drugs and soap for leprosy; transport; and stipends. WHO will continue to provide six consultants as well as fellowships for senior administrative and tutorial posts.

UGANDA

NUTRITION: MILK CONSERVATION
Continuation, mid 1966 -
mid 1967

Allocation approved: \$40,000
Technical approval: FAO

E/ICEF/P/L.704

In preparation for the second phase, the Government has formed the Uganda Milk Processing Company to be solely responsible for the treatment of the milk supplies received from the milk collection centres and other sources. The distribution and sale of the processed milk will be the responsibility of the Uganda Creameries. The new processing company has been authorized to procure equipment for the new city plant with a daily capacity of 45,000 litres; the plant is expected to be commissioned during the first half of 1967. Personnel already engaged by the Uganda Creameries will be available as a nucleus of technical staff to manage and operate the new plant. Additional technical help will be made available through the Kenya Co-operative Creameries which has had extensive dairying experience. The new city plant will purchase milk of good quality from the twelve rural milk collection centres, four of which will be in operation by mid 1966, and an additional eight by mid 1967. Until local supplies become available in sufficient volume to meet the operating requirements of the new plant, the new Milk Processing Company will import supplies as required from Kenya where UNICEF is also assisting in a milk

UGANDA (continued)

conservation project. UNICEF will provide milk reception and cooling equipment for eight rural centres and three vehicles. FAO has placed at the disposal of the Government the services of a dairy adviser.

UGANDA

COMMUNITY DEVELOPMENT
AND SOCIAL SERVICES
Continuation and extension
mid 1966 - mid 1967

Allocation approved: \$23,000
Technical approval: United Nations
Department of Economic and Social
Affairs, FAO and WHO

E/ICEF/P/L.733

The Government's comprehensive plan for community development and social welfare provides preventive and remedial services for families, youth and children with the objective of strengthening the family unit and raising living standards, particularly through programmes of self-help. There are three main aspects:

- a) Women's and youth work: By mid 1967 the Government plans to establish another 50 multi-purpose rural community centres. UNICEF will provide homecraft and mothercraft equipment, vocational training tools for youth work and transport for supervision.
- b) Training: Two more rural training centres are planned for 1966/1967 for the remaining districts of Sebei and Madi/Moyo. During the year courses for community development staff and child welfare workers at Nsamizi and rural training centres will continue as hitherto, with additional emphasis on selected conferences and seminars for in-service staff. UNICEF will provide honoraria and stipends for training courses and seminars and transport for field training and supervision.
- c) Social services: The number of welfare stations in the country has trebled since independence and there is now one in each of 15 districts. The remaining districts of Bunyoro and Karamoja will be provided for in 1966/1967. The field staff is being enlarged. UNICEF will provide stipends for training and transport for supervision and field work.

WEST AFRICA

HEALTH SERVICES: TRAINING
First request for UNICEF
aid, mid 1966 - mid 1968

Commitment approved: \$49,000
Allocation approved
for 1966/1967: \$26,000
Technical approval: WHO

E/ICEF/P/L.705

This project aims to provide re-orientation courses in public health and tropical medicine to African doctors, through a network of institutes and training facilities set up in connexion with the Organization for Co-operation and Co-ordination of the Campaign against Major Endemic Diseases (CCCGE). Selected personnel from African countries (mainly French-speaking West and Central Africa) will be given concentrated ten-week courses under the instruction of experienced and expert instructors. Practical field experience in public health will be provided with a view to providing experience applicable to the special conditions of Africa. Selections for the first course are now almost complete, and it is known that the countries of Upper Volta, Ivory Coast, Niger, Mali, Dahomey, Togo and Senegal will benefit. A similar course is to be organized in 1967. The personnel of the CCCGE (a total of over 30 doctors and specialists) will serve as training instructors. Specialized lecturers from WHO and other participating organizations will supplement the work of the permanent staff of the CCCGE. UNICEF will provide supplementary teaching and demonstration supplies and laboratory materials; a grant towards cost of local field transportation of students; honoraria for lecturers; and study grants for

WEST AFRICA (continued)

15 candidates per course. WHO will provide expert instructors in selected subjects, as well as fellowships to African countries for additional candidates to attend the courses. French Technical Co-operation guarantees the salary of 30 OCCGE experts, amounting to the equivalent of about \$400,000 a year.

ZAMBIA HEALTH SERVICES
Continuation, 1966/1967

Allocation approved: \$17,000
against approved commitment

AFRICA REGION HEALTH SERVICES:
PUBLIC HEALTH SEMINAR
(University of Dakar, Senegal)
Continuation, 1967

Allocation approved: \$20,000
Technical approval: WHO

E/ICEF/P/L.693

Since 1958 the Government of Senegal has sponsored a series of seminars in preventive medicine and public health problems which have been attended by senior health officials and educators of French-speaking African and European countries. The seminars have been organized by the Association pour la Recherche medicale en Afrique occidentale (ARMAO) with the co-operation of the University of Dakar and certain European universities. The objective of the seminars has been to bring together top level teaching, operating and administrative personnel in the health field to exchange information and consider improved approaches to problems of pathology, public health and preventive medicine in Africa as encountered in their work.

Another seminar will be held in January 1967 at which special emphasis will be given to the nutritional problems of children, and the epidemiology and immunology of selected major diseases of Africa, including onchocerciasis and various hemoglobin complications and anaemias in African infants. Round-table discussions will be held and field trips will be organized as appropriate. UNICEF will defray the travel and expenses of 40 doctors and health administrators from Africa and will participate in the publication of the report on the seminar. The WHO representative at Dakar will participate in the seminar together with other WHO expert personnel working in Africa. ARMAO will contribute the equivalent of US\$20,000 and the Fonds d'aide et de co-operation (FAC) will contribute the equivalent of US\$8,000.

AFRICA REGION HEALTH SERVICES:
POST-BASIC NURSING
Continuation, 1966/1967

Allocation approved: \$40,000
against approved commitment

B. ASIA ^{a/}

AFGHANISTAN

HEALTH SERVICES

Continuation,
mid 1966 - mid 1968

Commitment approved: \$112,000
Allocation approved
for 1966/1967: \$56,000
Technical approval: WHO

E/ICEF/P/L.760 and Add.1

As some rural areas are soon to reach the maintenance phase of the malaria eradication programme, the Ministry of Health has formulated a plan for strengthening basic health services to be put into operation progressively in areas where malaria has been brought under control. The plan envisages the establishment of primary health centres with sub-centres which will eventually provide basic services, including maternal and child health, communicable disease control, and health education. As malaria workers are released from the eradication campaign, they will be re-trained to augment the staff of the centres. The first units will be established in 1967 in the area of Pulikhumri, population 292,000. Five primary health centres and 25 sub-centres will be established and provincial hospitals will be strengthened to provide a demonstration and training area for the future expansion of the programme, which is planned to take place as new areas enter the malaria maintenance phase. Two more auxiliary nurse/midwife schools are to be established in 1967. The Government also plans to establish, within the framework of the basic health services, a model MCH service in the Nangarbar Kunar area. Both MCH training and services are envisaged. UNICEF will provide supplies, equipment and transport for the new health centres, for MCH services and for teaching institutions; continuing supplies of drugs, diet supplements and soap; and stipends for a six-week orientation course for obstetricians and paediatricians working in the provinces. WHO will continue to provide a public health officer, a public health nurse and a sanitarian. Funds to support UNICEF aid to this project were collected in private fund raising by a special committee established in Norway to "match" the Nobel Peace Prize awarded to UNICEF in 1965.

AFGHANISTAN

MALARIA ERADICATION

Continuation, 1967

Allocation approved: \$365,000
Technical approval: WHO

E/ICEF/P/L. 720

Subject to changes which may result from technical analysis of the malaria eradication campaign in 1966, it is planned that during 1967 3,920,000 persons will continue to be covered by spraying in the attack phase; 2,494,000 persons will be in the consolidation phase; 573,000 persons will be in areas using larval control measures; and 291,000 persons will be in the maintenance phase. UNICEF will provide insecticides, drugs, sprayers, laboratory equipment and transport for operations in 1967 and funds to cover a deficit incurred for the provision of additional supplies required in 1966. WHO will continue to provide three advisory teams.

^{a/} This section of the annex includes projects for which assistance was approved in two UNICEF regions: East Asia and Pakistan; and South Central Asia.

<u>BURMA</u>	<u>HEALTH SERVICES</u> Continuation, 1967	Allocation approved: <u>\$205,000</u> Technical approval: WHO
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E/ICEF/P/L.680

In 1967, twenty additional township hospitals will be upgraded; four urban health centres, two in Moulmein, one in Bassein and one in Pegu, will be established; and ten district/divisional hospitals will be improved in order to strengthen the referral chain from the rural health centres. An integrated health services scheme, including school health, will be developed in Moulmein and Bassein. The work of the vaccinators in rural health centres, which was previously confined to smallpox vaccination, will be broadened to include rural sanitation, registration of vital statistics and health education. The training of rural health workers will continue and will include refresher courses for lady health visitors and midwives as well as reorientation courses for township medical officers. UNICEF will provide hospitals, laboratory and health centre supplies and equipment, dental equipment for six new school health districts, drugs and diet supplements, transport and training stipends.

<u>BURMA</u>	<u>TUBERCULOSIS CONTROL:</u> <u>BCG VACCINATION</u> Continuation, 1966/1967	Allocation approved: <u>\$24,000</u> against approved commitment
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<u>BURMA</u>	<u>LEPROSY CONTROL</u> Continuation, 1966/1967	Allocation approved: <u>\$45,000</u> against approved commitment
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<u>BURMA</u>	<u>SOCIAL SERVICES</u> Continuation, mid 1966 - mid 1967 E/ICEF/P/L.684	Allocation approved: <u>\$49,000</u> Technical approval: United Nations Department of Economic and Social Affairs
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During the next year, the training programme for professional and voluntary social workers will be continued; a second residential nursery for 75 to 100 children will be established in Mandalay; the services in 23 day nurseries in urban nurseries in urban areas, and 7 in rural areas will be strengthened, and an additional 20 rural nurseries will be established. Homemaking classes will be conducted in the satellite towns of Rangoon and also in the 23 sub-areas in greater Rangoon. Vocational training will be introduced in five junior training schools, twenty orphanages and two schools for blind children. The Government has established seven divisional offices with professionally trained welfare officers to carry out the supervision of all social welfare programmes which include training. UNICEF will provide training and demonstration equipment, stipends for training, and vehicles for supervision and training.

<u>EUROPE</u>	<u>EDUCATION</u> Continuation, 1966/1967	Allocation approved: <u>\$64,000</u> against approved commitment
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<u>CAMBODIA</u>	<u>HEALTH SERVICES</u> Continuation, 1967 E/ICEF/P/L.639	Allocation approved: <u>\$91,000</u> Technical approval: WHO
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The school health programme is being expanded to the provinces and will include seven secondary schools as well as primary schools in 1967. Under the new tuberculosis control programme all school health staff are being trained in BCG techniques. A school in the area of the Takhmau demonstration and training centre will be selected by the primary education project as a model school to demonstrate the

CAMBODIA (continued)

integration of new methods of primary education with school health and environmental sanitation. Eight additional provincial health centres are to be established, each including an MCH clinic, dispensary and maternity ward. Training will be given to 100 midwives; provincial laboratory services will be expanded; UNICEF will provide supplies and equipment for health centres, laboratories and school and rural services, as well as transport, training stipends and honoraria. A WHO team, consisting of a doctor and two nurses, is assisting in the rural health training programme, and a WHO sanitary engineer is assigned to the rural health training centre in Takhmau. A WHO nurse is to be assigned to the school health programme.

CAMBODIA

TUBERCULOSIS CONTROL AND
BCG VACCINATION
Continuation, 1967

Allocation approved: \$32,000
Technical approval: WHO

E/ICEF/P/L.717

A tuberculosis control project was started in 1965 with the objectives of developing a national tuberculosis centre, studying the epidemiological patterns of representative areas, demonstrating practical control methods and training personnel for BCG vaccination which is to be integrated with existing health services, eventually on a county wide basis. A national tuberculosis centre has been established in Phnom Penh which serves as headquarters for the tuberculosis service of the Ministry of Public Health and is responsible for directing and supervising a national BCG vaccination campaign. Training in BCG vaccination techniques is being given to health centre staff and school health personnel at the national centre as well as at the rural health demonstration centre in Takhmau, which is close to Phnom Penh. A vaccination campaign is envisaged in three provinces in 1966 with the co-operation of the local authorities, while 100,000 school children in Phnom Penh and Takhmau will be tested with tuberculin in 1966 and vaccination will be given to the reactors. Simple methods of case finding through microscopy are being employed, as recommended by WHO, and identified cases are provided with chemotherapy on a domiciliary basis.

During 1967 a tuberculin survey of approximately 4,000 people in the urban and rural project areas will be carried out to determine the age groups to be covered by the BCG vaccination campaign. The number of children to be tested in the schools of Phnom Penh and Takhmau is expected to rise to 200,000. Additional staff from the Takhmau rural health demonstration centre, school health and municipal dispensaries will be trained. Case finding, based mainly on microscopy, will be continued, and additional technicians will be trained for health service laboratories. UNICEF will provide a static X-ray unit for the national centre in Phnom Penh, drugs, laboratory supplies and equipment, transport and freeze-dried BCG vaccine. WHO has assigned a team to the campaign consisting of a tuberculosis adviser and a public health nurse.

CAMBODIA

EDUCATION (PRIMARY)
Continuation, 1966/1967

Allocation approved: \$117,000
against approved commitment

CAMBODIAEDUCATION (SECONDARY)
First request for UNICEF
aid, mid 1966 - mid 1968Commitment approved: \$95,000
Allocation approved
for 1966/1967: \$62,000
Technical approval: UNESCO

E/ICEF/P/L.699

The Government of Cambodia is conducting a major national programme for the expansion and revision of education at all levels. The main problem in secondary education is the need to train teachers to teach practical subjects (agriculture, carpentry, mechanics, domestic science, etc.). While the Government is considering plans for introducing this training as part of basic teacher-training curricula, an interim arrangement has been made for this two-year pilot project. Under a project assisted by the ILO and the United Nations Development Programme (Special Fund component), a Productivity Centre has been established in which several ILO experts are giving training in practical subjects to various categories of personnel. Nineteen selected secondary school instructors now being trained will form the nucleus of the teaching staff for the teachers from twenty selected secondary schools. From June to September 1966, they will conduct an intensive training course in mechanics, masonry and electricity for 50 teachers, while another 50 teachers will receive intensive instruction in agriculture and domestic science from instructors already available in the Ministry of Education. In October 1966, the teaching of these subjects will be initiated in the twenty schools. The nineteen instructors trained by the ILO experts, and others provided by the Ministry of Education, will go from school to school between October 1966 and May 1967, supervising and giving in-service training to the teachers. In June 1967, a second intensive training course will begin for another 75 teachers, and the same in-service training will continue to be given from October 1967 until May 1968. It is hoped that by that time the expansion of the programme may be planned. UNICEF will provide basic equipment for agriculture, carpentry, metal work and home economics teaching in 20 secondary schools; transport for the supervisory teams; supplies and equipment for the production of teaching materials; stipends for intensive training of 100 teachers in the first year and 75 in the second year; and half of the honoraria for instructors.

CEYLONHEALTH SERVICES
Continuation, 1965/1967Allocation approved: \$86,000

The Netherlands Committee for UNICEF agreed to raise funds for this project in 1965. The funds are now being transferred to UNICEF, and an allocation of \$86,000 has been approved post facto. It is expected that these funds will meet the needs of the project through mid 1967.

CEYLONSOCIAL SERVICES
Continuation, mid
1966 - mid 1967Allocation approved: \$14,000
Technical approval: United
Nations Department of Economic
and Social Affairs

E/ICEF/P/L.781

To meet the growing demand for training facilities and expand the scope of training, the Government plans to establish a demonstration project in a selected area of Colombo City where social problems are acute. The project will provide a practical demonstration area for trainees at the School for Social Work and will provide a base for research and evaluation as well. The first phase calls for establishment of a community centre with recreational facilities, a children's day-care centre and a mothers' centre. Health and nutrition education and applied nutrition activities will also be fostered in the area. Training in social welfare will be given to 40 public health inspectors, 40 public health nurses and 40 public health midwives. The scheme will be implemented by the Department of Social Services and the School of Social Work, in collaboration with the Ministry of Health, and will be supported by the Colombo municipal authorities and voluntary organizations in the social welfare field. UNICEF will provide equipment, transport, expendable supplies and training grants. Subject to a Government request, the Bureau of Social Affairs of the United Nations Secretariat will provide a social work training adviser. A lecturer is being provided for the School of Social Work.

CEYLON

EDUCATION
 First request for
 UNICEF aid, mid
 1966 - mid 1968

Commitment approved: \$287,000
 Allocation approved
 for 1966/1967: \$158,000
 Technical approval: UNESCO

E/ICEF/P/L.783

The aim of this project is to strengthen and diversify secondary education in Ceylon, primarily in the field of science and mathematics. The Government has drawn up a six-year plan for introducing at the senior secondary level new science and mathematics courses where they do not exist, and for reinforcing those that exist. The plan is to be implemented in three two-year phases. New instructional material will be adopted, school science laboratory facilities improved, in-service teacher training provided, supervision strengthened and facilities established for local production and maintenance of school science equipment. In the first phase, new curricula in science and mathematics and innovations in teaching methods will be introduced in 135 senior secondary schools teaching science at an advanced level and in 340 senior secondary schools of ordinary level. Equipment and materials will be provided for pupil participation in practical laboratory work. Twelve teams will be created for supervision of science teaching. A Science Equipment Production and Assembling Unit in the Department of Education will be established to manufacture and maintain science apparatus for the schools. A major objective of the project is to extend and improve in-service teacher training programmes which have been started on a pilot basis and which will apply both to classroom teaching and to new evaluation practices. Particular emphasis in science teaching will be given to the introduction of practical elements of health and nutrition education by relating teaching methods to government activities in specific rural health, sanitation and applied nutrition programmes. UNICEF will provide equipment for school science laboratories and for the Science Equipment Production Unit and transport for training and supervision. It is expected that four UNESCO education experts will be assigned during 1967-1968.

CHINA

HEALTH SERVICES AND
 ENVIRONMENTAL SANITATION
 (TAIWAN)
 Continuation, mid 1966 -
 mid 1969

Commitment approved: \$410,000
 Allocation approved
 for 1966/1967: \$177,000
 Technical approval: WHO

E/ICEF/P/L.666

During the next three years, the staff of all the health stations will receive a second cycle of in-service training conducted by both the provincial mobile in-service training teams and the health bureaux. The plan is for the mobile in-service training activities to be consolidated with the health bureau work by mid 1969. In addition, an advanced practical in-service training programme in paediatrics and obstetrics will be given for medical, nursing and midwifery personnel of all hospitals in the province by the Taipei Children's Hospital and the Taipei Maternity Hospital. These two hospitals will also be upgraded to serve as referral hospitals. It is planned to provide simple water supply systems to another 266 selected rural communities and to train an additional 20 water chemists and 3,080 community officers. During this period, 242 health stations and 10 health bureaux will also be upgraded by the provision of sanitation kits. UNICEF will provide supplies and equipment for MCH services, sanitation supplies and equipment, eight vehicles and training stipends, honoraria and field allowances for MCH and sanitation training.

CHINA

TUBERCULOSIS CONTROL
 (TAIWAN)
 Continuation, 1966/1967

Allocation approved: \$60,000
 against approved commitment

CHINA

BCG VACCINATION
(CONSOLIDATION)
(TAIWAN)
Continuation, 1967

Allocation approved: \$22,000
Technical approval: WHO

E/ICEF/P/L.657

A UNICEF-assisted mass campaign began in 1951, operating through BCG teams attached to 22 health centres, which are the supervisory units for the network of over 370 health stations, covering the whole of the Province of Taiwan. The staff of these stations are being trained in BCG work and by the end of 1966 all of the health stations will have trained BCG workers and will be giving combined smallpox-BCG vaccinations to all newborn infants (400,000 per annum). Approximately 165,000 pre-school children will be vaccinated through the comprehensive UNICEF-assisted tuberculosis control campaign in the communities. In the schools, children will be vaccinated on entry and on graduation. This will cover an expected 350,000 negative reactors per annum, allowing for children who are absent and drop-outs. Vaccination will continue to be given in 1967 at the rate of 400,000 infants, 165,000 pre-school children, and 350,000 school children each year. UNICEF will provide freeze-dried vaccine for remote areas, which will be in addition to liquid vaccine to be provided from the Government's production laboratory. UNICEF will also provide BCG equipment, laboratory supplies and transport.

CHINA

POLIOMYELITIS CONTROL
(TAIWAN)
First request for UNICEF
aid, mid 1966 - mid 1970

Commitment approved: \$148,000
Allocation approved
for 1966/1967: \$101,000
Technical approval: WHO

E/ICEF/P/L.791

Due to the high rate of mortality from poliomyelitis, the Government is giving high priority to a mass vaccination campaign. A preliminary campaign was successfully carried out by the health services in 1964/1965, when 980,000 children were vaccinated. During the next four years, it is planned to vaccinate all children between three months and three years of age by the oral administration of attenuated trivalent poliomyelitis vaccine. Vaccinations will be given through 28 provincial and local hospitals, 22 health bureaux and 371 health stations which afford coverage of the entire population. The children to be vaccinated will be listed by each health station, under the guidance of its supervising health bureau, in accordance with the census of the district concerned. The lists which will be checked by house-to-house visits, will include 1,130,000 children for the campaign to begin in November 1966. For three years thereafter, mass vaccination will be carried out in the same period each year for the children born that year and having reached three months of age at the time of the vaccination. The vaccination will be conducted by trained personnel of the health stations under the supervision of the senior staff of the health bureaux, and also at all provincial and local hospitals. The vaccine will be diluted with sugar solution to be provided by the Government. The Government will conduct the necessary studies and laboratory investigation, in accord with the advice of WHO and will take steps to strengthen and regulate island-wide reporting on poliomyelitis. UNICEF will provide all the vaccine required for the campaign from November 1966 to February 1967 (estimated at 1.13 million doses) and 75 per cent, 50 per cent, and 25 per cent respectively of the requirements in the second, third, and fourth years (estimated at 390,000 doses per annum). UNICEF will also provide deep freezers for the 22 health bureaux where the vaccine must be stored at sub-zero temperature at one stage of distribution to the health stations; medicine droppers for administration of the vaccine; some supplementary laboratory equipment and two small vehicles. WHO will make available a short-term consultant to assist the Government in the organization and conduct of laboratory studies and surveys.

CHINA

NUTRITION: SOY-FOOD
MARKETING (TAIWAN)
First request for UNICEF
aid, mid 1966 - mid 1967

Allocation approved: \$50,000
Technical approval: FAO

E/ICEF/P/L.761

UNICEF has supported studies at the University of Taiwan of various nutritious weaning foods and food supplements for infants and pre-school children, including closely controlled test feeding of 50 infants and young children. These studies have conclusively demonstrated that under local conditions food mixtures based on soya protein as the predominant source of protein, when fed at levels adequate in terms of protein and calories, are effective in maintaining normal growth and health in infants. Growth rates are comparable to those observed when cow's milk is the major protein source. To improve the nutrition of young children in the area, the production and mass distribution of such a protein-rich mixture and a protein supplement is needed. The Government has assisted a local commercial firm, the Wei-Chuan Company, to obtain modern equipment designed for the continuous production of pre-cooked food mixtures. Economical production of pre-cooked soya-based food mixtures of the types which have been tested and found safe and nutritious for infants and young children will be possible in this equipment. Other products for family use - protein-rich breakfast cereals, soup bases and wafers - will also be produced from locally available ingredients. UNICEF's concern is to assist in the marketing promotion necessary to achieve regular sale through commercial channels, at minimum prices, of the protein supplements and weaning food mixtures, economically packaged to meet the needs of low income families. It is proposed that UNICEF provide a subsidy for an initial period to reduce the market price to those in need. As the volume of sales increases and unit costs are reduced the subsidy should become unnecessary. An economy pack will be distributed to commercial outlets and a bulk pack to MCH centres and other large consumers. In addition, economy and bulk samples will be distributed free to MCH centres in urban areas with low-income populations. Evaluation of the project would be carried out in co-operation with the Public Health Department and a study would be made of the patterns of purchase by various income groups and of the nutritional effects of the project. UNICEF will provide a maximum of \$50,000 to supply 35 tons of economy-pack formulated protein-rich food for demonstration purposes, and 360 tons of retail packed product for sale at a subsidized price. A National Food Processing Institute is being developed with assistance from the United Nations Development Programme (Special Fund component), which will expand the application of this technology to fulfil wider processed food requirements.

CHINA

SOCIAL SERVICES (TAIWAN)
Continuation, mid 1966 -
mid 1967

Allocation approved: \$30,000
Technical approval: United
Nations Department of Economic
and Social Affairs

E.ICEF/P/L.638

The Government's objective is to improve the child welfare services in Taiwan, particularly day-care centres for young children. During 1966/1967, an additional 100 child-care workers will be trained, and 100 more day-care nurseries will be set up or improved. The annual refresher training course for personnel related to the project will be given. A plan will be formulated to develop new and improved types of social services for children in local communities: a study of problems relating to children will be conducted by two child welfare workers and a community development worker assigned to two selected counties, under a provincial supervisor. On the basis of the needs discovered during the study, proposals will be formulated for the development of new kinds of services primarily designed to strengthen family life and to provide for children whose parents cannot care for them. UNICEF will provide supplies and equipment for upgrading 100 nurseries, training stipends and honoraria, and funds to cover the salaries of four child welfare workers. The United Nations Department of Economic and Social Affairs will provide advisory services for one year commencing mid 1966 and, subject to a government request and the availability of funds, will provide fellowships for selected project personnel for observation visits to countries with comparable programmes.

<u>CHINA</u>	<u>EDUCATION (TAIWAN)</u> Continuation, 1966/1967	Allocation approved: <u>\$106,000</u> against approved commitment
<u>HONG KONG</u>	<u>SOCIAL SERVICES</u> Continuation, 1967 E/ICEF/P/L.767	Additional commitment approved: \$26,200 Allocation approved: <u>\$31,000</u> Technical approval: <u>United Nations Department of Economic and Social Affairs</u>

To provide sound day-care facilities for Hong Kong's large numbers of children of working mothers, the Government is engaged in a long-term in-service training programme for personnel of governmental and voluntary child-care agencies and, at the same time, is improving and increasing the numbers of youth centres and day-care nurseries for toddlers. Many voluntary agencies have organized youth activities, including vocational training; these activities are co-ordinated by a Federation of Youth Groups which also operates its own clubs and plans to conduct in-service training courses for youth leaders. In 1967 the Government plans to establish ten additional day-care nurseries and two more mobile libraries and to assist the Federation of Youth Groups in expanding its activities. UNICEF will provide equipment for day-care nurseries and youth groups and two vehicles for conversion into mobile libraries.

<u>INDIA</u>	<u>HEALTH SERVICES</u> Continuation, mid 1966 - mid 1967 E/ICEF/P/L.747 and Add.1	Allocation approved: <u>\$1,722,000</u> Technical approval: WHO
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The Government of India is strengthening a comprehensive network of rural health services and associated facilities within its national community development programme. This network provides the only maternal and child health services available to most of the population in rural areas. The aim is to establish primary health centres and sub-centres in 5,000 Community Development Blocks, each block comprising about 100 villages with some 70,000 inhabitants. In 1966, the programme will enter a new and interesting phase of development in connexion with the consolidation of the malaria eradication programme. To maintain the gains of the malaria campaign, rural health services will be strengthened by the re-training of malaria field workers, with the objective of converting them from uni-purpose to multi-purpose workers, and by their assignment at the level of primary health centres and sub-centres in the ratio of one per 10,000 population. In 1966, 1,668 community development blocks in 167 districts will be in the maintenance phase of the malaria programme. In 100 of these districts "orash" programmes for giving short-term re-training to malaria workers are planned. This short-term training will eventually be followed by a longer course of one year, for which 34 training centres already exist, and 10 more are to be opened in 1966/1967. Assistance to the established aspects of the programme is envisaged along the same lines as previously. For the year ending June 1967 this will include equipment for 250 new primary health centres and 750 sub-centres, and for the health education and sanitation aspects of the programme; stipends and equipment for the various training courses and transport. In addition to the normal provision of drugs and diet supplements for the health services programme, 2,000 additional sets will be provided for distribution to mothers and children in the several States suffering from severe food shortages as a result of the 1965 droughts.

INDIA

PAEDIATRIC TRAINING
Continuation, mid
1966 - mid 1967

Allocation approved: \$157,000
Technical approval: WHO

E/IC.F/P/L.672

The objective of the programme is to assist in improving paediatric care in India in three major ways: by upgrading paediatric education of medical undergraduates; by providing postgraduate paediatric training; and by improving paediatric services at several levels. Under previous allocations the paediatric departments of 73 medical colleges have been, or are being, improved by the provision of teaching aids and of supplementary equipment for their teaching hospitals and for field training areas based on MCH centres. In addition to the physical improvements, the curriculum has been revised with more time devoted to paediatric subjects. Increasing emphasis is being placed on integrated teaching by the departments of paediatrics, obstetrics, and preventive and social medicine. Assistance has also been given to 75 district hospitals with a view to providing specialized services for children at the district level and consultative paediatric and obstetric services to the subdistricts served by the hospitals. With a view to the eventual upgrading of the paediatric departments of all medical colleges and district hospitals, the project will be continued in 1966/1967. Aid will be given to four new and four established paediatric departments of medical colleges and to paediatric units of fifteen additional district hospitals and five hospitals for infectious diseases as well as to the paediatric departments of eight medical colleges which have already received assistance. Stipends will be provided by UNICEF for twenty candidates for the Diploma in Child Health (DCH) course and for fifteen paediatric teachers for the international course in nutrition at Hyderabad Research Laboratories. WHO participates actively through the services of visiting professors of paediatrics, short-term consultants and paediatric nurses.

INDIA

VACCINE PRODUCTION
Continuation, mid
1966 - mid 1967

Allocation approved: \$70,000
Technical approval: WHO

E/ICEF/P/L.770

While diphtheria, whooping cough and tetanus are endemic in India, local production of vaccines has been far below the country's requirements. (The quantity of triple vaccine required to cover the entire susceptible age-groups below 10 years of age would be in the neighbourhood of 473 million doses.) The Government has undertaken large-scale production of diphtheria, pertussis and tetanus vaccines for distribution through the rural health services. UNICEF has assisted by providing equipment to the Central Research Institute in Kasauli, Punjab, for production of triple vaccine at an initial target level of 2 million doses a year. Various difficulties, including damage to essential equipment which occurred in transit, have limited the current production level to 600,000 doses. The Government has now overcome the major obstacles and expects to reach the target production level by early 1967. With the addition to the Institute of premises, equipment and staff, the Government hopes to increase production of triple vaccine to 8 to 10 million doses by 1969. UNICEF will provide additional supplies and equipment essential for this production level. WHO will provide the services of a short-term consultant.

INDIA

TUBERCULOSIS CONTROL
AND BCG VACCINATION
Continuation, mid 1966 -
mid 1967

Allocation approved: \$728,000
Technical approval: WHO

E/ICEF/P/L.784

India's nationwide tuberculosis control programme is to be carried out by the National Tuberculosis Institute as the central body for training of personnel and experimentation in methodology, 17 state-level training and demonstration centres (of which 15 have been established), and 330 district-level tuberculosis centres (of which 150 have been established). Teams for the district-level centres are trained at the Institute: ten courses had been conducted by end-1965, and 159 teams trained. The BCG vaccination programme, which had 189 field teams active at the end of 1965 is to be fully integrated with the tuberculosis control programme by attaching one BCG team to each of the 330 district-level tuberculosis centres.

INDIA (continued)

Another 141 teams will be created on a phased basis through 1970/1971. It is planned that the National Tuberculosis Institute will train 65 to 75 additional teams for district-level centres in 1966/1967. Twenty of the existing centres will qualify for UNICEF assistance in the form of laboratory equipment and vehicles. Twenty-seven new district-level centres to be established will need equipment, including X-ray units and vehicles from UNICEF, bringing total of UNICEF assisted district-level tuberculosis centres to 177. UNICEF will assist 20 additional BCG teams bringing this total of BCG teams assisted by UNICEF to 222. WHO will provide the services of a senior medical officer, two medical officers, an X-ray technician, two public health nurses, a statistician, a short-term consultant and a six-month fellowship.

<u>INDIA</u>	<u>TRACHOMA CONTROL</u> Continuation, mid 1966 - mid 1967	Allocation approved: <u>\$107,000</u> Technical approval: WHO
	E/ICEF/P/L.748	

In 1958, after a preliminary epidemiological survey, a pilot project was established, with WHO's technical participation, to try out mass campaign methods among pre-school and school children, with a view to reducing the endemicity of trachoma to the point at which it may be effectively controlled by the regular public health services. In 1963, a mass campaign was launched in the States of Punjab, Rajasthan, Gujarat and later in Uttar Pradesh, in which the survey had shown a very high prevalence of trachoma; limited operations were launched elsewhere where scattered foci of trachoma existed. The acceptance of the project by the people, and clinical results immediately after treatment, have been very good. However, effective arrangements have still to be made for maintaining these good results.

The Government intends to put into effect in 1966/1967 a new plan which will greatly increase population coverage in the hyperendemic States of Punjab, Rajasthan, Uttar Pradesh, Bihar and Madhya Pradesh, and will, it is hoped, improve maintenance. In 102 districts where integrated rural health services are to be expanded, the Government intends to assign three basic health workers for each 10,000 population. Immediate supervision will be given by medical staff attached to the primary health centres, and technical guidance from specialized medical staff posted at district level. This method will permit coverage of about 53 million persons (about 35 per cent children) by a total of 5,300 field workers and a supervisory set up including 55 trachoma medical officers posted at district level. Initial treatment coverage will, it is estimated, take two to three years. Thereafter, the same workers will continue to keep surveillance over their population groups in the maintenance phase. In four other states - Mysore, Gujarat, Jammu and Kashmir and Assam - and in parts of Rajasthan, in which this expanded integration is not yet envisaged, trachoma operations will continue to be conducted under the previous methods, through specialized field units. The population to be covered in these areas during the period 1966/1967 is estimated at about 1 million through 26 field units including 650 field workers and 130 supervisors, directed by medical officers. UNICEF will provide ophthalmic ointment, vehicles and field equipment. A trachomatologist has been assigned to this project since its inception in 1956. It is expected that WHO will continue this technical assistance during the period covered by this proposal.

<u>INDIA</u>	<u>LEPROSY CONTROL</u> Continuation, mid 1966 - mid 1967	Allocation approved: <u>\$111,000</u> Technical approval: WHO
	E/ICEF/P/L.725	

Leprosy control operations are being carried out in all the states and territories in which leprosy is a public health problem. Of an estimated 2 million cases, 507,000 are recorded and 473,000 are reported to be under regular treatment. There are 172 leprosy control units in the hyperendemic areas, of which 24 have fully qualified for UNICEF assistance, 629 leprosy field workers are attached to the primary health centres, dispensaries or hospitals in areas where the prevalence of the disease is less than ten persons per thousand. Eleven leprosy training centres are training para-medical workers and an additional ten centres are scheduled to be opened by mid 1966. It is planned to establish 19 additional leprosy control units in 1966/1967, to post 250 additional leprosy field workers to areas of lower endemicity, to strengthen the supervisory function by posting 114 non-medical supervisors to oversee the activities of the field workers, and to carry out training programmes in 21 training centres. UNICEF will provide drugs, microscopes for leprosy control units and transport. WHO will continue to provide the services of two consultant leprologists.

<u>INDIA</u>	<u>APPLIED NUTRITION</u> <u>(ALL INDIA)</u> Continuation, mid 1966 - mid 1969	Additional commitment approved: \$1,174,000 Allocation approved for 1966/1967: <u>\$1,073,000</u> Technical approval: <u>FAO and WHO</u>
	E/ICEF/P/L.774 and Add.1	

This programme is basic to the national objective of increasing food supplies and improving family nutrition. The plan is addressed to the family, as the unit through which children can be reached most directly, and it provides at the village level activities in the fields of horticulture, including school and community gardens and orchards; poultry-raising and egg production; and fish production through the use of community ponds in inland areas and, in selected coastal areas, through improving in-shore fisheries. Production centres at the block or regional level include seed farms, food and fruit preservation units, poultry farms and fish-breeding centres. To help promote increased consumption of protective foodstuffs, and especially to stress UNICEF's particular interest, school feeding programmes and village feeding programmes are included for pre-school children and expectant and nursing mothers. The plan provides for a number of training schemes at all levels, from State nutrition officers to village fisherman and poultry-keepers. Plans are being developed to involve Indian voluntary agencies and to strengthen the voluntary women's and youth clubs at the village level through which the programme must ultimately be channelled. The Government proposes eventually to expand the applied nutrition programme to all 5,000 community development blocks. At the village level, UNICEF provides equipment and supplies for horticulture, poultry-raising and egg production, pisciculture, the development of literature and educational materials, transport, and stipends for training. For purposes of calculation, the value of this assistance is estimated at \$27,500 per community development block (about 70,000 population) spread over a period of five years. The actual provision of assistance depends upon the requirements; for example, a block may not be able to use pisciculture equipment because water levels in the ponds are not sufficient throughout the year. Assistance is given to training institutions at a maximum of \$6,550 per institution. Assistance to production centres ranges from \$750 for a food preservation unit, or \$4,000 for a seed production centre up to \$10,000 for a poultry farm and up to \$50,000 for a marine fisheries unit. FAO has established posts for eleven experts, eight of whom are currently financed under reimbursement by UNICEF and three under the United Nations Development Programme.

<u>INDIA</u>	<u>NUTRITION: MILK CONSERVATION</u> <u>(AHMEDABAD DAIRY)</u> Continuation, mid 1966 - mid 1967	Allocation approved: <u>\$180,000</u> Technical approval: <u>FAO</u>
	E/ICEF/P/L.719	

Development of the dairy at Ahmedabad is part of the national plan to improve nutrition by increasing and improving the supply of milk in the larger cities of India. With assistance from UNICEF, this plant, which has been in continuous operation since November 1961, has increased production from 12,000 litres to approximately 40,000 litres of milk per day. Under an organized municipal programme, the dairy is distributing free milk to school children and subsidized low-fat milk to expectant mothers and families in low-income areas of the city. This dairy operation has proved effective in providing a regular supply of milk for Ahmedabad as well as in controlling the price of milk sold within the municipality. Based on the expected demand for milk in the city and on the milk-producing potential of its milk shed, the municipality plans to expand the collection and milk handling capacity of the Ahmedabad dairy. The Government will continue the distribution to school children of free milk (1.5 per cent butterfat) and to low-income families of milk at a subsidized price. UNICEF will provide milk collection and processing equipment, including: road tankers, a can washer, a bottle washing and filling line, ion exchange resins for water treatment plant, steam and water mixers, stainless steel piping and spare parts to recondition the sterilized milk plant, additional plates for a raw milk cooler at the main dairy and for a milk cooler at the Vihar chilling centre, and supplementary equipment for a fourth chilling centre.

INDIA

NUTRITION: MILK CONSERVATION
(BELGACHIA DAIRY, CALCUTTA)
Continuation, mid 1966 - mid
1967

Allocation approved: \$120,000
Technical approval: FAO

E/ICEF/P/L.764

With previous assistance from UNICEF and bilateral aid, the dairy at Belgachia has been equipped to process 180,000 litres of milk daily. The Government has made great efforts to overcome the problem of an inadequate milk supply and it is expected that by mid 1966 the milk intake will reach a peak of 190,000 litres a day. Under the scheme inaugurated in 1962, low-fat milk from the Belgachia Dairy is distributed to low-income families with a subsidy of Rs.0.08 (1.68 cents US) per litre. The number of daily beneficiaries rose from 3,000 in 1964 to 10,000 in 1965. In line with the current emphasis on expansion of existing milk processing facilities, rather than construction of new ones, and in view of the increasing supply of milk resulting from recent Government actions, it is proposed to augment the facilities for receiving, cooling and transferring milk at the Belgachia plant to handle the daily intake of 280,000 litres which is expected to be achieved by mid 1967. UNICEF will provide equipment to increase the plant's capacity for bottling, standardization and milk storage.

LAOS

HEALTH SERVICES
Continuation, 1967

Allocation approved: \$71,000
Technical approval: WHO

E/ICEF/P/L.658

Considerable progress has been made in this project for the training of teams to staff MCH centres in provincial capitals and to train midwives for employment in rural areas. MCH teams have been trained for Vientiane and for four provincial capitals. The training of rural midwives by these teams has been instituted in four of the six provincial centres and will be started in the other two centres in 1966. During 1967, it is planned that five new sub-centres will be established to train rural midwives for domiciliary services; a paediatric ward will be constructed at the provincial hospital at Luang Prabang; two additional rural midwifery-training schools and an additional provincial MCH centre will be set up; and training and refresher training of rural midwives will be continued. In addition, the WHO Regional Tuberculosis Advisory Team will be assigned to Laos for six months for fact-finding and to assist in the organization of a pilot area project at Pakse and Tha Deua. UNICEF will provide equipment, transport and drugs and diet supplements for MCH centres; equipment for associated provincial hospital services; equipment for training schools and stipends, midwifery kits and bicycles for rural midwives; and a small amount of supplies for an anti-tuberculosis pilot project. WHO is providing a team consisting of a medical officer and three nurses for the MCH project, and four nurse-tutors for the nursing education project.

MALAYSIA

HEALTH SERVICES,
RUPAL (MALAYA)
Continuation, 1967

Allocation approved: \$27,000
Technical approval: WHO

E/ICEF/P/L.644

The national plan for development of rural health services envisages the establishment of about 100 rural health units, each serving approximately 50,000 people, which will be sufficient to cover the entire rural population. Each rural health unit consists of a main centre, four sub-centres and twenty midwifery clinics. By the end of 1965, 39 main centres, 140 sub-centres, and 671 midwifery clinics were in operation. The staffing position of the centres is being progressively improved. In 1967, the

MALAYSIA (continued)

Government plans to establish 120 midwifery clinics and to start construction of 20 sub-centres. UNICEF will provide equipment for the midwifery clinics, the newly established Public Health Institute and the Health Education Division of the Ministry of Health, as well as transport for training. The activities of the Health Education Division will include development of training programmes for health workers and community leaders; planning and development of school health education, nutrition education and special health programmes; and production of health education materials for use by health workers, community groups and training institutions. A WHO public health team, consisting of a medical officer, a sanitary engineer and a public health nurse, is assisting in the over-all expansion and strengthening of rural health services.

<u>MALAYSIA</u>	<u>HEALTH SERVICES, RURAL</u> <u>(SABAH AND SARAWAK)</u> Continuation, 1966/1967	Allocation for 1965/1966 approved: <u>\$30,000</u> Allocation for 1966/1967 postponed: <u>(\$45,000)</u>
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The United Kingdom Committee for UNICEF has agreed to raise funds for these projects in 1966 and allocations against approved commitments for the next twelve months are therefore postponed (Sabah, \$30,000; Sarawak, \$15,000). Funds raised by the Committee in 1965 are now being transferred to UNICEF, and allocations to cover the actual requirements of the projects since mid 1965 have been approved post facto (Sabah, \$24,000; Sarawak, \$6,000).

<u>MALAYSIA</u>	<u>MALARIA (SARAWAK)</u> Continuation, 1966/1967	Allocation approved: <u>\$19,000</u> against approved commitment
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<u>MONGOLIA</u>	<u>HEALTH SERVICES</u> Continuation, mid 1966 - mid 1967 E/ICEF/P/L.753	Allocation approved: <u>\$109,000</u> Technical approval: WHO
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The aim of this project is to strengthen the organization of maternal and child health services, primarily through improvement of under-graduate, post-graduate and refresher training of professional and para-medical personnel. For the first year of the Government's programme, UNICEF allocated funds to assist in upgrading the paediatric and obstetric departments of two teaching hospitals in Ulan Bator and in improving three provincial nursing schools. The facilities for maternal and child health services are also being improved by development of rural hospitals, public health laboratories, health education and tuberculosis control including BCG vaccination. The project has started as scheduled and training of nurses is to begin during the summer of this year. The established pattern will be pursued in 1966/1967 with the upgrading of two additional maternity homes (teaching hospitals) in Ulan Bator and of three additional provincial nurses' training schools and associated hospitals. The bacteriological laboratory will be strengthened to improve epidemiological work in the field of tuberculosis. BCG vaccination of new-born babies and children will continue. An environmental sanitation project, to be developed with the assistance of WHO experts, is expected to cover the population of a provincial centre (5,000 to 8,000 people) as well as several district centres. UNICEF will provide teaching, hospital, laboratory and sanitation equipment; BCG vaccine; and transport for training and supervision.

NEPAL

EDUCATION
Continuation,
mid 1966 - mid 1967

Allocation approved: \$56,000
Technical approval: UNESCO

E/ICEF/F/L.775

The aim of this project is to raise the level of primary and secondary education in Nepal through the expansion and strengthening of teacher training facilities and the introduction of revised and improved teaching methods in the schools. In June 1965 the Board agreed to assist in the first year of the long-term plan by providing equipment for improvement of the teaching facilities of the College of Education in Kathmandu, the only existing training institution for secondary school teachers, and for the production of textbooks and other teaching materials. Three UNESCO experts are under recruitment for assignment to the College. With the assistance of two additional UNESCO experts (teacher educators), the Government plans in 1966/1967 to strengthen the facilities for primary teacher training at two of the country's seven normal schools, and to institute improved syllabi and teaching methods. One of the UNESCO experts assigned to the College of Education will also prepare for primary and secondary schools revised syllabi and new methods of teaching of science, including health and nutrition. To serve as demonstration and practice schools for the College of Education and the teacher-training schools, 24 secondary and 100 primary schools will be provided with basic science and other teaching equipment. One teacher from each of the 24 selected secondary schools will be given in-service training. It is expected that fellowships for training abroad as teacher educators will be awarded to four teachers. UNICEF will provide equipment and transport for 2 normal schools, equipment for 24 secondary and 100 primary schools and stipends for in-service training for 24 teachers.

PACIFIC ISLAND COUNTRIES
AND TERRITORIES

BLOCK ALLOCATION
Continuation,
mid 1966 - mid 1967

Allocation approved: \$75,000

The Executive Board has previously approved three allocations of funds to meet requests for assistance to small projects in the countries and territories of the Southwest Pacific. Out of the block allocations thus approved, allotments are made to individual projects up to a ceiling of \$20,000 per project per year. UNICEF has previously aided seven projects; eight projects are currently being implemented; eight are planned; and assistance has been requested for a further seven. The projects currently assisted include:

Fiji: Environmental sanitation
Gilbert and Ellice Islands: Health services and tuberculosis control
New Hebrides: Tuberculosis control
Solomon Islands: Health services
Tonga: Environmental sanitation
Western Samoa: Health services and education

Additional assistance will be provided in 1966/1967 for all of these projects except the education project in Western Samoa. In addition, assistance will be provided for the health services project in Tonga, which UNICEF previously assisted in 1964/1965.

PAKISTAN

HEALTH SERVICES
Continuation,
1967-1968

E/ICEF/P/L.749

Commitment approved: \$2,942,000
Allocation approved
for 1967: \$1,428,000
Technical approval: WHO

The Government's aim is to provide within the next twenty years, adequate health protection to the entire population, thus improving each child's chances of survival and of enjoying good health throughout its lifetime. The objectives of the next two years are as follows:

- a) To continue the rural health programme, initiated in 1960, by the establishment of an additional 120 rural health units including about 260 sub-centres.
- b) To integrate the 700 maternal and child health centres progressively with the rural health units.
- c) To establish another 47 rural clean water supply projects based on rural health units.
- d) To strengthen hospitals to which training schools are attached, and provide stipends to help increase the numbers of trainees, improve the qualifications of nursing and midwifery tutors, and from indigenous birth attendants, as well as other types of personnel.
- e) To continue the development and improvement of supervisory structures, a particularly important facet of rural health development.
- f) To integrate BCG vaccination into the regular health services at district and peripheral levels and increase the target of BCG vaccinations to five million per year.
- g) To incorporate tuberculosis control as part of the new integrated plan of operations. Under a twenty-year national tuberculosis control programme, a tuberculosis control officer will head the programme in each district, and all existing services will be mobilized to assist in tuberculosis case finding and treatment. After an initial phase (possibly three years), it is planned to absorb BCG doctors and technicians into the district pattern, which will at the same time effectively integrate BCG and tuberculosis control operations, and increase available staff. In accordance with latest WHO recommendations, the programme will concentrate on adequate treatment and follow-up of known infectious cases, economical methods of case finding at field level and control and follow-up through tuberculosis clinics at the district level. UNICEF will provide supplementary equipment and supplies for the main training centres at Dacca and Rawalpindi; X-ray and laboratory equipment for the first eight district centres; transport for four regional supervisory centres; and drugs for treatment of about 20,000 cases in 1967, and 50,000 in 1968.

UNICEF will also provide supplies, equipment and transport for health centres, training schools and tuberculosis control centres and stipends for the training of medical and para-medical personnel. To strengthen supervision of rural health development UNICEF will provide transport and funds to cover local costs of seminars for supervisory personnel. WHO is providing advisory services in tuberculosis control, nursing education, hospital and health centre statistics, and sanitary engineering (also in malaria eradication, laboratory services, and the Public Health Institute).

PAKISTAN

SOCIAL SERVICES
Continuation, mid
1966 - mid 1967

E/ICEF/P/L.769

Allocation approved: \$31,000
Technical approval: United
Nations Department of Economic
and Social Affairs

The training of child-care workers at Dacca and Lahore will be continued in 1966/1967 with a planned enrolment of 30 child-care workers in the six-month course and about 370 trainees in a variety of shorter courses. The Lahore Institute will conduct a field research project to study the increasingly serious problem of babies abandoned in hospitals and to recommend remedial and preventive action. The Dacca centre and Directorate will develop the youth welfare centre project as a measure towards meeting the "shanty town" problem of congested urban areas. Both wings of the country will undertake the preparation of instructional material based on field experience for publication in Bengali and Urdu. The West Pakistan Directorate of Social Welfare, which appointed a senior family and child welfare supervisor during 1965, will further strengthen its child welfare unit by the recruitment of three additional regional child welfare supervisors.

PAKISTAN (continued)

UNICEF has been requested to pay the salaries of these officers for a period up to twelve months, on the understanding that the Government will assume responsibility for payment at the same rate thereafter. UNICEF will also provide supplementary teaching aids for the Lahore training centre, production costs of instructional booklets, supervisory transport for child welfare officers and stipends and honoraria for training courses and for the field research project. The United Nations Department of Economic and Social Affairs is providing a family and child welfare adviser to West Pakistan and, subject to a Government request and the availability of funds, will continue the post in 1967. An adviser will also be provided for East Pakistan.

PAKISTAN

EDUCATION
Continuation,
1966/1967

Allocation approved: \$133,000
against approved commitment

PAPUA and NEW GUINEA.
TERRITORIES OF b/

EDUCATION (GENERAL SCIENCE)
First request for UNICEF aid,
mid 1966 - mid 1969

Commitment approved: \$275,000
Allocation approved
for 1966/1967: \$176,000
Technical approval: UNESCO

E/ICEF/P/L.722

The objective of the programme is to improve the teaching of general science in primary and secondary schools. Educational facilities are provided by the Australian Government which administers the two territories jointly under a United Nations agreement. The number of primary and secondary schools includes Christian mission schools which receive grants-in-aid from the Administration's Department of Education if they fulfil the Department's requirements. General science is not taught in the primary schools, and is taught only inadequately in secondary schools. With a view eventually to a self-governing role for the territories, and to preparation of youth for participation in social and economic development, the Government sees the need to expand science teaching at all levels.

During the next three years, one-year refresher training will be given to 2,000 primary school teachers who are insufficiently trained and the teachers, after returning to their posts, will pursue further studies by correspondence. A group of 100 secondary school teachers who teach science will be given brief refresher training in two seminars, to be given during school vacations in May and August 1967 at three teacher-training centres. The number of school inspectors will be increased according to the need in order to give regular supervision to the Administration and mission schools and inspectors will participate in the refresher training of primary school teachers, and in the seminars for secondary school teachers in order to familiarize themselves with new aspects of the curriculum and other activities to be supervised by them. Each year two suitably qualified indigenous candidates will be selected for observation tours in countries outside the Australian Commonwealth, and will subsequently be assigned to key posts in the educational field. Science laboratories will be established in the three primary teacher training colleges. Supplementary equipment for science laboratories, and tools for local fabrication of simple apparatus, will be provided to the 60 secondary schools. UNICEF will provide teaching equipment, transport for training and supervision, stipends for 100 secondary school teachers participating in the seminars and fellowships for observation study abroad. UNESCO will provide an adviser in science teaching for an initial period of one year, and this advisory service may be extended for the second year on request by the Government.

PHILIPPINES

HEALTH SERVICES
Continuation, 1967

Allocation approved: \$393,000
Technical approval: WHO

E/ICEF/P/L.724

A network of 1,372 rural health units has been established since 1954, and the staffs of 330 units have been expanded in accordance with the increased staffing pattern recently determined under the rural health law. Based on the expected availability of trained personnel, the Government plans to upgrade an additional 200 rural health units in 1967. MCH services in poor areas of the city of Manila will be improved by the establishment of four lying-in clinics and the upgrading of the four health centres to

b/ This is the first request for UNICEF aid to these territories.

PHILIPPINES (continued)

which they are attached. The construction of new buildings for the San Lazaro Hospital will very considerably improve the facilities for child care. Many hospitals in the Philippines are seriously lacking in running water and proper sanitary facilities, and it is planned to install water supply systems in eight provincial training hospitals which are most urgently in need of these. The Government will continue the training of health personnel, and new training courses will be offered at the Institute of Maternal and Child Health. Training centres will also be continued and a demonstration community water supply project will be initiated near the Davao Training centre. The Government Department of Health intends to establish a national transport organization to ensure proper maintenance of vehicles used in the health services of the country. Maintenance and repair of health transport will be based on a central workshop and office and carried out through seven regional motorpool workshops. UNICEF will provide supplies and equipment for rural health units, nurse-midwifery training schools, metropolitan MCH services and the new paediatric pavilions of the San Lazaro Hospital. A water supply system will be provided to each of eight provincial hospitals and to the demonstration community water supply project, in addition to kits and transport for sanitary inspectors and engineers. A small amount of equipment will be provided to ten regional health offices in an effort to improve the recording and reporting of vital statistics and other health data. Stipends will be provided for training doctors and nurses in paediatrics at the Institute of Maternal and Child Health. WHO is providing two advisers in environmental sanitation.

PHILIPPINES

TUBERCULOSIS CONTROL,
INCLUDING BCG VACCINATION
Continuation, 1967

Allocation approved: \$54,000
Technical approval: WHO

E/ICEF/P/L.655

All tuberculosis control measures and activities have been consolidated into a national tuberculosis control programme, and the national BCG vaccination campaign is now integrated into the general public health programme. During 1967, BCG vaccinations will be given by rural health unit personnel and school nurses to one million children. Efforts to improve case finding will emphasize the use of sputum examination by rural health units and of available X-ray facilities. The Government/UNICEF matching scheme for the provision of free drugs will continue for 8,000 to 10,000 cases that have been bacteriologically proven and/or those that show X-ray evidence of cavitation. Treatment with INH alone for twelve months will be provided for 20,000 to 30,000 cases with X-ray shadows suggestive of active tuberculosis. Additional support will be given to the Cebu Tuberculosis control demonstration and training centre, which will organize national and regional tuberculosis control seminars for health workers. Stipends and honoraria will be provided for 281 participants in seminars. WHO will provide a senior and a public health nurse, as well as a twelve-month fellowship.

PHILIPPINES

LEPROSY CONTROL
Continuation, 1967

Allocation approved: \$12,000
Technical approval: WHO

E/ICEF/P/L.648

When UNICEF first extended aid to this campaign in 1954, there were nine sanatoria and four static clinics caring for a total of 7,000 patients. By the end of 1967, twelve travelling clinics and six static clinics will be treating 20,000 leprosy cases. The project discharges about 980 patients annually. In accordance with the recommendations of WHO, and as a result of a new law, the Government has been gradually reducing activities in leproseries and expanding those in travelling and static clinics. The establishment of two new static clinics and two new travelling clinics, for which UNICEF assistance was approved in 1965, was delayed because of the Government's financial difficulties and is now scheduled to take place during the fiscal year 1966/1967. The recruitment of twenty additional nursing attendants has also been advanced to that year. It is estimated that 3,200 new cases will be found in 1967. UNICEF will provide drugs and a vehicle for supervision. WHO will continue to participate in field inspections and evaluation.

PHILIPPINES

APPLIED NUTRITION
(PILOT PROJECT)
Continuation, mid
1967 - mid 1969

Commitment approved: \$80,000
Allocation approved
for 1967/1968: \$40,000
Technical approval: FAO and WHO

E/ICEF/P/L.649

The applied nutrition project began in Bayambang, Pangasinan (the site of the Philippines-UNESCO National Community Training Centre), and in the neighbouring municipalities in mid 1964. Dietary, clinical and bio-chemical surveys have been made of selected groups of families and individuals in order to provide baseline data for the future assessment of feeding programmes. The results of the surveys indicate that the main dietary deficiencies are in proteins, calories and vitamin A and that deficiencies are most severe in infants and toddlers. Programmes of food production, school feeding and nutrition education in twenty of the forty elementary schools in the Bayambang municipality are planned for 1965 - 1967. The nutrition education programmes for school children and mothers are to be intensified through the demonstration school gardens and backyard farms, the mother's classes in MCH centres, and the training of teachers, health personnel, agricultural and community development workers, barrio captains and lay leaders.

The Government will expand the programme in the two-year period 1967-1969 to the Cebu region, where there is a regional normal school serving the Visayan Islands in the central part of the country. The expansion to Cebu will generally follow the Bayambang pattern. UNICEF assistance to the Bayambang project will continue through the provision of water supply equipment for 40 schools and school feeding kitchen equipment for 20 additional primary schools. The expansion in Cebu will involve the Cebu Normal School, the Cebu Normal Laboratory School, 5 elementary schools and 4 barrio schools in two municipalities of Cebu province. UNICEF will also provide stipends for 50 administrators, supervisors and instructors in orientation course and work conference; 156 school teachers and 30 related barrio workers in a nutrition course; and 1,290 barrio leaders in an orientation seminar. FAO will provide two consultants and three fellowships in animal husbandry, horticulture and nutrition/school feeding. WHO will provide one public health nutritionist consultant and two fellowships for medical nutritionists.

PHILIPPINES

SOCIAL SERVICES
Continuation, 1967

Allocation approved: \$25,000
Technical approval: United
Nations Department of Economic
and Social Affairs and WHO

E/ICEF/P/L.723

The Government is pursuing a long-range plan to develop and improve social welfare services for children and families as part of the total development of social services in the country. During 1967, the Government plans to continue the in-service and professional training programmes and to establish an additional community centre, a youth centre, a day-care centre, a group home and a youth residence. UNICEF will provide supplies and equipment for the five new centres; transport for supervision; stipends and honoraria for supervisory personnel and participants in seminars; ten two-year fellowships for professional education and ten one-year fellowships for workers to complete their professional training at the University of the Philippines; and the salary for one year of a professor in child welfare at the School of Social Work of the University of the Philippines.

REPUBLIC OF KOREA

HEALTH SERVICES
Continuation, mid
1966 - 1967

Allocation approved: \$150,000
Technical approval: WHO

E/ICEF/P/L.772

With the assistance of a WHO public health team, the Government is strengthening its rural health services and implementing, at the National Institute of Health, a five-year training programme of orientation and refresher courses for all rural health staff. During the next period, the established training

REPUBLIC OF KOREA (continued)

programmes will continue for a further 125 doctors, 150 nurse/midwives, 80 sanitarians, 60 laboratory technicians and 50 X-ray technicians. In addition, refresher and orientation training will be given to provincial supervisory and health centre staff, and 75 school health nurses will be trained in public health nursing. It is expected that the work of the demonstration project will be sufficiently advanced by the end of 1966 to permit extension to a near-by province. One hundred new health sub-centres will be established and the Government will organize a supervisory team to assist in the operation and planning of further extension of the provincial health services. A mobile maintenance team will be trained to care for all medical and other equipment at health centres; and a system for proper maintenance of health vehicles in provincial garages will be established. UNICEF will provide supplies and equipment for the training division of the National Institute of Health; sanitation and water supply equipment, health education and laboratory supplies, midwifery kits and a vehicle for the demonstration province; sanitation and MCH centre equipment for other provinces; equipment and a vehicle for the MCH supervisory team; equipment and a vehicle for equipment and transport maintenance schemes; drugs and diet supplements; and stipends and honoraria for training and supervision. WHO will continue to provide the full-time services of a public health nurse in the training project, and the services of a team composed of a medical officer, a public health nurse, a health educator, and a sanitarian in the demonstration project. The services of a sanitary engineer will be available for national planning of sanitation and water supply schemes for schools and centres in other provinces.

REPUBLIC OF KOREA

TUBERCULOSIS CONTROL
Continuation, 1967

Allocation approved: \$221,000
Technical approval: WHO

E/ICEF/P/L.676

In the national domiciliary treatment programme emphasis during 1967 will be placed on the quality of treatment, on follow-up and on the supervision of the decreasing caseload, now estimated at approximately 65,000. Particular attention will also be given to increasing the extent and the quality of the BCG vaccination programme. Training will be given to school health nurses in selected areas to enable them to give BCG vaccination in the schools. Coverage of the younger age group - children from one to six years of age - will be intensified by means of an improved system of training, supervision and health education through the rural health centres. The annual BCG vaccination coverage of pre-school children is estimated at from 5,000 to 6,000 per health centre. The total performance in 1967 will be approximately one million vaccinations. UNICEF will provide supplies and equipment for BCG vaccination and for the pilot areas and tuberculosis laboratories, drugs, transport, and stipends and honoraria for refresher training of tuberculosis workers. WHO has assigned a senior adviser on tuberculosis and a public health nurse.

REPUBLIC OF KOREA

SOCIAL SERVICES
First request for
UNICEF aid, 1967 -
1969

Commitment approved: \$83,000
Allocation approved
for 1967: \$24,000
Technical approval: United
Nations Department of Economic
and Social Affairs

E/ICEF/P/L.763

Social services for children in the Republic of Korea have been concentrated largely on institutional care in orphanages. There are at present about 59,300 children in 527 children's homes which are supported mainly by the numerous foreign voluntary agencies, locally co-ordinated by KAVA (Korea Association of Voluntary Agencies), with the Government providing a small share of the costs. The Government recognizes the need to develop a progressive social services programme which will emphasize the strengthening of family life.

In order to build staff and improve the social welfare structure to provide leadership and direction in the planning, development and implementation of a national social welfare programme, the Government proposes to embark on a programme which will include a three-year staff development programme; a demonstration and training project which will demonstrate progressive methods of child care; the production of social work textbooks, monographs, pamphlets, case studies and audio-visual aids in the field of family, child and youth welfare; and a study programme to provide a deeper knowledge of the nature, cause and

REPUBLIC OF KOREA (continued)

extent of the present-day needs of children in Korea. The programme will begin upon the availability of a social welfare adviser to be provided by the Bureau of Social Affairs of the United Nations Secretariat to assist in organizing and launching the programme. The Bureau will also provide two fellowships a year for two years for qualified candidates associated with the project to study abroad. UNICEF will provide stipends and honoraria for participants in the in-service training programme; grants for study and for production of social work materials; supplies and equipment for four demonstration day-care centres and two urban community centres; teaching aids and transport.

REPUBLIC OF VIET-NAM

HEALTH SERVICES
Continuation, 1967

Allocation approved: \$162,000
Technical approval: WHO

E/ICEF/P/L.645
and Corr.1

During 1967, the Government plans to continue and extend the MCH project through the improvement of paediatric, maternity and out-patient facilities at six provincial hospitals and of maternity ward and child health clinic services at three urban centres. Refresher or orientation training will be given to eight midwife-tutors, 24 midwife-supervisors, 12 paediatric nurses, five paediatricians and 500 rural midwives. An additional sixteen mobile DPT immunization teams will be equipped to increase their activities in sixteen provinces. The school health programme will be extended to 84 provincial school health centres, and orientation courses will be given to 125 nurses based at the provincial centres. The Health Education Bureau, which will be headed by a trained specialist in health education, will expand its activities and at the same time co-ordinate and assist in the health education work of all existing health and environmental sanitation programmes. UNICEF will provide supplies, equipment, transport and expendables for MCH services; equipment for school health centres; training grants; supplies for the sixteen immunization teams; and health education supplies for the Bureau. WHO will provide a school health adviser and the short-term services of a consultant in school health.

REPUBLIC OF VIET-NAM

SOCIAL SERVICES
Continuation, mid
1966 - mid 1967

Allocation approved: \$45,000
Technical approval: United
Nations Department of Economic
and Social Affairs

E/ICEF/P/L.688

The first year of this project, which aims to improve the conditions of children lacking parental care, was devoted to in-service training of personnel engaged in child care and to improvement of existing social institutions in the Saigon/Cholon area. It is now planned to extend the social services programme by upgrading twenty provincial day-care centres and twelve nurseries of provincial hospitals; establishing a nursery in the provincial capital city of Dalat; and expanding primary education, child care and domestic science activities in a re-education centre for delinquent young girls. Home visiting services through ten social centres in Saigon/Cholon and the provinces will be reorganized and strengthened. Another ten day-care centres in Saigon will be upgraded and the model women's centre, including a day-care nursery, a kindergarten and a children's first aid centre, will expand its activities as a training centre. Refresher training will continue for approximately 150 in-service personnel. UNICEF will provide teaching and play equipment, transport and training grants. Subject to a Government request the United Nations Department of Economic and Social Affairs will continue to provide a family and child welfare adviser in 1967.

SINGAPOREHEALTH SERVICES
Continuation, 1965/1967Allocation approved: \$19,000

The United Kingdom Committee for UNICEF agreed to raise funds for this project in 1965. The funds are now being transferred to UNICEF, and an allocation of \$19,000 has been approved post facto. It is expected that these funds will meet the needs of the project through mid 1967.

THAILANDHEALTH SERVICES (URBAN)
Continuation, 1967-1968Commitment approved: \$21,000

Allocation approved

for 1967: \$12,000

Technical approval: WHO

E/ICEF/P/L.665

The object of this project is to provide a comprehensive maternal and child health service, based on health centres, for the entire population of the capital city of Bangkok. UNICEF has provided equipment for 18 centres, each serving a population of about 50,000. One of the units is used as a field training area for paediatric students of two medical schools. In co-operation with the Municipal School Health Division, a school health service has been extended to reach about 126,000 pupils in 260 schools. A dental clinic has been established at each of the health centres, and five mobile dental units visit municipal primary schools regularly. In addition, the health centres are providing simple laboratory services in conjunction with the facilities of the municipality's central laboratory. A Health Education Section has been established in the Municipality, which will co-operate with the health centres in organizing programmes of sanitation, hygiene, child care and nutrition.

The Government expects to establish three new municipal health centres each year in 1967 and 1968, bringing the total to 24 centres by the end of 1968. UNICEF will provide MCH supplies and equipment, dental units and laboratory equipment for 6 health centres, nurses' kits for school health and 6 small vehicles.

THAILANDHEALTH SERVICES (RURAL)
Continuation, 1966/1967Allocation approved: \$169,000
against approved commitmentTHAILANDHEALTH SERVICES:
HANDICAPPED CHILDREN
Continuation, mid 1966 -
mid 1967Allocation approved: \$9,000

Technical approval: WHO

E/ICEF/P/L.653

An increasing awareness of the need for trained physical therapists has led to the establishment of a School of Physical Therapy in the Department of Orthopaedics and Physical Rehabilitation of the Siriraj Hospital. The School is offering a two-year course in physiotherapy for students who have completed two years of study in the Faculty of Medical Science or an equivalent course of study in another institution. The School also offers short courses for those now working in physiotherapy departments of various hospitals who have had no formal training. These training courses include specific emphasis on the needs of handicapped children. The Government will admit annually fifteen to twenty physiotherapists for the two-year courses and will ensure the employment of graduates in hospitals in Thailand. The first two-year course started in June 1965. To assist in the improvement of the training courses UNICEF has been requested to provide supplementary training equipment, books, films and a vehicle for visits to institutions in and around Bangkok caring for physically handicapped children. WHO will provide a physiotherapy tutor for a period of two years.

THAILANDTUBERCULOSIS CONTROL
Continuation, 1966/1967Allocation approved: \$98,000
against approved commitmentTHAILANDTRACHOMA CONTROL (PILOT PROJECT)
Continuation, mid 1966 -
mid 1967Allocation approved: \$40,000
Technical approval: WHO

E/ICEF/P/L.660

In 1961, with UNICEF and WHO assistance, the Government began a small pilot project in trachoma control to be carried out through the schools. Intermittent treatment with antibiotic ointment yielded a 70 per cent rate of cure, but follow-up investigation revealed a high incidence of infection in home contacts, indicating that a community approach was required. A test study among 24,000 people in 50 villages showed that an economical control programme, leading to self-treatment by the population with ointment provided by the Government at a subsidized price, would be possible, and an expanded pilot project organized on this basis has proved successful. In each village a mobile team initially conducts a case-finding survey and an intensive health education programme for the villagers, particularly the school children and teachers. A tube of ointment provided by UNICEF is given to each household having an active case of trachoma, following which the distribution of and treatment with Government-subsidized ointment is conducted with the co-operation of health centre staff, school teachers and trained lay workers, with continuing supervision by team members. During 1966/1967 the number of teams will be increased from four to seven and they will cover a population of approximately 500,000. UNICEF will provide one tube of antibiotic ointment for each trachoma case (the Government to be responsible for further treatment) and transport for the mobile teams. WHO has assigned a trachomatologist to the project and will appoint a consultant trachomatologist to make an assessment of it.

THAILANDLEPROSY CONTROL
Continuation, 1966/1967Allocation approved: \$18,000
against approved commitmentTHAILANDNUTRITION: GOITRE CONTROL
Continuation, 1967 - 1968Allocation approved: \$30,000
Technical approval: WHO

E/ICEF/P/L.726

In January 1962 the Executive Board allocated funds to provide a small pilot unit for iodating 600 tons of salt a year to be distributed to about 300,000 persons in the provinces of Nan and Prae where there is a high prevalence of goitre and where the importation of salt can be easily controlled. It was understood that if this pilot scheme proved successful, the Government would undertake an expansion programme. The project is now well established and the iodating unit is processing 4,000 tons of salt per year instead of the planned 600, an increase made possible because of improved processes in iodating salt. The Government is anxious to expand the pilot project to five more provinces in the north where goitre is endemic, thus extending coverage to a total of 3.5 million persons. The iodation units will be located in Bangkok through which most of the salt for these provinces has to pass. If this expansion is successful the Government intends to develop the project on a nationwide basis, eventually to serve 17 million people in 30 provinces where goitre is endemic. UNICEF will provide two iodating units, sufficient potassium iodate for two years' operation, two vehicles for evaluation and supervisory services in the seven northern provinces, auxiliary equipment and laboratory supplies.

THAILANDEDUCATION
Continuation, 1966/1967Allocation approved: \$228,000
against approved commitment

C. EASTERN MEDITERRANEAN

ADEN and the
PROTECTORATE OF SOUTH ARABIA

HEALTH SERVICES
Continuation and
expansion mid 1966 -
mid 1967

Allocation approved: \$34,000
Technical approval: WHO

E/ICEF/P/L.668

The long-range goal of the project is the establishment in rural areas of one centre per 10,000 of population, and one referral hospital per 100,000 of population. In 1966/1967 the Government plans to establish seven new health centres (at Alarq, Serar, Anabe, Azraqi, Dhubyat, Raudha and Irqa), build two new referral hospitals (at Dhala and Beihan) and upgrade the existing health centres of Gheil ba Wazir and Shihr to small referral hospitals. The training of nurses and health assistants to staff the health services will be continued at Mukalla and Makhzan hospitals, and the training of regular nurses will be carried out as before, at Aden General Hospital. UNICEF will provide equipment for the health centres and hospitals, expendable supplies for 100 centres and stipends for 30 trainees at Mukalla.

ADEN and the
PROTECTORATE OF SOUTH ARABIA

EDUCATION
Continuation,
mid 1966 - mid 1967

Allocation approved: \$25,000
Technical approval: UNESCO

E/ICEF/P/L.667

Pressure for education throughout Aden and the Protectorate of South Arabia has been increasing steadily in the last few years. This has created a demand for new teachers, and teacher-training facilities have been significantly increased to meet it. In 1966/1967, the Government proposes to increase the enrolment at the Al Ittihad and Mukalla teacher training centres to 80 and 20 trainees respectively and to organize refresher courses for some 120 rural teachers at the Al Ittihad Centre during a period of six weeks. As the necessary training equipment has already been provided through earlier allocations, UNICEF assistance during this period has been requested only for the continuation of stipends, at the level previously approved (60 and 20 teacher trainees at Al Ittihad and Mukalla respectively; 120 teachers at Al Ittihad). UNESCO has been asked to provide two advisers in women's teacher training for the centre at Mukalla.

IRAN

MALARIA ERADICATION
Continuation, 1967

Allocation approved: \$832,000
Technical approval: WHO

E/ICEF/P/L.731

Malaria eradication operations in Iran are now in their tenth year. Approximately 15.7 million persons live in the areas originally at risk from malaria. The plan of action for 1967 has as its main objective the protection of the northern part of the country, coupled with an extension of malaria eradication operations to all remaining parts of the country. The total population to the north in areas under consolidation would reach some 7.7 million an increase of 200,000 from 1965. DDT spraying will be carried out over the entire south, supplemented by case detection and, where appropriate additional measures such as the administration of medicated salt for tribal population groups and various methods of larviciding. As a result, the total population protected under the attack phase in 1967, in the north as well as in the south, would be approximately 8 million. The total cost of operations in southern Iran in 1967, including imported supplies and equipment, will be borne by the Government. UNICEF will provide insecticides, sprayers, spare parts and anti-malaria drugs to be used in the northern zone. WHO has budgeted for a malaria adviser, secretarial services, fellowships and some supplies.

IRAN

NUTRITION SURVEY AND TRAINING
Continuation and extension,
mid 1966 - mid 1968

Allocation approved: \$13,000
Technical approval: FAO and WHO

E/ICEF/P/L.662

In the first stage of this project, a major aim of which is to develop a co-ordinated approach to the ministries of health, agriculture and education jointly established a Food and Nutrition Institute in Teheran. The plans for 1966/1968 involve the establishment of a rural area where all aspects of nutrition can be studied in depth, where practical field training can be given, and where specific action programmes in the field of applied nutrition can gradually be developed. The area chosen for this purpose is located some 40 kilometres from the capital, in the Central Ostan (province). The selected area comprises six villages with a total population of about 5,000. A demonstration and training centre will be set up in the village of Gorgtabeh, as a focal point for work in the area. Some 70 students of the Institute will participate in training activities in the area over the next two years. In addition, the Institute will develop training courses for various categories of field workers active in the area, such as school-teachers, rural health staff, agricultural and home economics agents and social workers. Active co-operation will be sought from these workers and their agencies and organizations with a view to the improvement of the production, processing and proper use of foods. UNICEF will provide supplies and equipment including demonstration gardening tools, home cooking and laundry equipment, audio-visual aids, reference books and periodicals; transport; and honoraria for visiting lecturers. FAO will provide an expert in nutrition education for two years.

IRAN

SOCIAL SERVICES
Continuation and
expansion, mid 1966 -
mid 1968

Allocation approved: \$24,000
Technical approval: United Nations
Department of Economic and Social
Affairs

E/ICEF/P/L.661

The aim of the Teheran School of Social Work, which was established in 1958, is to train a corps of professionally qualified workers to staff social welfare services of governmental and voluntary organizations. As a part of its educational programme, the school of Social Work provides staff for the Community Welfare Centre of the Javadieh Municipality, which is an important resource for the practical training of the students. For the years 1966/1968, attendance of 105 students of the School of Social Work is foreseen, with 20 new students entering each year. Refresher courses, special courses and seminars will be continued, UNICEF providing stipends, honoraria and translation fees. The Javadieh Community Welfare Centre will be enlarged and moved to a new building, which will accommodate 150 to 200 children and provide additional space for other activities, including instruction for mothers and older girls who will attend classes in literacy, mothercraft and homecraft. UNICEF will provide play equipment for the children and weaving and sewing equipment for the mothercraft/homecraft activities. The United Nations Department of Economic and Social Affairs will provide two social work training advisers in 1966 and one in 1967.

IRAQHEALTH SERVICESNew phase, mid 1966 -
mid 1967Allocation approved: \$181,000
Technical approval: WHO

E/ICEF/P/L.771

A principal aim of the new five-year health plan is to provide each of the approximately 175 nahyas (sub-district of about 20,000 to 30,000 population), with a primary health unit comprising at least one main health centre and four sub-centres. Supervised by the provincial health staff, the primary unit will be responsible for all health work in the area it covers, including control of communicable diseases, maternal and child health, environmental sanitation, health and nutrition education. In 1966/1967, 32 primary health units including 128 rural sub-centres will be made ready and staffed in various parts of the country. In three locations, in the provinces of Baghdad, Mosul and Basrah, the main rural health centres are now ready to operate and have been selected for use as pilot training areas. In these three areas, a series of refresher courses, public health orientation courses and in-service training will be organized, starting with provincial supervisory staff and key personnel to man the first series of primary health units. UNICEF will provide supplies and equipment for 32 primary health units, including 128 sub-centres; audio-visual training equipment for 3 pilot areas; transport; and training grants for 270 participants in orientation courses. A WHO advisory team comprising a public health adviser, a sanitary engineer and a public health nurse will continue to provide support for this project, with particular emphasis on its training aspects.

IRAQMALARIA ERADICATION

Continuation, 1967

Allocation approved: \$248,000
Technical approval: WHO

E/ICEF/P/L.751

This campaign is now in its tenth year. Civil unrest in the northern areas and vector behaviour in the south have during the latter half of this period set back regular progression of malaria eradication. Depending upon the results of an assessment of work in 1966, operations in 1967 are expected to follow the same pattern as has now been set for 1966, namely: attempted total coverage of the northern region by residual spraying; residual spraying in two cycles and reinforced surveillance in Central Iraq, which has also been affected by the situation in the north; residual spraying of the three southern provinces of Basrah, Amara and Nasiriyah, supplemented by larviciding and full-scale surveillance. Also, in the north, it is intended in 1967 to extend full epidemiological surveillance into all four provinces. Therefore, in 1967, the nation-wide campaign would be carried out as an attack phase operation, including primarily spraying and surveillance, in all areas of the country under malaria risk, reaching a population of about 4.2 million. UNICEF will provide slightly over one quarter of the DDT requirements, anti-malaria drugs, laboratory supplies and spare parts for sprayers. WHO will maintain a team of two malariologists, an entomologist and a sanitarian.

JORDANHEALTH SERVICES AND TRAINING

Continuation, 1966/1967

Allocation approved: \$69,000
against approved commitmentJORDANSOCIAL SERVICES TRAINING

Continuation, 1966/1967

Allocation approved: \$27,000
against approved commitmentLEBANONSOCIAL SERVICES TRAINING

Continuation, 1966/1967

Allocation approved: \$15,300
against approved commitment

LIBYA

EDUCATION

New phase, mid 1966 -
mid 1967

Allocation approved: \$112,000
Technical approval: FAC and UNESCO

E/ICEF/P/L.782

One of the main objectives of the Government's five-year economic and social development plan is the co-ordination of educational plans with national requirements in agriculture, industry and commerce.

The plan for the first year includes the following elements:

Manual arts: Manual arts will be taught in the 5th and 6th grades in 40 of the 700 elementary schools. In 35 of the country's 106 preparatory schools, woodwork, metalwork, auto-mechanics and weaving will be included in the curriculum. The teachers who are to provide manual arts instruction will be brought together in the summer of 1966 for four weeks of in-service training. Manual arts will also be included in the programme of all seven of the colleges training teachers for elementary boys' schools and training will be strengthened in the Mohamed Ali El-Senoussi Teacher Training College for preparatory school teachers.

Agricultural instruction: Practical agricultural instruction was started in the autumn of 1965 in 53 rural elementary and preparatory schools. In 1966/1967, this will be extended to another 47 schools. Nutrition education will form an adjunct to work in school gardens, and in some of the schools poultry-raising will be introduced. Each school will have one or more agricultural instructors.

Special training institutes for girls: Two institutes will be opened in Tripoli and Benghazi in the autumn of 1966, with boarding facilities for fifty girls. The purpose will be to attract girls who have completed six years of elementary school, and to offer them a three-year course, combining general education with a choice of three subjects: home economics, dressmaking or secretarial work.

Home economics: In 1967, series of ten-week in-service training courses for some 300 elementary and preparatory school teachers will be organized in five elementary schools and in one teacher training college for girls.

UNICEF will provide manual arts teaching equipment and supplies, supplies and equipment for agricultural instruction, teaching and training equipment for 2 special institutes for girls, home economics equipment and supplies for 6 in-service training centres and transport for supervision. An FAO consultant will visit Libya in 1966 to help in the further preparation of the home economics aspects of the plan, and FAO will provide an expert in this field in 1967.

SAUDI ARABIA

COMMUNITY DEVELOPMENT

Continuation and
expansion, mid 1966 -
mid 1967

Allocation approved: \$12,000
Technical approval: United Nations
Department of Economic and Social
Affairs

E/ICEF/P/L.790

Sixteen rural community units are functioning in various parts of the country and five more are to be opened in the second half of 1966, when trained personnel has become available for them. Before further expansion of the network of units, the Government wishes to improve upon the existing programme and to consolidate a number of its aspects:

Youth Welfare: A special programme of youth camps will be organized on an annual basis. During six weeks in the summer of 1966 a first camp will be organized for 50 youth leaders. Training will be given in the planning and execution of activities aiming at promoting the general welfare, health, social and cultural aspects of community life. In 1967 and subsequent years, the camp facilities will be enlarged to accommodate some 200 participants, including regular members of the youth clubs attached to the community development units.

Social education centres for girls: Three social education centres for orphan girls at Riyadh, Jeddah and Hofouf, each with a current enrolment of 50 to 60 pupils up to intermediate school age, include trades and handicrafts in their present curriculum. The sewing, embroidery and knitting courses will be strengthened and secretarial skills will be introduced.

Child care: Four day-care centres, each accommodating fifty children, will be established and attached to the community development units located at Riyadh (2), Wadi Fatima and Al-Jafr. The centres will serve as demonstration grounds for women of the community on matters relating to child care health and home economics.

Audio-visual services: Increased emphasis will be given by the administration of the project, in Riyadh, to the preparation and dissemination to the public of educational material on the objectives and practices of community development.

UNICEF will provide supplies and equipment for youth camps; teaching equipment for three social education centres for girls, supplies and equipment for four child-care centres and audio-visual equipment. The Bureau of Social Affairs of the United Nations Secretariat will continue to provide three advisers, one of whom will be a woman adviser to assist primarily with the women and child welfare aspects of the community development programme.

SUDAN

EDUCATION

Continuation, 1967

Allocation approved: \$59,000
Technical approval: UNESCO

E/ICEF/P/L.677

From April to June 1967, the Government will organize three courses: one for the in-service training of 700 junior elementary teachers for teaching in the first and second grades of elementary schools, bringing to 2,700 the number of teachers upgraded in this way; one for 400 of the upgraded teachers to enable them to teach in the third and fourth grades of elementary schools; one for 60 educational administrators. UNICEF will assist in the payment of stipends, travel costs and honoraria for the trainees and instructors. The UNESCO experts assigned to the Training Institute for Secondary School teachers at Omdurman will provide advice and guidance in respect of the courses.

TURKEY

HEALTH SERVICES

Continuation,
mid 1966 - mid 1967

Allocation approved: \$160,000

Technical approval: WHO

E/ICEF/P/L.702

A law passed in January 1961 provided for the nationalization, within fifteen years, of medical services in all of Turkey's 67 provinces. In 1966 it is expected that five provinces will be brought in to the nationalization scheme, bringing to seventeen the number of provinces into which comprehensive and integrated health services have been extended, plus the Etimesgut rural training area near Ankara, used by the School of Public Health for field practice purposes. Training programmes have been carried out as planned, including courses and seminars for doctors, nurses, auxiliary nurses, midwives and sanitarians.

During 1966/1967 the work will continue and be steadily intensified in six provinces, and specialized health campaigns will gradually be integrated into the over-all basic health services. Special emphasis will continue to be given to maternal and child health and environmental sanitation. The MCH training and demonstration centre established in Mus is being used for in-service training of rural midwives assigned to the village stations. The Government proposes to establish in this province water connexions for the operating health units and for the primary school in villages having both a health unit and a school. Pending the establishment of centres in other provinces, it is proposed to organize travelling seminars with the help of WHO experts and with the co-operation of the provincial health directors. The development of basic health and MCH services will be continued in the other nationalized provinces. UNICEF will provide demonstration equipment and teaching aids for four training schools and the Gevher Nesibe Health Educational Institute (formerly Post-Basic School of Nursing); basic equipment for 200 health stations and 400 midwifery kits; pipes and pumps for water connexion; transport, stipends and honoraria for training courses and seminars. WHO has assigned a full public health team to Turkey since early 1965.

TURKEY

MALARIA ERADICATION

Continuation, 1967

Allocation approved: \$153,000

Technical approval: WHO

E/ICEF/P/L.714

In 1967, the eleventh year of the national malaria eradication campaign in Turkey, the plan calls for the protection of 2,508,000 persons by spraying and surveillance, while 18.9 million persons in consolidation zones will be under surveillance. Training and health education will be continued with a view to integrating additional malaria campaign personnel into the basic health services. UNICEF will provide anti-malaria drugs, spare parts for sprayers, laboratory supplies, transport stipends for 165 trainees and honoraria. WHO is participating actively in the execution of this project through a team of nine experts assigned to the campaign.

TURKEY

SOCIAL SERVICES

Continuation, mid 1966 -
mid 1967

E/ICEF/P/L.785

Allocation approved: \$19,000

Technical approval: United Nations
Department of Economic and Social
Affairs

The project aims at providing social services for Turkey's needy children, their families and youth through a network of governmental and private organizations. The plan for 1966/1967 which will continue to emphasize training, foresees three approaches to such training.

- a) Regular Training. This will be carried out at the Social Services Academy which will pursue its regular programme at the current level. The Academy will also conduct basic studies in the field of family and child welfare.
- b) In-service training of institutional staff. A two-week in-service training programme will be organized in ten institutions for some 96 social welfare participants twice a year.
- c) Seminars. Four 5-day seminars or refresher courses will be organized for the graduates of the Academy of Social Services employed in the field of family and child welfare.

UNICEF will provide stipends for the 96 institutional staff participating in the in-service training programme, honoraria for lecturers at the Academy and instructors for the in-service training programme and translation fees. UNICEF will also provide audio-visual aids for the Ankara demonstration day-care centre. The Bureau of Social Affairs of the United Nations Secretariat will provide in 1966 the services of a general social welfare adviser and a social work training adviser.

UNITED ARAB REPUBLIC

HEALTH SERVICES

Continuation and
Expansion, mid 1966 -
mid 1967

E/ICEF/P/L.678

Allocation approved: \$100,000

Technical approval: WHO

Progress is being made towards strengthening and expanding the maternal and child health services, especially in rural areas, through the development of a network of health centres. In 1966/1967, the Government plans to continue the expansion of basic health services and to strengthen the Cairo Higher Institute of Nursing as indicated below:

Basic health services: An additional 26 urban MCH centres, two rural health centres, 200 rural health units and two public health laboratories will be established.

Higher Institute of Nursing, Cairo: Now part of the Faculty of Medicine of the Cairo University, the Institute will shortly be detached to become a separate faculty within the University. For the next school year, beginning October 1966, 35 new students are expected to be admitted while 20 graduates from other schools will take the post-graduate training in specialized nursing areas that the Institute proposes to offer as from that year. In order to provide adequate practice fields for students in maternal care (including nurse-midwifery) and in paediatric nursing, the Government is developing clinical teaching and demonstration units at the Children's Hospital and El Mansal University Hospital.

UNICEF will provide basic equipment and supplies for 26 urban MCH centres, two rural health centres, 200 rural health units and supplementary equipment for 1,100 rural health units; supplementary equipment for two public health laboratories; equipment, supplies and visual teaching aids for the Cairo Higher Institute of Nursing and two training hospitals. WHO will provide one senior nursing adviser and five nurse educators, fellowships and supplies for the Cairo Higher Institute of Nursing.

UNITED ARAB REPUBLIC

MOTHERCRAFT/HOMECRAFT

First request for UNICEF
aid, mid 1966 - mid 1967

E/ICEF/P/L.694

Allocation approved: \$93,000

Technical approval: United Nations
Department of Economic and Social
Affairs and FAO

The aim of this project is to develop a national social welfare programme for women in rural areas and to help raise the economic and social standard of the communities in which they live. During the first phase of the project, ten training centres will be annexed to ten selected operating rural social centres. Each centre will offer five-month training courses for a total of 60 trainees per year. The training programme, established by a curriculum committee of the Ministry of Social Affairs, will combine classroom work with practical demonstration and field work. Attention will be focused on family welfare, parents' education, child care and development, nutrition, food hygiene, health and sanitation, home gardens, clothing and home management, civic responsibilities, village improvement and community action. The trainees will be young women between 19 and 30 years of age who have completed six to eight years of schooling. After completion of the five-month course, they will return to work as full-time volunteers in the villages from which they were recruited. Each woman leader will be assigned to a local rural social centre and will be given responsibility for a population group of approximately 5,000, seeking to maintain direct contact with rural women in their family environment. UNICEF will provide the equipment, supplies and transport and two-thirds of the training stipends for the basic leadership training courses. The Bureau of Social Affairs of the United Nations Secretariat is expected to provide, subject to the request of the Government, a social welfare adviser for rural women and three fellowships for women supervisors in the field of social welfare.

UNITED ARAB REPUBLIC

EDUCATION AND
VOCATIONAL TRAINING

First request for UNICEF aid,
mid 1966 - mid 1967

E/ICEF/P/L.744

Allocation approved: \$113,000

Technical approval: ILO, UNESCO

The aim of the project is to introduce modern and diversified practical studies into the programme of the 5th and 6th grades of primary schools and to provide pre-vocational preparation for primary school leavers, thus preparing girls for better home management and boys for an environment which is being gradually industrialized. The plan for 1966/1967 includes the following aspects:

Practical studies in primary schools: Practical studies will be introduced in the fifth and sixth grades of 50 selected primary schools attached to teacher training colleges. Two teachers from each of the 50 schools, all graduates of primary school teacher training colleges, will attend special in-service training courses to prepare them for the new orientation.

Pre-vocational training centres for school leavers: Five new pre-vocational training centres will be opening in 1966/1967, each centre to train approximately 100 primary school leavers in about five crafts or skills out of a choice of 31. Each student will be trained in at least two crafts, six days a week, six hours a day. General culture will be taught during the afternoons and practice training will be carried out in neighbouring factories or farms.

In-service training courses: Four six-week in-service training courses will be held in the primary school teacher training institutes of Alexandria and Beni Suef. Each course will be attended by 25 primary school teachers and 75 crafts instructors.

UNITED ARAB REPUBLIC (continued)

UNICEF will provide duplicating and office equipment for the practical studies and pre-vocational training Division of the Ministry of Education; teaching and training equipment for 2 primary teacher training institutes; supplies and equipment for 50 primary schools and 20 pre-vocational training centres; transport; and honoraria for 42 instructors. ILO will provide a pre-vocational training expert for two years.

UNITED ARAB REPUBLIC

INTEGRATED SERVICES FOR CHILDREN
First request for UNICEF aid, mid 1966 - mid 1967

Allocation approved: \$99,000
Technical approval: United Nations Department of Economic and Social Affairs, ILO, FAO, UNESCO and WHO

E/ICEF/P/L.734

The aim of the project is to provide comprehensive and integrated services and facilities for the welfare of children and youth in the Governorate of Aswan where economic and social development is being vigorously pursued. The Government has planned the following for 1966/1967:

Training of village-level workers and village development leaders: Six combined units will be converted into community development centres and technical staff added where required. After appropriate training, nine village level workers will be attached to the units whose task will be to initiate, promote, supervise and administer certain community activities. They will be assisted by two village development leaders, one male and one female in each of the 20 villages.

Mothercraft/homecraft: A mothercraft/homecraft centre will be established in each of the 20 villages with the object of instructing girls and women in expressive and useful skills that will enable them to improve the family standard of living.

Day-care centres: Day-care centres for 25 children each will be established and attached to the mothercraft/homecraft centres, providing children aged 2 1/2 to 6 years with supervised educational and recreational activities.

Practical studies in rural primary schools: Modern and diversified practical studies will be introduced into the curriculum of the 26 primary schools, and two instructors from each school will be given training in practical subjects.

Practical studies for primary school teachers: Modern and diversified practical studies will be introduced into the programme of the last two years of the teacher-training courses in the two teacher training institutes (one for men and one for women). The 13 practical studies instructors in the 3 teacher training institutes will receive special in-service training to prepare them for this task.

Rural pre-vocational training: Eight of the existing ad hoc training centres will be upgraded into pre-vocational training centres for primary school leavers, and will provide a one-year course for 400 boys.

Rural youth clubs: For post-primary school-age youngsters 20 rural youth clubs will be set up providing recreational facilities and a channel through which young people can participate in community improvement activities. Club leaders will attend a one-month introductory course.

UNITED ARAB REPUBLIC (continued)

Agricultural training camps for post-primary teenagers: Two agricultural training camps, for a total of 120 participants, will be organized during the summer holidays near the model farm of Kom-Cmbo.

Community centre in the City of Aswan: A multi-purpose community centre, offering services and facilities for women, girls and young children, will be established in the city of Aswan. UNICEF will provide supplies and equipment for the various activities described above, transport, stipends for 206 trainees and honoraria.

YEMEN

HEALTH SERVICES
Continuation, mid 1966 -
mid 1967

Allocation approved: \$20,000
Technical approval: WHO

E/ICEF/P/L.689

Progress has continued towards the establishment of a network of public health and medical services, including maternal and child health services. During 1966/1967, the Government plans to concentrate on the continuation of training courses for assistant nurses and laboratory assistants and on the upgrading of prospective candidates for these courses through special preparatory instruction. The Government will also organize a health education campaign to reach initially the population in the Sana'a area, particularly the women. A pre-nursing training course at Sana'a will be run continuously, students entering when able and graduating when prepared to handle the work of the Assistant Nursing course. Assistant nurses courses will also continue as well as laboratory assistants' course. UNICEF will provide stipends for 130 trainees, honoraria for an instructor for the pre-nursing course, expendable supplies for distribution through eight health centres and health education equipment.

YEMEN

EDUCATION
Continuation and expansion,
mid 1966 - mid 1967

Allocation approved: \$30,000
Technical approval: UNESCO

E/ICEF/P/L.692

The aim of this project is to overcome the shortage of qualified teachers and raise the quality and scope of primary education. The Government's plan for 1966/1967 is as follows:

Basic in-service training: Two courses will be held in the winter of 1966 and the summer of 1967 for a total expected attendance of 400 elementary teachers.

Advanced in-service training: Two one-month accelerated courses will be organized during 1966/1967 for the further upgrading of 150 elementary teachers selected from the best graduates of the basic in-service training courses. Although the accelerated courses will not prepare fully qualified teachers, they will make it possible for these 150 teachers to instruct in the last form of the elementary schools and first form of preparatory schools.

Statistical Department of the Ministry of Education's Planning Division: To further the collection of basic information required for the formulation of a national education policy, a special three-month in-service training course will be organized for fourteen ministerial employees from outlying provinces.

YEMEN (continued)

Courses for women past school age: A programme has been started using the girls' schools as demonstration centres to which the women of the neighbourhood are invited in the afternoons to receive instruction in the essentials of home economics. This activity is to be continued and strengthened.

UNICEF will provide teaching equipment, audio-visual aids and reference books for two teacher training institutes; equipment for the statistical department and two field units; transport, stipends and honoraria. UNESCO will continue to make available the services of an expert in educational administration and planning and two experts in teacher training.

D. EUROPE

<u>BULGARIA</u>	NUTRITION: MILK <u>CONSERVATION</u> First request for UNICEF aid, 1966 - 1967	Commitment approved: \$210,000 Allocation approved for 1966/1967: <u>\$175,000</u> Technical approval: FAO
	E/ICEF/P/L.766	

The aim of this project is to ensure a supply of milk powder all the year round for mothers and children, particularly in those areas of the country where little or no milk is being produced. The present proposal relates to establishment of milk-drying facilities in Tolbukhin in the northeastern part of the country, where adequate supplies of raw milk are available. The Government plans, in a subsequent phase, to establish an additional milk drying plant in northern Bulgaria.

The plan was worked out with the support of a UNICEF/FAO survey team that visited Bulgaria in the autumn of 1965. Milk processing facilities in the area of Tolbukhin are currently being consolidated into a new plant under construction by the Milk Enterprise of Tolbukhin. This plant is scheduled to produce pasteurized milk and sour milk (yoghurt) for Tolbukhin, as well as white cheese and Kachkaval cheese. With UNICEF assistance, evaporating and milk drying equipment will be added to this plant, with a yearly capacity of 2,500 tons of powder. The Government plans to undertake free or subsidized distribution of the entire output of milk powder through the health services, nurseries and kindergartens, special milk kitchens and by medical prescriptions. The milk will reach an estimated 146,100 beneficiaries, including 60,000 under three years of age, 67,500 children aged four to seven years and 18,600 nursing mothers.

<u>POLAND</u>	NUTRITION: MILK <u>CONSERVATION</u> Continuation, 1966/1967	Allocation approved: <u>\$35,000</u> against approved commitment
<u>YUGOSLAVIA</u>	<u>VOCATIONAL TRAINING</u> Continuation and expansion, mid 1966 - mid 1967	Allocation approved: <u>\$35,000</u> Technical approval: ILO and UNESCO
	E/ICEF/P/L.686	

The basic aim of the project is to provide pre-vocational training facilities for the large number of young people (estimated at 68,000 annually) who leave primary school between the ages of 15 and 16 and are unable to obtain a secondary education.

In 1966/1967, six pre-vocational training centres will be established at Pec, Novi Pazar, Zadar, Banja Luka, Stip and Ivangrad on the same principles as those established earlier, with emphasis on metal and electrical work. Special courses will acquaint young people with the uses of different materials and tools in order to prepare them for entering an occupation directly or for further training in a specific mechanical or electrical craft. The courses are planned for six months, with forty-five students in each course. In addition to practical workshop training, related technical subjects will be taught, such as drawing, mathematics, mechanics, as well as general education subjects, such as geography and the Serbo-Croat language. The course schedule calls for 24 hours of classwork and 12 hours of craft training per week. UNICEF will provide training equipment, teaching and testing aids, audio-visual aids and reference materials for the new centres. It is understood that thereafter the Government will continue the implementation of the whole project with its own resources.

YUGOSLAVIA

INTEGRATED SERVICES FOR
CHILDREN (PILOT PROJECT)
First request for UNICEF
aid, mid 1966 - mid 1967

Allocation approved: \$60,000
Technical approval: United
Nations Department of Economic
and Social Affairs, ILO, FAO
UNESCO and WHO

E/ICEF/P/L.698

Certain areas of Yugoslavia because of the mountainous nature and history have not reached a level of development comparable to the standard of the rest of the country. Services for mothers and children in these areas are inadequate by comparison with the services available in other regions, and infant and maternal mortality rates are substantially higher. These problems are most acute in the Gnjlane/Urosevac area of the autonomous region of Kosovo-Metchija in the southern part of the Republic of Serbia. As a result of its special historical pattern, this area has only recently emerged from a traditional rural village economy; it is divided into eight communes with a total population of 241,000. A comprehensive economic development programme has been undertaken by the Government, but so far very little has been done to improve the social conditions, especially for mothers and children.

With the assistance of governmental authorities at the Federal, Republic and local levels, a comprehensive pilot project is to be carried out in the Kosovo-Metchija area by the commune authorities with public participation. The major elements of the plan are as follows:

- a) For mothers and children aged 0 to 6: Fully staffed MCH units, with all facilities will be organized in the urban health centres from which regular visits will be made to all smaller rural health units. A training programme for nurses and midwives will be developed in two schools and instruction will be given in the local language. A village demonstration programme will be organized in nutrition and food preparation and preservation. In areas where increasing industrialization and urbanization make substantial claims on women labourers, day-care centres will be set up or strengthened. UNICEF will provide supplies and equipment and two vehicles for the MCH component, demonstration equipment and one van for the nutrition part and demonstration equipment for the day-care centres.
- b) For school-age children aged 7 to 14: Activities in the areas of primary school services will include gardens, sanitation, health education, pre-vocational workshops and school health services. The UNICEF-assisted primary school services project will be extended to the area. UNICEF will provide some health education materials and two sets of workshop equipment.
- c) For children leaving primary schools aged 15 to 18: Two youth pre-vocational training centres will be set up in selected towns where the problem of training facilities for school leavers is most acute. UNICEF will provide two sets of training equipment.

E. THE AMERICAS

ARGENTINA

MALARIA ERADICATION
Continuation, 1967

Allocation approved: \$69,500
Technical approval: WHO

E/ICEF/P/L.788

During 1965, areas with some 1.8 million inhabitants where transmission has been interrupted continued in the consolidation or maintenance phase. In the north-west, the only cases during 1965 were in the Bermejo area of Salta Province in an area of intense colonization. The attack phase continues in this area during 1966 protecting some 150,000 inhabitants. In the north-east, where it was necessary to plan for total-coverage spraying when focal measures were not adequate to contain the severe epidemics following floods, finances in 1965 were inadequate to extend total coverage to the entire area. With the increased budget approved for 1966, extension to the remaining area, Province of Formosa, was scheduled for March 1966. Severe epidemics have not reappeared in the north-east over the last three years. By 1967, it is anticipated that the entire north-west and part of the north-east areas will be in the consolidation phase. UNICEF will provide insecticides, supplies and transport for the 1967 operations on the condition that adequate local finances are assured.

BOLIVIA

MALARIA ERADICATION
Continuation, 1967

Allocation approved: \$10,000
Technical approval: WHO

E/ICEF/P/L.788

The major portion of the original malarious area, with some 1,180,000 inhabitants (88 per cent of the population at risk), continues in the consolidation phase. In three river valleys to the south, in the Pando-Beni area in the north and in the border area with Brazil, the attack phase continues. Operations in these areas during 1964 and early 1965 were inadequate because of premature reductions in budgets and insufficient personnel. In the latter half of 1965, the outbreaks in these areas were under control as a result of improved operations. By the end of 1967, it is anticipated that total-coverage spraying operations will be withdrawn from all except the border areas. Financial difficulties, which were again encountered in relation to the 1966 budget, have been satisfactorily resolved, and the required budget made available. UNICEF will provide insecticides supplies and transport for the 1967 operation on the condition that adequate local finances are assured. The United States agency for International Development is contributing to the costs and providing administrative support for the campaign.

BRAZIL

HEALTH SERVICES:
PAEDIATRIC TRAINING
Continuation, 1966/1967

Allocation approved: \$13,000
against approved commitment

BRAZILEDUCATIONContinuation
mid 1966-end 1969

E/ICEF/P/L.780

Commitment approved: \$1,776,000

Allocation approved

1966/1967: \$388,000

Technical approval: UNESCO

The objective of the project is to extend and improve primary and normal school education in Brazil, both in quality and quantity, through the advancement at the professional level of the lay teachers. New teachers will be trained to meet the present school requirements; a new structure will be set up for the Escolas Normais so that their training conforms with the school curriculum; rural schools, which form the basic school unit peculiar to the environment of the interior regions, will be developed and teachers will be given basic training in industrial crafts.

The National Institute of Pedagogical Studies (INEP) will be responsible for the direction, co-ordination and personnel required for the project. The project plan for the years 1967-1969 incorporates the Amazonia region which was not previously assisted by UNICEF. One of the objectives of the National Education Plan is to extend the primary school from four to six years: "initiating the pupils in the last two years in the practical crafts adapted to their age and sex". On this basis the Government plans to establish in ten of the most suitable training centres a special course for the first group of fifth and sixth year teachers in the pedagogical aspects of this training. The handicraft teachers will also be trained. Their workshops will be established for the preparation of suitable equipment.

For the 3½ year period mid 1966-end 1969, UNICEF will provide equipment for workshops and teaching aids for 10 teacher-training centres; salary and travel costs for Federal co-ordinator; stipends for trainees at levels from supervisors to teacher-trainees. In co-operation with the INEP, UNESCO will be responsible for the technical direction of the project providing an expert in education for the over-all co-ordination of the project, an expert in education to supervise the course in pedagogy at the federal level in the Escola Unitaria beginning late in 1967, and an expert in education, specialized in teacher-training, to work out a standard UNESCO project for the Escola Normal Superior.

BRITISH CARIBBEAN
TERRITORIES: ANTIGUAHEALTH SERVICESFirst request for UNICEF aid,
mid 1966 - mid 1968

E/ICEF/P/L.710

Allocation approved: \$24,000

Technical approval: WHO

Over the next five years, the Government plans to establish an integrated health service, including maternal and child health care, communicable disease control, health education, environmental sanitation, medical care, dental health, laboratory services, statistical and training activities. UNICEF assistance is proposed for the maternal and health and environmental sanitation projects during the first two years.

In each of six health areas, a health centre and sub-centres will furnish the basic services of maternal and child health care, communicable disease control, nutrition, health education, etc. A staff training programme will emphasize nursing, hospital administration, paediatrics, environmental health, nutrition, health education, laboratory technology and health statistics. Provision will be made for the training of additional nurses and midwives through the establishment of a nursing school. Laboratory services will be improved. Efforts will be made to improve the collection and analysis of statistics for the planning and evaluating of the health programme. The Government plans to install 12,000 private latrines over the next ten years and to provide adequate sanitary facilities in all schools. In the first two years of the project, 2,400 latrines are to be installed in private dwellings and four schools will be provided with adequate sanitary facilities.

BRITISH CARIBBEAN
TERRITORIES: ANTIGUA (Continued)

For the MCH services, UNICEF will provide some of the basic equipment for six health centres and 14 sub-centres, for one maternity and paediatric ward, laboratory equipment, 3 sets of dental equipment, equipment for a nursing and midwifery training school, kits for nurses and midwives, equipment for health education and statistical services and a vehicle for supervision of services. For sanitary installations, UNICEF will provide equipment for a central shop and for field use, cement and reinforcing rods and a truck. WHO will provide assistance through periodic visits of advisers in public health administration, environmental health, nursing, health education, statistics and nutrition.

<u>BRITISH CARIBBEAN TERRITORIES:</u>	<u>EDUCATION</u>	Allocation approved: \$28,000
<u>GUENADA AND MONTSERRAT</u>	First request for UNICEF aid mid 1966 - mid 1968	Technical approval: UNESCO
	E/ICEF/P/L.739	

The objectives of this project are to raise the level of training of unqualified primary school teachers and to prepare new teachers to satisfy the future needs of the two islands:

- There are 56 primary schools on the island of Grenada with a total enrolment of 26,700 children. Approximately 2,000 additional children are enrolled in the schools every year. The Government plans to accelerate the pre- and in-service teacher training programmes in the next two years. It is expected that 18 unqualified teachers will take the one-year course at the Grenada Teacher Training College, and the number of student teachers will be increased from 30 to 40. UNICEF will provide stipends for eighteen teachers and fifteen student teachers each year, and supplies and equipment for the Teacher Training College.

- There are at present twelve government and two denominational schools and one private school in Montserrat with a total enrolment of 3,000 children. The enrolment increases at the rate of approximately 300 children each year. In order to upgrade the level of education of untrained teachers, the Government started an in-service training programme at the end of 1965. One of the schools at Plymouth, the capital of the island, has been selected to serve as a teacher training centre. A minimum of fifteen unqualified teachers per year will receive one year of in-service training, at the end of which they will fulfil the entrance requirements for the Leeward Islands Teacher Training College at Antigua. In addition, the Government is sending a group of six new teachers per year to take the one-year course at the Leeward Islands College. Replacement teachers will be needed for the period that the teachers are in training. UNICEF will provide stipends for eight teachers a year and books and basic equipment for the teacher-training centre at Plymouth.

The Government of Canada has assigned a team of teacher training advisers to each island. UNESCO will provide additional advice and guidance as needed through periodic visits from its experts in the West Indies.

BRITISH CARIBBEAN
TERRITORIES:
ST. VINCENT

HEALTH SERVICES;
MCH and ENV. SAN.
MCH: first request
for UNICEF aid,
1966-1968. Env. San:
continuation, 1966-1967

Allocation approved: \$27,000
Technical approval: WHO

E/ICEF/P/L.640

The three-year plan for the establishment of an integrated health service includes provision for five main health centres and 24 sub-centres with a view to strengthening communicable disease control, health and nutrition education, environmental health, dental health, laboratory services and medical care, and health records. UNICEF will provide basic equipment for the centres, for two maternity and paediatric wards, for improved laboratory services, for a nursing and midwifery school, health education activities and a statistical unit, also kits for nurses and midwives and transport. In the next five years, the Government proposes to construct an additional 8,000 private latrines, 16 public latrines and 23 school latrines, of which 1,600 private latrines, 6 public latrines and 9 school latrines are to be completed in the next two years, UNICEF providing cement and reinforcing rod, a concrete mixer and a truck for the two-year operation. WHO will assist in implementation of the proposal through periodic visits of advisers in public health administration, nursing, health education, statistics, nutrition, environmental health and statistics.

CHILE

MEASLES VACCINATION
First request for UNICEF aid,
mid 1966 - mid 1967

Allocation approved: \$86,000
Technical approval: WHO

E/ICEF/P/L.793

In 1966/1967 the Government proposes to initiate a rural programme to vaccinate against measles some 75,000 children in selected rural areas with high incidence. In the following years budgetary provision will be made to enable the progressive extension of the programme to cover children in all rural areas. The programme will be developed by incorporating it into the regular activities of the National Health Service, utilizing the medical personnel and nurses from the health centres and sub-centres, who have already vaccinated the child population against smallpox, diphtheria, pertussis and tetanus (triple vaccine), poliomyelitis and BCG. Vaccinations will be carried out through the services for healthy children which have been established in the health centres and through the centres for distribution of powdered milk. UNICEF will provide measles vaccine (Enders Edmiston-B, 80,000 doses) and vaccination equipment, including syringes, needles, thermos jugs and sterilizers.

COLOMBIA

HEALTH SERVICES:
ENVIRONMENTAL SANITATION
Continuation, mid 1966-mid 1967

Allocation approved: \$50,000
Technical approval: WHO

E/ICEF/P/L.711

The environmental sanitation programme has been going forward without interruption, with the active co-operation of national and departmental bodies and the local communities. Activities connected with water supply for small rural communities will be continued in the coming year when it is planned to dig 600 wells and install hand pumps as well as ten deep wells with power pumps. UNICEF will provide pumps, piping and accessories. The construction of latrines will continue throughout the country, with the use of national resources. The Government is strengthening the fifty integrated health districts and training health personnel for this purpose. UNICEF will provide 600 hand pumps with accessories, 25 centrifugal pumps for excavation, 10 power pumps and piping and accessories.

COLOMBIA

MALARIA ERADICATION
Continuation, 1967

Allocation approved: \$371,000
Technical approval: WHO

E/ICEF/P/L.788

Areas with some 7,268,000 inhabitants are in the consolidation phase, and areas with some 1,940,000 are presently under attack. In other areas of civil strife, with some 250,000 inhabitants, effective operations have not been feasible and remote jungle areas have not yet been included in the programme. The major reorganization in 1964 resulted in improved administration, operations and supervision. Through intensified spraying operations, which are concentrated in the period prior to peak transmission periods, and interim spraying of new houses and new wall surfaces, the co-operation of the population has been stimulated, and the problems from migration and colonization of new lands are being overcome. Finances have not always been provided as budgeted, and with the increase in the cost of living and costs of local commodities, the total operations necessary could not be implemented in 1965. UNICEF will provide insecticides, drugs and transport on the condition that adequate local finances are assured.

COLOMBIAAPPLIED NUTRITIONContinuation and extension
mid 1966 - end 1968

E/ICEF/P/L.721

Commitment approved: \$193,800

Allocation approved,
1966/1967: \$94,000

Technical approval: FAO and WHO

Since 1960, the Government has been developing integrated programmes of applied nutrition (PINA) in the Departments of Caldas, Cauca and Norte de Santander under the supervision of the National Nutrition Institute. During the period from July 1966 to December 1968, it is planned to continue the programme in the three Departments mentioned above and to consolidate it in seven other Departments (Antioquia, Bolivar, Boyaca, Huila, Meta, Tolima and Valle), in six of which activities were started in 1966 with UNICEF assistance. Applied nutrition activities will be developed in demonstration areas and in other working areas. The following courses and seminars are planned: a 5-month university course for 50 non-medical nutritionists; 5-day seminars on nutrition for 200 doctors; 7-day seminars on nutrition and public health for 140 doctors; 5-day seminars on PINA for 200 agricultural engineers and veterinarians; 7-day seminars on nutrition for 30 nurses; 30-day courses on nutrition and farming extension work for 200 teachers; 15-day courses on nutrition for 160 agricultural extension and home improvement workers; 15-day courses on nutrition for 500 nursing auxiliaries; and 15-day courses on nutrition and farming extension work for 750 rural action leaders. UNICEF will provide audio-visual equipment, equipment for farming, for setting up concentrated poultry feed mixing plants, for food demonstration and for food and nutrition surveys; seeds; scales for checking the weight of school children; vehicles; and stipends.

COLOMBIASOCIAL SERVICESContinuation and extension,
mid 1966 - mid 1968

E/ICEF/P/L.786

Recommended allocation: \$15,000

Technical approval: UNITED NATIONS
Department of Economic and Social
Affairs and WHO

The objective of this programme is to improve child welfare services. It will be extended to the Department of El Valle and particularly to its capital, Cali, which have been selected because of the rapid population growth they have experienced in recent years. It is proposed to develop a social welfare programme for the establishment or upgrading of a number of institutions for the welfare of minors, by training personnel for such institutions and improving the stock of equipment and supplies. Eight child care centres will be upgraded or established in some of the poorest residential areas of Cali, at the rate of five in 1966-1967 and three in 1967-1968. The Government of the Department of El Valle will develop the programme, acting through its Departmental Child Welfare Committee. UNICEF will provide reproduction, audio-visual and child guidance equipment for the Departmental Child Welfare Committee; material and equipment for the eight child-care centres and other institutions incorporated in the programme; two vehicles for supervision; training stipends and honoraria. The United Nations Department of Economic and Social Affairs will provide a family and child welfare adviser. WHO will advise on the public health aspects of the project through its experts in Colombia.

COLOMBIAEDUCATION

Continuation, 1966/1967

Allocation for 1965/1966

approved: \$101,000

Allocation for 1966/1967

postponed: (\$93,000)

The Netherlands Committee for UNICEF has agreed to raise funds for this project and the allocation of \$93,000 for the next twelve months against the approved commitment is therefore postponed. Funds raised by the Committee in 1965 are now being transferred to UNICEF, and an allocation of \$101,000 to cover the actual requirements of the project since mid 1965 has been approved post facto.

COSTA RICA

MALARIA ERADICATION
Continuation, 1967

Allocation approved: \$55,000
Technical approval: WHO

E/ICEF/P/L.788

The revised plan which makes special provision for attacking the problem areas with continuing transmission has been delayed in implementation. Based on earlier studies and successful pilot programmes, this plan provides for mass drug distribution and domiciliary spraying, using dieldrin in the problem areas. Operations in 1965 were limited within the finances available. Evaluation in areas in consolidation was inadequate, and outbreaks occurred which had to be controlled through spraying. UNICEF will provide insecticides, drugs, supplies and transport on the condition that adequate local finances are assured.

COSTA RICA

VOCATIONAL TRAINING
Continuation and new plan,
mid 1966 - mid 1967

Allocation approved: \$49,000
Technical approval: ILO

E/ICEF/P/L.765

Since 1962, UNICEF has been assisting a project to increase training facilities in order to give young people, who are unable to attend vocational schools, an opportunity for training through an apprenticeship system and supplementary evening courses. A national plan for vocational training drawn up in 1965 created the National Vocational Training Institute (INA) (Instituto Nacional de Aprendizaje) which is responsible for setting up permanent training programmes. The new plan envisages the reorganization of existing programmes and the initiation of a two-year pre-vocational training programme for young people between the ages of twelve and sixteen who have left school prior to completing their primary education. On completion of the two-year pre-vocational course, students will be able to go on to a two-year apprenticeship course, after which they will be qualified either to take a job immediately or go on to higher technical studies. The INA plans to establish three types of pre-vocational training centres: Fifteen industrial centres will be established in urban areas; 40 rural centres, stressing agricultural skills and handicrafts, will be set up; centres for girls will teach handicrafts and skills needed in service industries such as hotels. UNICEF will provide training and demonstration materials for 30 centres, audio-visual equipment and films for use by all centres on a rotating basis; and stipends for 66 instructors. The ILO helped to set up the National Vocational Training Institute and will continue to give advice and guidance on the development of the training programme through its Mission in the country.

CUBA

HEALTH SERVICES
Continuation and new plan,
mid 1966-mid 1967

Allocation approved: \$27,000
Technical approval: WHO

E/ICEF/P/L.779

Between 1960 and 1964, UNICEF provided assistance for a rural health services demonstration project and for the accelerated training of nurses and auxiliary nurses. The Government is now rapidly expanding the health services in order to make curative and preventive medical assistance available to the whole population; this makes it essential to expand and improve the training of health personnel at all levels. To that end, a training centre has been organized in the District of Marianao, on the outskirts of Havana, with a corresponding field practice area covering 163 square kilometres, with an urban and rural population of 210,000. Five polyclinics, fully staffed and providing services in the spheres of medicine, dentistry, maternal and child health, control of infectious and contagious diseases, school health, environmental sanitation, food control and occupational health have been established, and

CUBA (Continued)

will be used as practice fields for students from the training centre and from the School of Public Health at Havana. The Ministry of Public Health plans to continue and expand the courses at the Marianao centre, and to increase practical work by students in the polyclinics of the District. It is planned to train 130 professionals and 1,320 auxiliaries in 1966 and 130 professionals and 1,335 auxiliaries in 1967. UNICEF will provide laboratory equipment, nurses' kits, audio-visual equipment, books and transport for practical work and supervision. WHO will co-operate in developing the training area and will provide a permanent adviser on public health administration, short-term advisers and a nursing adviser.

<u>CUBA</u>	<u>APPLIED NUTRITION</u>	Allocation approved: \$20,000
	First request for UNICEF aid	Technical approval: FAO and WHO
	mid 1966 - mid 1968	

E/ICEF/P/L.787

The Government's aims are: to promote the progressive improvement of the nutritional status of the population; to introduce progressively the teaching of nutrition into the educational system of the country; to form good nutritional habits by means of a programme of information and education; to keep the nutritional status and the problems existing in the country under constant investigation and to determine the size of such problems; to train the personnel needed at all levels to achieve the above aims.

The plan for 1966-1968 calls for the training of professional and auxiliary personnel from the Ministries of Health, Education and Agriculture, INRA (Institute of Agrarian Reform) in nutrition, home economics and agricultural extension courses. As personnel become available nutrition and home economics education will gradually be introduced into the study programmes of the three teacher-training colleges. A centre for the production of models of audio-visual aids will be established. A home economics laboratory will be set up at the Instituto Makarenko to study appropriate methods for the conservation, preparation, use and consumption of the foodstuffs available in the country. A demonstration area will be set up where students from eight primary schools and four farm schools (primary level) helped by extension agents will carry out practical work in horticulture. Practical work will be done on poultry-raising and rabbit-raising at a farm school. Four polyclinics (health centres) and executive units (sub-centres) situated in the demonstration area will disseminate information about nutrition to mothers and mothers-to-be covered by those units. Similar activities will be included in nurseries and day-care centres in the same zone. The Health and School Councils will be used to provide families with adequate knowledge about good nutrition and diet. A survey team will be established to make periodic surveys of the nutritional status of the population. Specialized libraries will be established in the fields of nutrition, home economics and agricultural extension. The technical work of planning, supervision and evaluation of the programme will be carried out by the Technical Advisory Committee which will be composed of fellows from each Ministry trained abroad. This committee will receive advice from FAO and WHO experts and from experts provided under bilateral assistance programmes. UNICEF will provide materials and equipment for the home economics and audio-visual aids laboratories, and for surveys, school gardens, practical work in poultry-raising and for demonstrations of nutrition education in polyclinics; three specialized libraries and three vehicles for supervision and practical work.

ECUADOR

HEALTH SERVICES:
ENVIRONMENTAL SANITATION
(PROVINCE OF MANABI)
 Continuation and expansion,
 1967-1968

Commitment approved: \$45,000
 Allocation approved
 1967: \$23,000
 Technical approval: WHO

E/ICEF/P/L.642

The integrated programme of health services in Ecuador was initiated in 1962 in the province of Manabi, which had been selected as a demonstration area. In the first stage the Government concentrated on developing a network of health centres and sub-centres and on training the staff required to carry out the programme. It is now proposed to carry out the part of the programme which relates to environmental sanitation, including drinking water supply, sewage disposal, refuse collection and disposal, the improvement of housing in the cantons and parishes of the province and the improvement of sanitary conditions in public establishments such as schools, sanitary and medical units, markets and slaughter-houses. The programme will benefit fifty-eight communities, most of them rural, with a population of 168,360, representing 27.5 per cent of the total population of the province. To carry out the programme, five sanitary workshops will be set up at Portoviejo, Manta, Jipijapa, Bahia de Caraquez and Chone. UNICEF will provide materials and equipment for the workshops, supplies for wells and for latrine construction, laboratory equipment and two vehicles.

ECUADOR

BASIC HEALTH (MCH)
APPLIED NUTRITION
(AMEAN PROGRAMME)
 Continuation, 1966-1967

Allocation approved: \$32,000
 against approved commitment

ECUADOR

MALARIA ERADICATION
 Continuation, 1967

Allocation approved: \$342,000
 Technical approval: WHO

E/ICEF/P/L.788

There are currently some 1,265,000 inhabitants in areas under consolidation, approximately 45 per cent of the population of originally malarious areas. In the areas continuing in the attack phase, approximately 80 per cent of the cases discovered are in problem areas with some 304,000 inhabitants. In these the major difficulties encountered are related to population movements, rapid colonization with the high rate of house construction and to poor and changing housing in banana-growing districts. A joint evaluation was carried out in 1965 and a revised plan for attacking the problems prepared. In the problem areas this includes modifications in the spraying operations and special sprayings to ensure protection of all new and changed houses. Evaluation operations are to be intensified to ensure prompt investigation of all cases and their cure. UNICEF will provide insecticides, supplies and transport on the condition that adequate local finances are assured.

ECUADOR

EDUCATION
 Continuation, 1965/1967

Allocation approved: \$77,000
 against approved commitment

EL SALVADORMALARIA ERADICATION
Continuation, 1967Allocation approved: \$225,000
Technical approval: WHO

E/ICEF/P/L.788

The approved plan provides for spraying with DDT in all areas of actual or potential transmission, complemented by mass drug distribution throughout the problem areas as attack measures and for the necessary evaluation operations throughout the original malarious area. Operations in 1965, restricted to the finances available, maintained drug distribution in some areas and limited evaluation coverage. UNICEF will provide insecticides, drugs, supplies and transport on the condition that adequate local finances are assured.

GUATEMALAHEALTH SERVICES
Continuation, mid 1966-mid 1968Commitment approved: \$41,000
Allocation approved,
1966/1967: \$25,000
Technical approval: WHO

E/ICEF/P/L.641

The primary aim of the project is the reorganizing of the country's health services, extending them to rural areas and training personnel. During the next two years the Government intends to continue the reorganization of health services and to erect a new building where the Health Board's administrative and technical departments will be centralized. New health centres and sub-centres will be set up and the training programme will continue. In addition, central and local laboratory services will be reorganized and strengthened by providing certain health centres in rural areas with adequate equipment and technical staff. UNICEF will provide basic equipment for seven health centres and seven sub-centres, dental equipment for five centres, equipment and supplies for thirteen field laboratories and stipends for 27 public health nurses, 64 auxiliary nurses, 10 sanitary inspectors and 10 laboratory technicians.

GUATEMALAMALARIA ERADICATION
Continuation, 1967Allocation approved: \$395,000
Technical approval: WHO

E/ICEF/P/L.788

Areas with some 845,000 inhabitants are now in the consolidation phase, and the attack phase continues in areas with some 1,135,000 inhabitants of which 48 per cent are in the problem areas. Setbacks in 1964 with a major increase in malaria cases and reinfection of areas through increased migratory movements necessitated the return of some areas to the attack phase in 1965. Even though 1965 operations were limited within the finances available, these included extensive but incomplete drug distribution during a year of favourably drier climatic conditions and there was considerable improvement in the over-all situation and a decrease in malaria cases. The approved plan provides for mass drug distribution of larviciding as complementary attack measures to the DDT spraying in problem areas, DDT spraying in other areas in the attack phase and for intensive evaluation operations throughout all areas in consolidation and attack. UNICEF will provide insecticides, drugs, supplies and transport on the condition that adequate local finances are assured.

GUATEMALAEDUCATIONContinuation and extension
mid 1966-mid 1968

Commitment approved: \$51,000

Allocation approved,

1966/1967: \$40,000

Technical approval: UNESCO

E/ICEF/P/L.708

The Government of Guatemala is engaged in the re-organization and improvement of its education services at all levels and particularly at the primary level. During the next two years the Government intends to begin extending the benefits of full primary education to all children of school age. As one of the main causes of the high drop-out rate in the second and third grades is that the great majority of rural schools do not have the higher grades, the Government will introduce a complete one-room school where one teacher in a single classroom will teach pupils in the six primary grades. Three departments in the eastern region have been selected for the project. The area has 300 rural public schools, 361 teachers and an enrolment of 14,767 pupils. A month's training course on teaching and teaching practice will be given to the supervisors responsible for the area and the instructors in the teachers' training colleges who, in turn, will train the future teachers for the complete one-room schools. Teachers in the three departments will be given short intensive training courses. A refresher course at the close of the school year will give teachers an opportunity to exchange experiences and assess the work done. A study of the one-room school system will be introduced into the formal programme of the teacher training colleges in the next term. The Government will begin a pilot project in 1966 to teach Spanish to pre-school and school age children among the indigenous population. Sixty new posts for bilingual teachers will be created in 1966. UNICEF will provide equipment and reference books for the schools in the programme area, reference libraries for teacher training colleges, office and reproduction equipment for school district supervision offices, and stipends. UNESCO will continue to provide technical advice to the project through its mission in the country and its primary education expert.

GUYANAMALARIA ERADICATION

Continuation, 1967

Allocation approved: \$1,500

Technical approval: WHO

E/ICEF/P/L.788

In this campaign, the entire coastal zone is in the maintenance phase and has been protected against reinfestation from the interior by barrier spraying of upper river areas. The main attack measure in the interior has been mass distribution of medicated salt. In two districts of the interior rapid progress was made under medicated salt distribution, and these districts passed into the consolidation phase in 1965. In the third district of the interior, Rupununi, chloroquine resistant strains of *P. falciparum* were found and, in 1964, house sprayings were introduced as a complement to medicated salt distribution. The situation has improved, and in 1965 only sixteen oases, all in the first semester, were discovered in Rupununi District, and it is anticipated that the district can be put into consolidation during 1967. UNICEF will provide insecticides, supplies and transport for the 1967 operation on the condition that adequate local finances are assumed.

HAITIMALARIA ERADICATION

Continuation, 1967

Allocation approved: \$50,000

Technical approval: WHO

E/ICEF/P/L.788

Mass drug distribution as a complement to spraying was initiated in May 1965 in accordance with the revised plans prepared during the joint evaluation in February 1965. Distribution was rapidly extended, as drugs became available, to all areas with persistent transmission. Mass drug distribution was also found to be necessary and was applied to other areas resulting in a programme of mass drug distribution on the largest scale ever attempted in the world. A further joint evaluation carried out in January 1966 confirmed that the programme is being carried out with a high degree of efficiency and with good results as shown by the dramatic drop in positivity in all treated areas. The co-operation of the population is outstanding. In each cycle of drug distribution more than 90 per cent of the people have accepted treatment, and there is no evidence of any decrease in their co-operation as the programme continues. Evaluation services, including the passive case detecting network of voluntary collaborators, were intensified in 1965, and further strengthening this year was in progress. The joint evaluation confirmed the necessity for continuing mass drug distribution to ensure a simultaneous clearance of the malaria reservoir in epidemiologically homogeneous zones. UNICEF will provide insecticides and drugs on the condition that adequate local finances are assured. The United States Agency for International Development is contributing to the costs and providing administrative support to the campaign.

HONDURAS

HEALTH SERVICES: MCH AND
ENVIRONMENTAL SANITATION
Continuation, mid 1966-mid 1968

Commitment approved: \$42,000
Allocation approved,
1966/1967: \$33,000
Technical approval: WHO

E/ICEF/P/L.643

The Government plans to continue the expansion of health services during the next two years. The last two health districts will be brought into operation. Twelve health centres and 25 sub-centres will be equipped in six different districts. The Government proposes to establish a National School for Nurses in Tegucigalpa with accommodation for 100 students. Twenty to thirty students will graduate each year, which is as many as the health services can use for the next few years. When the new school opens in 1967, the nursing course at La Ceiba will end and that school will eventually be converted into a centre for training auxiliary nurses. UNICEF will provide equipment for the National School, stipends for 120 auxiliary nurses and equipment for the health centres and sub-centres and for water analysis at the central laboratory.

HONDURAS

MALARIA ERADICATION
Continuation, 1967

Allocation approved: \$39,000
Technical approval: WHO

E/ICEF/P/L.788

During 1965, spraying operations were maintained in the attack areas, and mass drug distribution started, with good results, in a limited part of the problem area. These activities were continued in 1966. UNICEF will provide insecticides, drugs, transport and supplies for the 1967 operation on the condition that adequate local finances are assured.

JAMAICA

HEALTH SERVICES
First request for
UNICEF aid, 1967

Allocation approved: \$12,000
Technical approval: WHO

E/ICEF/P/L.718

This project is aimed at intensifying health education activities in order to improve health services and to secure greater community understanding and participation in them. The Ministry of Health has a Bureau of Health Education staffed with two qualified health educators, five health educators in various stages of training and two artists. These officers work with technical officers and local health officers in planning, organizing and conducting educational activities to meet programme needs at national and local levels. They prepare the educational materials needed by the public health nurses, midwives, public health inspectors and other personnel who are actively engaged in health education at the "grass roots". Up to now, the Ministry has been dependent upon commercial services and those of the Government Printing Office for reproduction of its health educational and teaching materials. Increasing requirements are foreseen in order to give adequate support to the programmes in maternal and child health, the UNICEF-assisted rural sanitation programme which began operations in 1965, and to plans which are under consideration for the provision of increased dental services. UNICEF will provide reproduction equipment for health education materials and some training equipment and books for the nursing training school.

JAMAICA

HEALTH SERVICES:
ENVIRONMENTAL SANITATION
Continuation, 1966/1967

Allocation approved: \$95,000
Against approved commitment

MEXICO

HEALTH SERVICES
Continuation,
mid 1966-mid 1967

Allocation approved: \$100,000
Technical approval: United Nations
Department of Economic and Social
Affairs and WHO

E/ICEF/P/L.670

UNICEF has contributed to the development of health services in Mexico through the provision of stipends and honoraria for the training of health personnel. Courses will continue as in previous years: 20 community development assistants, 36 auxiliary nurses, 6 sanitation assistants, 12 nutrition assistants and 10 statisticians will be trained in ten-month courses; 20 laboratory assistants in a six-month course; 30 health centre administrators in a four-month course; and 720 auxiliary nurses, 15 sanitation assistants and 80 nutrition assistants in three-month courses. UNICEF will provide stipends for these courses.

MEXICO

MALARIA ERADICATION
Continuation, 1967

Allocation approved: \$1,300,000
Technical approval: WHO

E/ICEF/P/L.788

In the areas under attack some 6,500,000 inhabitants were protected by spraying operations in 1965 and supplementary measures used in limited parts of the problem areas. During the second semester, the malaria service proceeded with the reorganization necessary for the implementation in 1966 of the revised plan covering adequate evaluation services and intensified operations throughout the problem areas. Supplementary funds were provided and an extensive training programme for existing personnel and for additional personnel required in 1966 was initiated. UNICEF will provide insecticides, drugs, supplies and transport per the 1967 operation on the condition that adequate local finances are assured.

MEXICO

SOCIAL SERVICE TRAINING
Continuation, 1966-1969

Commitment approved: \$51,000
Allocation approved,
1966/1967: \$16,000
Technical approval: United Nations
Department of Economic and Social
Affairs and WHO

E/ICEF/P/L.687 and Corr.1

The aim of this project is to provide training in social work for workers in the rural health and sanitation projects being developed by the Government. A preliminary course for nineteen untrained workers was given in 1960 and the experience gained was used to organize the School of Social Work at Tlaxcala for the training of rural auxiliary workers on a more permanent basis. The curriculum includes academic courses and supervised practical work in rural settings. A major development in 1964 was the transformation of the Tlaxcala School of Social Work together with the School of Public Health into the Faculty of Health Sciences.

The Secretariat of Health plans now to change the teaching programme and to institute a three-year course. The first year of instruction will be given in Tlaxcala and will lead to a diploma. The second and third years of instruction will be carried out in the School of Public Health in Mexico City and will provide professional standing to the graduates. A fully trained, experienced person has been assigned to take charge of the entire course of study and additional supervisors trained in social work and in methods of supervision are to be appointed. UNICEF will continue to contribute to the cost of training for four more years, participation decreasing each year.

PANAMAMALARIA ERADICATION
Continuation, 1967Allocation approved: \$218,000
Technical approval: WHO

E/ICEF/P/L.788

The entire malarious area continues in the attack phase, and the epidemiological evaluation shows an annual decrease in cases in the major part of the country. There are five defined problem areas with a continuing high number of cases where migration of population, precarious housing and colonization in agricultural development areas are factors affecting the progress of the programme. Mass drug distribution and the special attention necessary has only been possible in a small part of the problem areas. Administration of the programme has improved in the past year, but its effectiveness is limited by insufficient supervision of the operations and inadequate funds. The malaria service, with the collaboration of WHO, has completed a revised plan which provides for adequate attack phase operations by spraying in all areas and mass drug distribution in the problem areas. The plan also provides for appropriate supervision of operations and for intensified evaluation to ensure detection, investigation and treatment of all cases. UNICEF will provide insecticides, drugs, supplies and transport on the condition that adequate local finances are assured.

PARAGUAYHEALTH AND ENVIRONMENTAL
SANITATION SERVICES
Continuation 1967Allocation approved: \$87,000
Technical approval: WHO

E/ICEF/P/L.697

The Government is continuing to develop the infrastructure of rural public health services and there are now 66 health centres and 125 sub-centres. The demonstration project for communicable disease control has begun in two health regions. The development of the sanitation aspects of the health services plan is carefully co-ordinated with SANOS (Independent National Sanitation Service). The Ministry of Health concentrates on the provision of drinking water to schools, health centres and other public places by means of public fountains for the programme for which UNICEF is providing assistance, while SANOS concerns itself with providing water through larger systems. The construction of 55 deep wells with mechanical pumps, 475 shallow wells with hand pumps and 20 wells with windmills is planned for 1967; 3,150 new latrines will also be built. UNICEF will provide pumps, windmills, (fittings) and water analysis equipment. UNICEF has assisted in the development of the national training centre, and in 1967 will provide stipends for the training of 60 auxiliary nurses.

PERUHEALTH SERVICES
Continuation, 1967-1968Commitment approved: \$86,000
Allocation approved, 1967: \$51,000
Technical approval: WHO

E/ICEF/P/L.695

The aim of this programme is to train professional and auxiliary personnel for the country's steadily expanding health services. In 1967, 482 persons will be trained and in 1968, 437, in courses lasting three to ten months. Six seminars will also be held to work out plans for integrating the country's public health services. The School of Public Health will be transferred to permanent premises in a government building late in 1966, which will entail additional expenditure for repairs and conversion. In order that training costs may be gradually absorbed by the School's budget without excessive strain, UNICEF will provide 50 per cent of the stipends in 1967 and 25 per cent in 1968.

PERU

HEALTH SERVICES (LORETO)
Continuation, 1967

Allocation approved: \$46,000
Technical approval: WHO

E/ICEF/P/L.696

The purpose of this project is to establish adequate conditions for mothers and children through the development of health services in the Department of Loreto. Under the National Health Plan, the Health Area of Loreto is to develop another health unit south of Iquitos, including the establishment of two health centres with hospital facilities as well as the construction and equipping of four health centres by the National Health Fund; a floating health centre which will serve remote villages; ten sub-centres; and the installation of health sub-centres at thirty schools. A second sanitation workshop will be established at Pucallpa. UNICEF will supply basic equipment for a health centre and ten sub-centres; dental equipment for two health centres; bags for doctors, public health nurses and auxiliaries; equipment for training; transport; tools and some materials for the sanitation workshop. WHO will continue to assist this project by providing the services of a doctor specialized in public health administration, a public health nurse and a public health engineer and will provide some fellowships for national personnel to take specialized studies abroad.

PERU

MALARIA ERADICATION
Continuation, 1967

Allocation approved: \$107,000
Technical approval: WHO

E/ICEF/P/L.788

The attack phase continues in the Amazon lowlands region, in approximately 75 per cent of the eastern Andes region and a small area to the north of the coastal region. In the consolidation and maintenance phases are areas with some 2,312,000 inhabitants, approximately 63 per cent of the population at risk. Additional sprayings to cover new houses, and drugs are being used to overcome the problem in the north coastal area of agricultural colonization. Along the Yavari River near the eastern border there is a suspected chloroquine-resistant strain of P.falciparum. In other areas no technical problems have been encountered to affect progress by normal spraying operations although in the Amazon lowlands, where the population is scattered and housing primitive, operations are difficult. Through overcoming some operational deficiencies more rapid progress is foreseen than has been shown by the small annual decrease in cases over the past two years. UNICEF will provide insecticides, supplies and transport on the condition that adequate local finances are assured.

SURINAM

MALARIA ERADICATION
Continuation, 1967

Allocation approved: \$9,000
Technical approval: WHO

E/ICEF/P/L.788

Further areas are now being placed in the consolidation phase, and the attack will continue in the southeastern part of the interior with some 28,000 inhabitants, 15 per cent of the population in the original malarious areas. Intensive efforts to overcome the objections of the inhabitants to house spraying were successful in part of the interior, and transmission has been interrupted. In the southeastern part of the interior spraying has not been fully accepted by the inhabitants, and a complementary attack measure is necessary. Two trials of medicated salt distribution, which was successful in British Guiana, have been made with good results. Medicated salt distribution as a complement to spraying commenced in the Upper Surinam River during May, and plans are being completed to extend this measure to the remainder of the area under attack. UNICEF will provide insecticides, supplies and transport on the condition that adequate local finances are assured.

VENEZUELA

HEALTH SERVICES
ENVIRONMENTAL SANITATION
Continuation, 1966/1967

Allocation approved: \$205,000
against approved commitment

THE AMERICAS REGION

HEALTH SERVICES:
PAEDIATRIC TRAINING
Continuation, 1966/1967

Allocation approved: \$31,000
against approved commitment

THE AMERICAS REGION
(Caribbean)

SOCIAL SERVICES TRAINING
Continuation, 1966/1967

Allocation approved: \$23,000
against approved commitment

F. INTERREGIONAL

INSTITUTE OF CHILD HEALTH,
LONDON, AND ASSOCIATED
OVERSEAS INSTITUTIONS

HEALTH SERVICES:
PAEDIATRIC TRAINING
Continuation, 1966/1967

Allocation approved: \$39,000
against approved commitment

HEALTH SERVICES:
ALL-INDIA INSTITUTE OF HYGIENE
AND PUBLIC HEALTH (FELLOWSHIPS)
Continuation, mid 1966 - mid 1969

Commitment approved: \$64,200
Allocation approved
for 1966/1967: \$25,200
Technical approval: WHO

E/ICEF/P/L.652

Under the plan of operations for the UNICEF/WHO-assisted development of the All-India Institute of Hygiene and Public Health, Calcutta as a regional training centre for MCH personnel, the Government of India undertook to provide a total of 250 tuition-free years of study for non-Indian students.

The fellowships are granted to candidates sponsored by countries in which adequate training facilities for public health nursing are not available. UNICEF has supported these courses for ten years. WHO has advised that it will be very useful to continue the interregional fellowship programme until training centres have been established in other regions, particularly in Africa where such facilities are likely to be available by 1969. UNICEF assistance will be phased in such a manner as to allow overseas students to take advantage of this training for a further period of three years: fellowships for the Certificate Course in Public Health Nursing will be offered for the academic year 1966/1967 to twelve candidates, of whom six will be from the Africa Region; for the academic year 1967/1968 to ten candidates, including six from the Africa Region; and for the academic year 1968/1969 to five candidates, including two from Africa. This will be the final UNICEF commitment for this purpose. The fellowships will continue to be administered by the Southeast Asia Regional Office of WHO in consultation with UNICEF.

HEALTH SERVICES: PAEDIATRIC
TRAINING (ANKARA)
First request for UNICEF aid,
1967-1969

Commitment approved: \$84,000
Allocation approved
for 1967: \$35,000
Technical approval: WHO

E/ICEF/P/L.758

The Government of Turkey proposes to offer three courses in the organization and administration of maternal and child health services and in relevant aspects of paediatrics for physicians from developing countries. The physicians to be trained will be nominated by their Governments from doctors experienced in child health and working in Government or Government-sponsored services. The first of the three interregional eleven-month courses in maternal and child health and paediatrics, with English as the working language, will be held at the Hacettepe Medical Centre, Ankara in 1967 for six doctors who will be expected to serve in their own countries as future leaders in MCH administration, paediatric hospital direction or teaching. The President of the Hacettepe Medical Centre will approve the final selection of candidates. The detailed programme will be worked out by the Hacettepe Medical Centre, in consultation with UNICEF and WHO. The course will comprise lectures, seminars and group discussions on organization and administration of maternal and child health services, principles of vital statistics, principles of epidemiology, with particular reference to maternal and child health, immunizations, growth and development, child feeding and nutrition, health education and relevant aspects of psychology and sociology.

PAEDIATRIC TRAINING (ANKARA) (continued)

Throughout the course, the trainees will be assigned - for about four months - to practical work, under supervision, in maternal and child health institutions and will also be made familiar with schools, orphanages, kindergartens and day-care centres. They will be given an opportunity to become acquainted with the main problems of paediatrics relevant to conditions prevailing in developing countries and will be assigned, on a rotating basis, to the main departments of the Hacettepe Children's Hospital. The fellows may also choose a subject of particular interest to them for a more detailed study. UNICEF will provide travel and subsistence costs for six participants per year, book allowances and health insurance costs and supplementary training supplies and equipment. WHO will render technical assistance to the courses as requested and mutually agreed and will also assist in the selection of candidates for the courses.

HEALTH SERVICES:
ADVANCED TRAINING IN
PAEDIATRICS (Poland)
First request for UNICEF
aid, mid 1966 - mid 1968

Commitment approved: \$69,000
Recommended allocation
for 1966/1967: \$37,000
Technical approval: WHO

E/ICEF/P/L.777

At the invitation of the Government of Poland, it is proposed to organize in Warsaw advanced courses in the organization and administration of maternal and child health services and in social obstetrics for English-speaking doctors from Africa and the Eastern Mediterranean who hold responsible posts in their respective countries. During the next two-year period, it is planned to offer two courses, each of ten weeks' duration and each with twelve participants. The first course will be held in the spring of 1967. Drawing upon the experience gained from the advanced international course in maternal and child health held in Warsaw in 1964, the training to be given in the 1967 course will be devoted to the organization and administration of MCH services. The course will comprise a two-month period of joint lectures, discussion groups and observation visits, plus two weeks to be given to a programme of individual observation of services for each participant according to his needs. In addition to subjects related to the general organization of MCH services and training in the developing countries, the programme will include discussions on socio-medical problems connected with diseases in childhood, child nutrition, health statistics, planning and evaluation of MCH services, and health education. During the second year, courses will be offered in the field of social obstetrics, including all aspects of maternal care and the training of auxiliary and midwifery personnel in developing countries. The courses will be organized by the National Institute of Mother and Child in Warsaw, in close collaboration with other institutions, the Ministry of Health and Social Welfare and the Medical Academy, Warsaw. An important place is given in the programme to practical training during field visits, including rural maternal and child health installations.

UNICEF will provide travel and subsistence for 12 participants per course, honoraria for a course director, an assistant in charge of practical training and lecturers, secretariat costs, hire of local transport for observation visits and field work and audio-visual training equipment and reference books. WHO will provide a consultant for each of the courses and lecturers, and will assist in the selection of participants and administer fellowships.

WHOLE MILK FOR
HEALTH SERVICES

Allocation approved: \$48,977

E/ICEF/P/L.738

In 1965, following a pattern established in earlier years, the Government of Switzerland again donated approximately 300 tons of dry whole milk, with packing and ancillary charges to be borne by UNICEF. This milk has been distributed as part of UNICEF assistance to country health services projects. The allocation approved will cover the cost of packing and ancillary charges for the milk donated. The apportionment to health services projects of funds from the proposed allocation will be made as shown in the recommendation paper, reflecting whole milk shipments made to 26 countries in 1965.

ADVANCE TRAINING IN NUTRITION
AND FOOD SCIENCE (LONDON/IBADAN)
Continuation, 1966/1967

Allocation approved: \$58,000
against approved commitment

ADVANCE TRAINING IN APPLIED
NUTRITION AND FOOD ECONOMICS
(FRANCE/SENEGAL)
Continuation 1966/1967

Allocation approved: \$52,000
against approved commitment

PROTEIN-RICH FOODS:
RESEARCH, DEVELOPMENT
AND TESTING
Continuation,
mid 1966 - mid 1968

Commitment approved: \$350,000
Allocation approved
for 1966/1967: \$150,000

E/ICEF/P/L.759 and Corr.1

This is a proposal for the continuation of a programme for the development, testing and field evaluation of protein-rich foods and other supplements for infant and child feeding. The activities include the provision of fellowships in food technology and nutrition science for individuals associated with national endeavours to develop and use new protein foods; the provision of pilot plant and laboratory equipment and supplies to national institutions for product and recipe development and testing; contracts for technical services for test-processing and for equipment design and evaluation in order to develop improved techniques for production and quality control of various protein concentrates and related food mixtures suitable for use by infants; support for acceptability testing and promotion of products; and contributions to technical conferences and publications related to the programme.

The scope and direction during the next two years of this programme are intimately linked with what has been accomplished in the past. Continued support for the fellowship programme will be needed. Additional assistance for laboratory and pilot plant equipment in certain countries will form a small but important contribution to the initiation of essential studies prior to the development of commercial-scale operations. In order to exploit more quickly the new processes related to the use of oilseed concentrates as well as other protein-rich materials, it is intended to use the development laboratory facilities of large commercial groups in the developed as well as the developing countries and, where appropriate, in the government-sponsored institutions and laboratories in those countries. This work will be done on a contract basis and it is expected that the fees will be nominal. It will enable UNICEF to make available reasonable quantities of new foods for acceptability

PROTEIN-RICH FOODS (continued)

and market testing in developing countries. It is anticipated that a major portion of the new budget will be devoted to these activities.

PLANNING FOR CHILDREN AND YOUTH
(ASIAN INSTITUTE FOR ECONOMIC
DEVELOPMENT AND PLANNING)
Continuation, 1967

Allocation approved: \$32,500

E/ICEF/P/L.671/Rev.1

In January 1964 and again in June 1965, the Board approved assistance to promote training and study in the field of social development and planning at the Asian Institute for Economic Development and Planning. UNICEF funds have covered the salary and travel expenses of a faculty member for 1965 and 1966 as well as teaching supplies and equipment, and the costs of two visiting lecturers and two fellowships. The faculty member is responsible for organizing and co-ordinating teaching and research in the field of social planning, with special emphasis on children and youth, and assisted in the preparation for the Asian Conference on Children and Youth in National Planning and Development. The present recommendation makes provision for the salary and travel expenses of the faculty member for the third year, for a visiting professor to spend four or five weeks teaching at the Institute and for a fellowship to be awarded in 1967 to a person engaged at a senior level in planning for the younger generation within the context of national planning and development.

PLANNING FOR CHILDREN
AND YOUTH (TRAINING AND
ORIENTATION OF PLANNERS)
Continuation, mid 1966 -
mid 1967

Allocation approved: \$52,000

E/ICEF/P/L.727

A regular training programme covering the problems of children and youth in the framework of economic and social development planning, is being established at the Institut d'Etudes du Developpement Economique et Social. (IEDES). In the first year of the second cycle (general education at the level of the third and fourth years of higher studies), the courses in quantitative social analysis will be strengthened, while in the second year, students will be introduced to biology and medical ecology; social welfare; adaptation of young people to their social environment; development of specific aspects of health, nutrition, problems of food economics and problems of education, orientation and vocational training leading to employment. During the third cycle, which includes one or two years of seminars and practical work, a specialized seminar will be introduced on the place and the role of children and youth in development. The new courses will be added to the second cycle in 1966/1967 to ensure adequate preparation for the new third cycle curriculum when it is introduced in 1967/1968.

Moreover, it is planned in 1966/1967 to grant eight twelve-month fellowships to African students. Training will include nine months of study at IEDES and three months of practical field training in Africa. The services of a consultant will be retained in order to supervise the work of the students and to work out the new curriculum in detail. In addition, the consultant will keep in touch with the various French and English-speaking institutes doing research on the problems of children and youth, and will establish regular relations with the regional planning institutes of the United Nations. UNICEF will provide honoraria, travel expenses for a consultant, eight twelve-month fellowships for African students and secretariat expenses.

COUNTRY PLANNING AND
PROJECT PREPARATION
Continuation, mid 1966 -
mid 1967

Allocation approved: \$500,000

E/ICEF/P/L.794

A fund was established by the Board in 1962 for use in helping countries with surveys and planning to meet the needs of children and to provide support in the preparation of new projects or for planning major extensions of existing ones. The establishment of a consolidated inter-regional fund was decided upon because countries were approaching national planning for children, as well as the preparation of individual projects in a variety of ways, calling for flexibility in providing support to different situations.

- a) Project preparation: Most of the assistance provided from this fund has been for surveys and studies with the objective of preparing plans of action for individual country projects in all categories and regions. There is a continuing and increasing need for this form of support.
- b) Country planning: This aspect of assistance has grown in importance in the past year, and there is every indication that more governments will turn to UNICEF for assistance in this area. During the coming year, it is foreseen that additional Governments will seek support from UNICEF to finance consultant services needed to strengthen existing planning groups. There is also a need to obtain more accurate basic statistical data in countries undertaking studies of children's problems and preparing development plans. In order to supplement assistance that could be made available from regular United Nations resources, some support from this fund may in the next period be required to take account of children and youth in national development, and to provide expert services to help countries test out and apply such methods.

INTERNATIONAL CHILDREN'S
CENTRE (PARIS)
Continuation, 1967

Allocation approved: \$425,000
Technical approval: WHO

E/ICEF/P/L.650 and Amend.1
and Corr.1

At its June 1965 session the Executive Board gave its approval in principle for the continuation of UNICEF assistance to the International Children's Centre for the five-year period 1967-1971 and approved a commitment of \$2,350,000 for that period. The proposed programme and budget of the Centre for 1967 call for a total of Fr.4,386,000, of which Fr.221,000 will be covered by miscellaneous income, including funds from the sale of publications. The balance of the budget equivalent to US\$850,000 will be shared in equal parts by the French Government and UNICEF. The 1966 programme is being implemented in accordance with the plans presented to the Executive Board at its June 1965 session (E/ICEF/P/L.554). As detailed in the Addendum to the recommendation, the plan for 1967 includes nine training courses and seven seminars and working group sessions to be held in Africa, Europe, Central and South America and Asia. The estimated cost of training activities represents 48.4 per cent of the 1967 budget while research activities represent 18.7 per cent of the total.

SEMINAR ON THE PRE-SCHOOL
CHILD (USSR)
First request for UNICEF aid, 1966

Allocation approved: \$44,000
Technical approval: United Nations
Department of Economic and Social
Affairs, FAO, UNESCO, WHO.

E/ICEF/P/L.713

An advanced international seminar on the health, nutrition and rearing of the pre-school child will be held in the Union of Soviet Socialist Republics, principally at Tashkent, Uzbek Soviet Socialist Republic, in October 1966 for a period of three weeks. The participants in the seminar will be twenty-three senior administrators of maternal and child health services and welfare services for pre-school children; nutritionists concerned with child nutrition; and others of disciplines related to the welfare of the pre-school child. The participants will be invited from developing countries in Africa, Asia and the Eastern Mediterranean. The discussions will be conducted in English. The Government of the USSR, represented by the Alliance of Red Cross and Red Crescent Societies in the USSR, will be host to the seminar and will be responsible for all technical and administrative arrangements, which will be planned in collaboration with UNICEF.

The detailed programme for the seminar has been worked out in co-operation with the Ministry of Public Health of the USSR and the Academies of Sciences together with their associated institutes. The seminar group will visit a variety of characteristic centres demonstrating developments in the subject fields and will review and compare experiences with their Soviet colleagues. The aim will be to provide a well-balanced programme of lectures, group discussions and field demonstrations (both rural and urban) covering health organization for mothers and young children; nutrition, development of rural and urban kindergartens; educational problems of the pre-school child; planning for pre-school children in new industrial urban areas and training of staff for pre-school child services. The participants in the seminar will assemble early in October 1966 in Tashkent, where for two weeks they will study the development of pre-school services for children in the Uzbek Soviet Socialist Republic. En route to Moscow, the group will visit either the Georgian or the Azerbaijan Soviet Socialist Republic. The seminar will be concluded in Moscow with visits to several of the major research institutions. In consultation with the agencies concerned, UNICEF will invite two foreign lecturers, one in child health and one in child welfare, to participate in the seminar and to assist in the training programme. UNICEF will provide travel and subsistence costs for participants, honoraria and travel costs for two foreign lecturers, cost of interpretation services, honoraria for seven USSR lecturers, transport and the cost of preparation and translation of documents.

FINANCING INTERNATIONAL
PERSONNEL FOR PROJECTS
ASSISTED JOINTLY BY UNICEF
AND INTERNATIONAL
TECHNICAL AGENCIES

Allocation approved: \$900,000

L/ICEF/P/L.792

The proposal concerns the requirements for project personnel of the ILO, FAO and UNESCO, and fellowships administered by these agencies, for country projects which also receive regular programme assistance from UNICEF and for which sufficient funds from the Expanded Programme of Technical Assistance or other sources are not available. The costs of such international project personnel and fellowships requiring reimbursement by UNICEF up to the end of 1967 would normally have been included in recommendations related to specific allocations for individual projects at this session of the Board. However, because of the early date of the present Board session, it was not possible to determine the requirements accurately before the session. As in previous years, the need for this type of support from UNICEF arises from the expectation that the number of experts and fellowships

FINANCING INTERNATIONAL PERSONNEL (continued)

considered essential for jointly assisted projects will be higher than can be financed from the Expanded Programme of Technical Assistance. This depends upon the formulation by the Governments of their forthcoming requests to the United Nations Development Programme for the 1967-1968 biennium.

The Board agreed to set aside \$900,000 in the form of an allocation, and authorized the Executive Director to determine, following a careful review of the requests that may be received, the individual expert posts and fellowships for which UNICEF reimbursement can be provided. In determining the posts and fellowships for which reimbursement can be approved, the estimated costs will be apportioned as allocations to the respective countries and projects. A report on the outcome of the review will be submitted to the Board at its 1967 session.

OVER EXPENDITURES ON
APPROVED PROJECTS

Allocation approved: \$71,088

E/ICEF/P/L.737

In the course of fulfilment of ten country projects and two interregional projects previously approved by the Board, over-expenditures were incurred totalling \$71,088.

ANNEX III

COMMITMENTS AND ALLOCATIONS APPROVED BY THE
EXECUTIVE BOARD IN MAY 1966

Table 1

Allocations approved by the Executive Board in May 1966 and
reductions of outstanding obligations through savings or
cancellations of allocated funds

(in US dollars)

	Action taken by Board		
	Allocations approved	Redistribution of global allocations a/	Allocations returned b/
I. Africa	5,515,406	705,352	32,883
II. East Asia and Pakistan	5,033,490	589,196	644,903
III. South Central Asia	5,114,785	706,103	75,096
IV. Eastern Mediterranean	2,475,874	378,645	40,359
V. Europe	346,220	75,139	30,040
VI. The Americas	5,010,000	674,719	1,535,845
VII. Assistance benefiting more than one region	<u>4,362,490</u>	<u>(3,129,154)</u>	<u>126,859</u>
Total (I - VII)	27,858,265		2,485,985
VIII. Other Assistance:			
Operational services	5,580,925		(118,304
IX. Administration	<u>3,085,475</u>		<u>118,304</u>
Total (VIII - IX)	8,666,400		118,304
Grand Total	<u><u>36,524,665</u></u>		<u><u>2,604,289</u></u>

a/ For international project personnel and fellowships on jointly-assisted projects and freight as per documents E/ICEF/P/L.789 and E/ICEF/P/L.736.

b/ Consists of reductions of outstanding obligations through savings or cancellations of allocated funds (see E/ICEF/P/L.737):

Unspent balances from previously approved country allocations	\$ 2,485,985
Operational services and administrative costs for 1965	\$ 118,304
	<u>\$ 2,604,289</u>

Table 1 (continued)

	Action taken by Board		
	Allocations approved	Redistribution of global allocations	Allocations returned
I. AFRICA			
Regional:			
Algeria	403,000	19,468	-
Rasutoland	-	24,220	-
Burundi	839	3,168	-
Cameroon	32,000	1,381	-
Central African Republic	51,000	2,861	-
Chad	130,500	3,655	-
Comoro Islands	-	467	893
Congo (Brazzaville)	122,000	2,767	-
Congo (Democratic Republic of)	-	1,364	-
Dahomey	-	7,562	-
Ethiopia	411,284	72,930	3,856
Gabon	21,500	9,313	-
Gambia	25,000	1,859	-
Ghana	118,000	2,727	-
Guinea	178,000	6,655	-
Ivory Coast	140,000	24,919	-
Kenya	551,000	85,053	-
Liberia	-	1,498	-
Madagascar	209,000	53,043	-
Malawi	37,148	27,358	-
Mali	226,000	13,365	-
Mauritania	83,407	8,031	-
Mauritius	742	17,831	-
Morocco	268,000	60,889	-
Niger	200,000	13,794	-
Nigeria	798,000	21,996	-
Rwanda	41,742	8,761	-
St Helena	-	1,034	160
Senegal	238,000	22,112	-
Seychelles	-	5,436	-
Sierra Leone	195,000	8,282	-
Somalia	74,558	15,142	2,923
Swaziland	5,900	8,582	-
Tanzania, United Republic of	350,347	50,952	-
Togo	20,335	3,107	-
Tunisia	189,604	20,225	25,051
Uganda	183,000	20,173	-
Upper Volta	-	25,267	-
Zambia	17,000	3,437	-

Table 1 (continued)

	Action taken by Board		
	Allocations approved	Redistribution of global allocations	Allocations returned
AFRICA (continued)			
Regional:			
Emergency drugs for cerebrospinal meningitis		709	-
Health services training			
West Africa	26,000	-	-
Jointly-assisted project personnel	-	22,440	-
Paediatric training (Makerere)	43,000	187	-
Post-basic nursing (Ibadan)	40,000	-	-
Public Health Seminar (Dakar)	20,000	-	-
Rural Extension Training (East Africa)	11,000	646	-
Social Welfare and Community Development training (Makerere)	53,500	-	-
Training in nutrition, agriculture and home economics	-	686	-
Total	5,515,406	705,352	32,883
II. EAST ASIA AND PAKISTAN			
Burma	394,474	66,186	-
Cambodia	302,479	5,360	13,313
China	549,721	92,199	66,532
Hong Kong	31,000	3,743	-
Indonesia	-	16,643	-
Laos	71,085	3,033	-
Malaysia	76,000	40,432	31,366
Pakistan	1,597,951	124,995	509,414
Papua and New Guinea, Terr. of	176,000	-	-
Philippines	525,992	59,379	-
Republic of Korea	395,000	11,138	-
Republic of Viet-Nam	211,644	58,321	-
Singapore	19,000	11,347	1,694
Thailand	608,144	90,201	-
Tonga	-	1,526	3,304
Western Samoa	-	891	19,280
Regional:			
Pacific Island countries and territories	75,000	3,802	-
Total	5,033,490	589,196	644,903

Table 1 (continued)

	Action taken by Board		
	Allocations approved	Redistribution of global allocations	Allocations returned
III. SOUTH CENTRAL ASIA			
Afghanistan	423,785	61,451	-
Ceylon	258,000	9,229	96
India	4,268,000	634,451	75,000
Mongolia	109,000	-	-
Nepal	56,000	972	-
Total	5,114,785	706,103	75,096
IV. EASTERN MEDITERRANEAN			
Aden and Prot. of South Arabia	59,335	7,285	-
Cyprus	447	2,168	8,500
Iran	869,000	182,712	-
Iraq	431,841	65,281	2,588
Israel	-	-	7,388
Jordan	118,601	28,289	15,853
Lebanon	15,000	892	-
Libya	112,893	10,952	6,030
Saudi Arabia	12,000	678	-
Sudan	60,412	9,158	-
Syria	9,018	5,362	-
Turkey	332,000	46,947	-
United Arab Republic	405,000	16,177	-
Yemen	50,327	2,744	-
Total	2,475,874	378,645	40,359
V. EUROPE			
Bulgaria	175,000	-	-
Greece	-	13,278	21,138
Malta	-	901	-
Poland	43,990	23,765	3,637
Spain	-	26,876	-
Yugoslavia	127,230	10,319	5,265
Total	346,220	75,139	30,040

Table 1 (continued)

	Action taken by Board		
	Allocations approved	Redistribution of global allocations	Allocations returned
VI. THE AMERICAS			
Argentina	69,500	13,600	13,584
Bolivia	10,000	19,655	958
Brazil	401,000	20,784	1,260,232
British Caribbean Territories:			
Antigua	24,000	3,277	-
Barbados	-	568	-
Dominica	-	4,640	-
Grenada	16,000	4,566	-
Montserrat	12,000	3,706	-
St Kitts	-	7,289	-
St Lucia	-	8,172	-
St Vincent	27,000	3,490	-
Turks and Caicos Islands	-	1,143	-
British Honduras	-	1,630	-
Chile	86,000	11,485	177,771
Colombia	631,000	65,863	-
Costa Rica	104,000	23,137	-
Cuba	47,000	13,947	59
Dominican Republic	-	8,531	45,000
Ecuador	474,000	32,311	-
El Salvador	225,000	25,166	-
Guatemala	460,000	17,103	-
Guyana	1,500	2,903	-
Haiti	50,000	27,713	32,211
Honduras	72,000	12,623	-
Jamaica	107,000	406	816
Mexico	1,416,000	130,331	-
Nicaragua	-	17,123	-
Panama	218,000	24,871	-
Paraguay	87,000	25,996	-
Peru	204,000	66,007	-
Surinam	9,000	25,540	-
Trinidad and Tobago	-	18,484	4,552
Uruguay	-	2,512	-
Venezuela	205,000	3,103	-

Table 1 (continued)

	Action taken by Board		
	Allocations approved	Redistribution of global allocations	Allocations returned
THE AMERICAS (continued)			
Regional:			
Health Services Training (West Indies and Caribbean) Jointly-assisted Project	-	201	-
Personnel	-	25,066	-
Latin American Conference on children and youth in National Development	-	15	-
Nutrition Manual	-	489	-
Nutrition Training: INCAP	-	747	-
Nutrition Training: Puerto Rico	-	-	177
Social Paediatric Training	31,000	-	-
Social Services Training (University of West Indies Jamaica)	23,000	461	-
Social Welfare Seminars (Central America and Panama)	-	65	485
Total	5,010,000	674,719	1,535,845

**VII. ASSISTANCE BENEFITING MORE
THAN ONE REGION**

Asian Institute for Economic Development and Planning	32,500	-	-
All-India Institute of Hygiene and Public Health (Fellowships)	25,200	-	-
Country Planning and Project Preparation	500,000	-	-
Development, testing, processing and field evaluation of protein-rich foods	150,000	-	-
International Children's Centre (Paris)	425,000	-	-
Advance training in nutrition and food economics (France/Senegal)	52,000	-	-

Table 1 (concluded)

	Action taken by Board		
	Allocations approved	Redistribution of global allocations	Allocations returned
ASSISTANCE BENEFITING			
MORE THAN ONE REGION (continued)			
Advance training in nutrition and food science (University of London and Ibadan, Nigeria)	58,000	-	-
Paediatric training (Ankara)	35,000	-	-
Advance training in Paediatrics (Poland)	37,000	-	-
Paediatric training (U.K.)	39,000	-	-
Planning for children in National Development (U.N. Research Institute, Geneva)	6,970	-	-
Planning for children in National development seminar (Lake Como)	5,820	-	-
Seminar on pre-school child (USSR)	44,000	-	-
Training and orientation of planners (ICC/IEDES, Paris)	52,000	-	-
Global allocations:			
Freight on dried milk	1,000,000	(944,377)	-
Freight on supplies	1,000,000	(1,650,636)	-
Reimbursement of jointly-assisted Project Personnel and Fellowships	<u>900,000</u>	<u>(534,141)</u>	<u>126,859</u>
Total	4,362,490	(3,129,154)	126,859

Table 2

Commitments approved by the Executive Board in May 1966
by country and by type of programme
(in US dollars)

	HEALTH SERVICES			DISEASE CONTROL			NUTRITION			FAMILY & CHILD WELFARE			VOCATIONAL TRAINING SERVICES			GRAND TOTAL			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		(16)	(17)	(18)
I. AFRICA																			
Algeria	105,000									118,000		118,000		180,000					403,000
Burundi	839																		839
Cameroon	119,000*																		119,000
Central African Republic	30,000				12,500		12,500	17,000				17,000		51,000					51,000
Chad	62,200*				7,000		7,000							41,000					130,500
Congo (Brazzaville)	120,200*																		69,000
Ethiopia																			180,200
Gabon					4,500		4,500												21,500
Gambia														17,000					22,000
Guinea	286,000*													25,000					313,000
Ivory Coast	125,000*							65,000*				65,000							213,000
Kenya	260,000												56,000						316,000
Madagascar	59,000																		59,000
Malawi																			118
Mali																			125,000
Mauritania	107																		107
Mauritius	712																		712
Mexico	190,000																		268,000
Niger																			235,000
Nigeria						13,000	13,000					13,000		174,000*					319,000
Rwanda	712																		712
Senegal	190,000*																		235,000
Sierra Leone	119,000*													100,000*					219,000
Somalia	558													40,000					189,000
Swaziland																			712
Tanzania, United Republic of	119,317																		413,000
Togo	67,600*																		189,000
Tunisia																			5,250
Uganda	171,000*																		277,317
Regional:																			301,600
Health services training - West Africa		63,000																	63,000
Pediatric training (Makerere)	108,000*																		108,000
Public health seminar (Dakar)	20,000																		20,000
Area Total	2,210,858	63,000		24,000	43,000	130,000	355,900	360,000	118,000		833,900	633,118	1,15,000	90,000	68,000				4,410,906

Table 2 (continued)

	HEALTH SERVICES/				DISEASE CONTROL				NUTRITION				FAMILY & COMMUNITY WELFARE/			VOCATIONAL TRAINING SERVICES		OTHER ^{e/}	GRAND TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)		
II. EAST ASIA AND PAKISTAN																			
Burma	212,174	-	-	-	-	-	32,000	-	-	-	-	-	19,000	-	-	-	-	261,174	
Cambodia	91,179	-	32,000	-	-	32,000	-	-	-	-	-	-	-	95,000*	-	-	-	218,179	
China	113,721*	-	22,000	-	-	170,000	-	-	50,000	-	-	-	30,000	-	-	-	-	663,721	
Hong Kong	-	-	-	-	-	-	-	-	-	-	-	-	26,200	-	-	-	-	26,200	
Malaysia	71,085	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	71,085	
Pakistan	27,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,000	
Papua & New Guinea, Territories of	2,314,951*	-	636,000*	-	-	636,000	-	-	-	-	-	-	31,000	275,000*	-	-	-	2,978,951	
Philippines	394,992	-	-	-	-	12,000	-	-	-	-	-	-	80,000	-	-	-	-	515,992	
Republic of Korea	150,000	-	-	-	12,000	-	80,000*	-	-	-	-	-	83,000*	-	-	-	-	315,000	
Republic of Viet-Nam	166,644	-	221,000	-	-	221,000	-	-	-	-	-	-	151,000	-	-	-	-	538,644	
Thailand	34,144*	-	-	10,000	-	-	-	-	-	-	-	-	157,000	-	-	-	-	191,144	
Regional: Pacific Island Countries and Territories	75,000	-	-	-	-	-	-	-	-	30,000	30,000	-	-	-	-	-	-	104,444	
Area Total	3,948,490	-	911,000	10,000	12,000	148,000	1,111,000	80,000	50,000	30,000	160,000	289,200	370,000	-	-	-	-	5,878,690	
III. SOUTH CENTRAL ASIA																			
Afghanistan	114,785*	365,000	-	-	-	365,000	-	-	-	-	-	-	11,000	287,000*	-	-	-	1,79,785	
Bangladesh	1,949,000	-	728,000	107,000	111,000	946,000	1,170,000*	300,000	-	1,170,000	-	-	-	-	-	-	-	4,369,000	
India	109,000	-	-	-	-	-	-	-	-	-	-	-	-	56,000	-	-	-	165,000	
Mongolia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Nepal	2,172,785	365,000	728,000	107,000	111,000	1,311,000	1,170,000	300,000	-	1,170,000	300,000	343,000	-	-	-	-	-	5,314,785	
Area Total	5,446,570	730,000	1,456,000	214,000	222,000	2,372,000	2,340,000*	600,000	-	2,340,000	600,000	689,000	-	-	-	-	-	10,747,570	
IV. EASTERN MEDITERRANEAN																			
Aden and Prot. of South Arabia	34,335	-	-	-	-	-	-	-	-	-	-	-	-	25,000	-	-	-	59,335	
Cyprus	447	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	447	
Iran	183,305	812,000	-	-	-	812,000	13,000	-	-	-	-	-	21,000	-	-	-	-	869,000	
Jordan	2,601	248,000	-	536	-	248,536	-	-	-	-	13,000	-	-	-	-	-	-	331,801	
Libya	2,601	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,601	
Saudi Arabia	2,893	-	-	-	-	-	-	-	-	-	-	-	-	112,000	-	-	-	112,893	
Sudan	1,412	-	-	-	-	-	-	-	-	-	-	-	12,000	-	-	-	-	12,000	
Turkey	368	-	-	-	-	-	-	8,650	-	-	-	-	-	59,000	-	-	-	60,112	
Syria	160,000	153,000	-	-	-	153,000	-	-	-	-	-	-	19,000	-	-	-	-	332,000	
United Arab Republic	100,000	-	-	-	-	-	-	-	-	-	8,650	-	91,000	113,000	-	99,000	-	405,000	
Yemen	20,257	-	-	-	-	-	-	-	-	-	-	-	30,000	-	-	-	-	50,257	
Area Total	503,688	1,233,000	-	536	-	1,233,536	13,000	8,650	-	21,650	118,000	339,000	-	-	-	-	-	2,344,874	

Table 2 (continued)

	HEALTH SERVICES ^{b/}			DISEASE CONTROL			NUTRITION			FAMILY & CHILD WELFARE ^{d/}	EDUCATION	VOCATIONAL TRAINING SERVICES	INTER-GRATED SERVICES	OTHER ^{e/}	GRAND TOTAL			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)							(10)	(11)	(12)
V. EUROPE																		
Bulgaria	-	-	-	-	-	-	-	210,000*	-	-	210,000	-	-	-	-	-	-	210,000
Poland	-	-	-	-	-	-	-	8,990	-	-	8,990	-	-	-	-	-	-	8,990
Yugoslavia	6,230	-	-	-	-	-	-	26,000	-	-	26,000	-	-	-	-	-	-	26,000
Area Total	6,230	-	-	-	-	-	-	218,990	26,000	-	244,990	-	-	-	-	-	-	346,220
VI. THE AMERICAS																		
Argentina	69,500	-	-	-	-	-	-	-	-	-	69,500	-	-	-	-	-	-	69,500
Bolivia	10,000	-	-	-	-	-	-	-	-	-	10,000	-	-	-	-	-	-	10,000
Brazil	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
British Caribbean Territories:																		
Antigua	24,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24,000
Bonaire	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curaçao	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Guyana	27,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,000
St. Vincent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chile	50,000	371,000	-	-	-	86,000	-	-	-	-	371,000	-	-	-	-	-	-	629,000
Colombia	55,000	55,000	-	-	-	-	-	-	-	-	55,000	-	-	-	-	-	-	104,000
Costa Rica	27,000	342,000	-	-	-	-	-	-	-	-	342,000	-	-	-	-	-	-	47,000
Cuba	15,000	395,000	-	-	-	-	-	-	-	-	395,000	-	-	-	-	-	-	407,000
Ecuador	41,000*	395,000	-	-	-	-	-	-	-	-	395,000	-	-	-	-	-	-	436,000
El Salvador	-	225,000	-	-	-	-	-	-	-	-	225,000	-	-	-	-	-	-	225,000
Guatemala	-	50,500	-	-	-	-	-	-	-	-	50,500	-	-	-	-	-	-	50,500
Haiti	-	39,000	-	-	-	-	-	-	-	-	39,000	-	-	-	-	-	-	39,000
Honduras	12,000*	39,000	-	-	-	-	-	-	-	-	39,000	-	-	-	-	-	-	51,000*
Mexico	100,000	1,300,000	-	-	-	-	-	-	-	-	1,300,000	-	-	-	-	-	-	1,401,000
Nicaragua	-	218,000	-	-	-	-	-	-	-	-	218,000	-	-	-	-	-	-	218,000
Panama	87,000	107,000	-	-	-	-	-	-	-	-	107,000	-	-	-	-	-	-	194,000
Paraguay	132,000*	9,000	-	-	-	-	-	-	-	-	9,000	-	-	-	-	-	-	141,000*
Peru	-	107,000	-	-	-	-	-	-	-	-	107,000	-	-	-	-	-	-	107,000
Surinam	-	9,000	-	-	-	-	-	-	-	-	9,000	-	-	-	-	-	-	9,000
Area Total	587,000	3,192,000	-	-	-	86,000	3,278,000	213,000	-	-	213,000	66,000	1,155,000	49,000	-	-	-	5,348,000

Table 2 (concluded)

	HEALTH SERVICES ^{b/}			DISEASE CONTROL			NUTRITION			FAMILY & CHILD WELFARE ^{c/} EDUCATION TRAINING SERVICES			OTHER ^{d/}	GRAND TOTAL							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)			(13)	(14)	(15)	(16)	(17)	(18)	
																					Malaria eradication
VII. ASSISTANCE BENEFITING MORE THAN ONE REGION																					
Asian Institute for Economic Development and Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32,500	32,500	
All India Institute of Hygiene and Public Health (Bombay)	64,200*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	64,200	
Country Planning and Project Preparation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	500,000	
Development, testing, processing and field evaluation of protein-rich foods	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	350,000	
Pediatric Training (ankara)	84,000*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	84,000	
Advance Training in Pediatrics (Poland)	69,000*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	69,000	
Planning for Children in National Development (UN Research Institute, Geneva)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,970	
Planning for Children in National Development (Serbia)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,820	
Summer School for Children (USSR)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	44,000	
Training and orientation of Planners (ICG/IEGES, Paris)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	52,000	
Global Allocations: Reimbursement of Jointly-assisted Project Personnel and Fellowships	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	600,000	
Inter-Regional Total	217,200	-	-	-	-	-	-	560,000	140,000	-	-	600,000	-	300,000	-	-	-	-	-	900,000	
TOTAL	9,676,251	4,853,000	1,639,000	147,536	147,000	277,000	7,063,536	2,395,900	977,640	544,000	30,000	3,897,540	1,150,348	2,952,000	174,000	227,000	641,290	25,781,965	3,000,000	28,781,965	
VIII. GRAND TOTAL FOR PROGRAMME AID																					
Supplementary 1966 operational services and administrative costs																				804,000	804,000
Operational services for 1967																				5,413,050	5,413,050
Administrative costs for 1967																				3,095,750	3,095,750
																					38,094,765

a/ Allocations equal to the amount of the commitment were approved in all cases except where the commitment amount is marked with an asterisk (*). In these cases allocations were approved for part of the commitment, the balance remaining for future allocations (see table b.).

b/ Includes environmental sanitation, \$257,000; handicapped children, \$9,000; vaccine production, \$71,992; and immunisation, \$3,300.

c/ Includes measles vaccination, \$86,000; poliomyelitis, \$118,000; and yaws control, \$13,000.

d/ Includes social services, \$599,200; mothercraft, \$204,116; and community development, \$350,000.

e/ Includes activities for children and youth in national development, \$97,290; country planning and project preparation, \$500,000; and seminar on the pre-school child (USSR), \$44,000.

Table 3

Allocations approved by the Executive Board in May 1966
by country and by type of programme
(in US dollars)

	HEALTH SERVICES ^{b/}				DISEASE CONTROL				NUTRITION			FAMILY & CHILD WELFARE ^{d/}	EDUCATION	VOCATIONAL TRAINING SERVICES	OTHER ^{e/}	GRAND TOTAL			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)						(12)	(13)	(14)
	Malaria eradication	Trachoma control	Leprosy control	Other ^{c/}	Sub-Total	Applied nutrition	Milk consumption	High-protein food development	Other nutrition	Sub-Total									
I. AFRICA																			
Algeria	105,000	-	-	-	-	-	-	118,000	-	118,000	-	-	180,000	-	-	-	-	-	
Burundi	32,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cameroon	30,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Central African Republic	43,000	-	-	-	-	12,500	-	-	-	12,500	-	-	51,000	-	-	-	-	-	
Chad	120,284	-	-	-	-	7,000	-	-	-	7,000	-	-	172,000	-	-	-	-	-	
Congo (Brazzaville)	-	-	-	-	-	-	97,000	-	-	97,000	-	-	64,000	-	-	-	-	-	
Ethiopia	-	-	-	-	-	-	-	-	-	-	-	-	17,000	-	-	-	-	-	
Gabon	-	-	-	-	-	-	-	-	-	-	-	-	25,000	-	-	-	-	-	
Gambia	-	-	-	-	-	-	-	-	-	-	-	-	110,000	-	-	-	-	-	
Ghana	178,000	-	-	-	-	-	-	-	-	-	-	-	178,000	-	-	-	-	-	
Guinea	43,000	-	-	-	-	-	-	-	-	-	-	-	43,000	-	-	-	-	-	
Ivory Coast	280,000	-	-	-	-	-	158,000	-	-	158,000	-	-	58,000	-	-	-	-	-	
Kenya	37,000	-	-	-	-	-	-	-	-	-	-	-	37,000	-	-	-	-	-	
Madagascar	66,000	-	-	-	-	-	-	-	-	-	-	-	66,000	-	-	-	-	-	
Mali	107,000	-	-	-	-	-	60,000	-	-	60,000	-	-	118	-	-	-	-	-	
Mauritania	742	-	-	-	-	-	-	-	-	-	-	-	100,000	-	-	-	-	-	
Mauritius	194,000	-	-	-	-	-	-	-	-	-	-	-	83,000	-	-	-	-	-	
Morocco	76,000	-	-	-	-	-	-	-	-	-	-	-	29,000	-	-	-	-	-	
Niger	30,000	-	-	-	-	-	50,000	-	-	50,000	-	-	15,000	-	-	-	-	-	
Nigeria	41,742	-	-	-	-	33,000	74,000	-	-	107,000	-	-	142,000	-	-	-	-	-	
Rwanda	187,000	-	-	-	-	-	135,000	-	-	135,000	-	-	142,000	-	-	-	-	-	
Senegal	89,000	-	-	-	-	-	65,000	-	-	65,000	-	-	44,000	-	-	-	-	-	
Sierra Leone	558	-	-	-	-	-	-	-	-	-	-	-	40,000	-	-	-	-	-	
Sudan	558	-	-	-	-	-	-	-	-	-	-	-	74,558	-	-	-	-	-	
Swaziland	-	-	-	-	-	-	-	-	-	-	-	-	5,900	-	-	-	-	-	
Tanzania, United Republic of	119,347	63,000	-	-	-	63,000	32,000	-	-	95,000	-	-	126,000	-	-	-	-	-	
Togo	20,335	-	-	-	-	-	20,335	-	-	20,335	-	-	32,000	-	-	-	-	-	
Tunisia	2,604	-	-	-	-	-	-	-	-	-	-	-	10,000	-	-	-	-	-	
Uganda	120,000	-	-	-	-	-	-	-	-	-	-	-	76,000	-	-	-	-	-	
Zambia	17,000	-	-	-	-	-	-	-	-	-	-	-	23,000	-	-	-	-	-	
Regional:																			
Health services training -																			
West Africa	66,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Paediatric training (Makereve)	15,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Public health training (Ibadan)	40,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Public health seminar (Dakar)	20,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Rural extension training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(East Africa)	-	-	-	-	-	-	11,000	-	-	11,000	-	-	-	-	-	-	-	-	
Social services and community development training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(Makereve)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Area Total	1,961,858	63,000	-	57,000	43,000	163,000	475,900	437,000	118,000	1,030,900	-	53,500	726,448	1,565,000	-	68,000	-	53,500	
																			5,515,406

Table 3 (continued)

	HEALTH SERVICES/			DISEASE CONTROL				NUTRITION				FAMILY & CHILD WELFARE/	VOCATIONAL EDUCATION TRAINING SERVICES	OTHER/	GRAND TOTAL			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)					(12)	(13)	(14)
	Malaria eradication	Typhoid control	Trachoma control	Leprosy control	Others/	Sub-total	Applied nutrition	Milk con- servation	High- protein food develop- ment	Other nutri- tion	Sub-Total							
II. EAST ASIA AND PAKISTAN																		
Burma	212,474	-	24,000	-	45,000	69,000	-	-	-	-	-	49,000	64,000	-	-	-	-	391,474
Cambodia	91,479	-	32,000	-	-	32,000	-	-	-	-	-	-	172,000	-	-	-	-	569,479
China	180,721	-	82,000	-	101,000	183,000	-	-	50,000	-	50,000	30,000	172,000	-	-	-	-	582,721
Hong Kong	-	-	-	-	-	-	-	-	-	-	-	31,000	169,000	-	-	-	-	51,000
Laos	71,085	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	71,085
Malaysia	57,000	-	252,000	-	-	19,000	-	-	-	-	-	31,000	133,000	-	-	-	-	176,000
Pakistan	1,181,951	-	-	-	-	252,000	-	-	-	-	-	-	-	-	-	-	-	1,597,951
Papua & New Guinea, Terr. of	394,992	-	54,000	12,000	-	66,000	40,000	-	-	-	40,000	25,000	176,000	-	-	-	-	595,992
Philippines	150,000	-	221,000	-	-	221,000	-	-	-	-	-	15,000	-	-	-	-	-	395,000
Republic of Korea	166,644	-	-	-	-	-	-	-	-	-	-	15,000	-	-	-	-	-	211,644
Singapore	19,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19,000
Thailand	194,144	-	98,000	40,000	16,000	156,000	-	-	-	30,000	30,000	-	228,000	-	-	-	-	608,144
Regional: Pacific Island Countries and Territories	75,000	-	-	-	-	-	-	-	50,000	30,000	-	-	86,000	-	-	-	-	75,000
Area Total	2,794,490	39,000	763,000	40,000	101,000	998,000	40,000	-	-	120,000	235,000	-	866,000	-	-	-	-	5,033,490
III. SOUTH CENTRAL ASIA																		
Afghanistan	59,785	365,000	-	-	-	365,000	-	-	-	-	-	14,000	158,000	-	-	-	-	423,785
Ceylon	86,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	258,000
India	1,949,000	-	728,000	107,000	111,000	946,000	1,073,000	300,000	-	-	1,373,000	-	-	-	-	-	-	4,268,000
Hongolia	109,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	109,000
Nepal	-	-	-	-	-	-	-	-	-	-	-	-	56,000	-	-	-	-	56,000
Area Total	2,202,785	365,000	728,000	107,000	111,000	1,311,000	1,073,000	300,000	-	-	1,373,000	14,000	214,000	-	-	-	-	5,114,785
IV. EASTERN MEDITERRANEAN																		
Ruon and Prot. of South Arabia	34,335	-	-	-	-	-	-	-	-	-	-	-	25,000	-	-	-	-	59,335
Cyprus	447	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	447
Iraq	183,305	832,000	-	-	-	832,000	13,000	-	-	-	13,000	24,000	-	-	-	-	-	869,000
Jordan	91,601	248,000	536	536	-	248,536	-	-	-	-	-	-	-	-	-	-	-	431,611
Lebanon	-	-	-	-	-	-	-	-	-	-	-	15,000	-	-	-	-	-	118,601
Libya	893	-	-	-	-	-	-	-	-	-	-	27,000	-	-	-	-	-	15,000
Saudi Arabia	-	-	-	-	-	-	-	-	-	-	-	12,000	112,000	-	-	-	-	112,000
Sudan	1,312	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,312
Turkey	368	-	-	-	-	-	-	8,650	-	-	8,650	19,000	59,000	-	-	-	-	9,018
United Arab Republic	160,000	153,000	-	-	-	153,000	-	-	-	-	-	93,000	113,000	-	-	-	-	332,000
Yemen	20,327	-	-	-	-	-	-	-	-	-	-	30,000	-	-	-	-	-	605,000
Area Total	592,688	1,233,000	-	536	-	1,233,536	13,000	8,650	-	-	21,650	190,000	339,000	-	-	-	-	2,475,874

Table 3 (continued)

	HEALTH SERVICES ^{b/}			DISEASE CONTROL			NUTRITION				FAMILY & CHILD WELFARE ^{c/}	VOCATIONAL TRAINING SERVICES	INTE-GRATED SERVICES	OTHER ^{d/}	GRAND TOTAL				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)						(11)	(12)	(13)	(14)
V. EUROPE																			
Bulgaria	-	-	-	-	-	-	-	175,000	-	-	175,000	-	-	-	-	-	-	-	
Poland	-	-	-	-	-	-	-	43,990	-	-	43,990	-	-	-	-	-	-	-	
Yugoslavia	6,230	-	-	-	-	-	-	-	26,000	-	26,000	-	-	-	35,000	60,000	-	-	
Area Total	6,230	-	-	-	-	-	-	218,990	26,000	-	244,990	-	-	35,000	60,000	-	-	346,220	
VI. THE AMERICAS																			
Argentina	-	69,500	-	-	-	-	-	-	-	-	69,500	-	-	-	-	-	-	-	
Bolivia	-	10,000	-	-	-	-	-	-	-	-	10,000	-	-	-	-	-	-	-	
British Caribbean Territories:																			
Antigua	24,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Grenada	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Montserrat	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
St. Vincent	27,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Chile	-	-	-	-	-	86,000	-	-	-	-	-	-	-	-	-	-	-	-	
Colombia	50,000	371,000	-	-	-	371,000	94,000	-	-	-	94,000	15,000	-	149,000	-	-	-	-	
Costa Rica	27,000	55,000	-	-	-	55,000	-	-	-	-	-	-	-	-	-	-	-	-	
Cuba	45,300	225,000	-	-	-	225,000	20,000	-	-	-	20,000	-	-	-	-	-	-	-	
Ecuador	25,000	342,000	-	-	-	342,000	9,700	-	-	-	9,700	-	-	-	-	-	-	-	
Guatemala	-	395,000	-	-	-	395,000	-	-	-	-	-	-	-	-	-	-	-	-	
Guyana	-	1,500	-	-	-	1,500	-	-	-	-	-	-	-	-	-	-	-	-	
Haiti	33,000	50,000	-	-	-	50,000	-	-	-	-	-	-	-	-	-	-	-	-	
Jamaica	107,000	39,000	-	-	-	39,000	-	-	-	-	-	-	-	-	-	-	-	-	
Mexico	100,000	1,300,000	-	-	-	1,300,000	-	-	-	-	-	16,000	-	-	-	-	-	-	
Panama	87,000	218,000	-	-	-	218,000	-	-	-	-	-	-	-	-	-	-	-	-	
Paraguay	97,000	107,000	-	-	-	107,000	-	-	-	-	-	-	-	-	-	-	-	-	
Peru	205,000	9,000	-	-	-	9,000	-	-	-	-	-	-	-	-	-	-	-	-	
Surinam	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Venezuela	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Regional:	31,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Social Paediatrics Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Social Services Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(University of West Indies, Jamaica)	-	-	-	-	-	-	-	-	-	-	-	23,000	-	-	-	-	-	-	
Area Total	871,300	3,192,000	-	-	-	86,000	3,278,000	123,700	-	-	123,700	54,000	634,000	149,000	-	-	-	-	5,010,000

Table 3 (concluded)

	HEALTH SERVICES ^{a/}				DISEASE CONTROL				NUTRITION				FAMILY & CHILD WELFARE/ EDUCATION TRAINING SERVICES			GRAND TOTAL		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		(16)	(17)
VII. ASSISTANCE BENEFITING MORE THAN ONE REGION																		
Asian Institute for Economic Development and Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32,500
All-India Institute of Hygiene and Public Health (Fellowships)	25,200	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25,200
Country Planning and Project Preparation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	500,000
Development, testing, processing and final evaluation of medicinal drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	150,000
International Children's Centre (Paris)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	125,000
Advance training in nutrition and food economics (France/Senegal)	-	-	-	-	-	-	-	52,000	-	-	-	-	-	-	-	-	-	52,000
Advance training in nutrition and food science (University of London and Ibadan, Nigeria)	-	-	-	-	-	-	-	58,000	-	-	-	-	-	-	-	-	-	58,000
Paediatric Training (Ankara)	35,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	35,000
Advance training in paediatrics (Poland)	37,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	37,000
Paediatric Training (UK)	39,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39,000
Planning for Children in National Development (UN Research Institute, Geneva)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,970
Planning for Children in National Development Seminar (Lake Como)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,800
Seminar on pre-school child (USSR)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	44,000
Training and orientation of Planners (ICG/FEDES, Paris)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	52,000
Global Allotments: Reimbursement of jointly-assisted project personnel and fellowships	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	900,000
Inter-Regional Total	136,200	-	-	-	-	-	-	560,000	40,000	-	-	600,000	-	300,000	-	-	-	2,362,490
TOTAL	8,565,551	4,872,000	1,491,000	14,753,600	243,000	230,000	6,983,536	2,395,600	1,004,610	344,000	30,000	3,770,210	1,219,618	3,938,000	84,000	227,000	1,066,290	25,858,265
VIII. FREIGHT																		
GRAND TOTAL FOR PROGRAMME AID																		

Estimated operational services) last six months of 1966
 Estimated administrative costs) 2,344,900
 Supplementary 1966 operational services and administrative costs 1,263,100
 Estimated operational services) first six months of 1967 804,000
 Estimated administrative costs) 1,517,875
 36,524,665

^{a/} See also commitments approved May 1966.
^{b/} Includes environmental sanitation, \$535,000; handicapped children, \$9,000; vaccine production, \$71,992; and immunisation, \$3,300.
^{c/} Includes measles vaccination, \$86,000; poliomyelitis, \$101,000; and yaws control, \$43,000.
^{d/} Includes social services, \$628,500; mothercraft, \$327,148; and community development, \$261,000.
^{e/} Includes activities for children and youth in national development, \$97,290; country planning and project preparation, \$500,000; International Children's Centre, \$425,000; and seminar on the pre-school child (USSR), \$44,000.

Table 4

Commitments outstanding at close of May 1966 session of the Executive Board
for allocation at future sessions

(in thousands of US dollars)

	Most recent commitment		Allocation against commitment		Resulting balance at May 1966 session	Probable future allocations against outstanding balance			
	Date	Amount	at			1967	1968	1969	1970
			Prior to May 1966 session	May 1966 session					
HEALTH SERVICES									
Afghanistan	May 1966	112.0	-	56.0	56.0	56.0			
Brazil	Jan. 1964	1,066.5	503.5	-	380.0	380.0			
Brazil	June 1964	2,426.0	932.0	-	375.0	375.0			
Brazil	June 1964	21.0	14.5	-	6.5	6.5			
Cameroon	May 1966	119.0	-	32.0	87.0	70.0	17.0		
China (Taiwan)	May 1966	410.0	-	177.0	233.0	128.0	105.0		
Congo (Brazzaville)	May 1966	62.0	-	43.0	19.0	19.0			
East Africa	May 1966	108.0	-	43.0	65.0	52.0	13.0		
Ecuador	May 1966	45.0	-	23.0	22.0	22.0			
Greece	June 1964	92.0	64.0	-	28.0	28.0			
Guatemala	May 1966	41.0	-	25.0	16.0	16.0			
Guinea	May 1966	286.0	-	178.0	108.0	108.0			
Honduras	May 1966	42.0	-	33.0	9.0	9.0			
Iran	June 1965	743.0	265.0	-	478.0	478.0			
Ivory Coast	May 1966	125.0	-	43.0	82.0	82.0			
Lebanon	June 1964	100.0	33.0	-	67.0	32.0	35.0		
Malaysia	Jan. 1964	250.0	58.5	24.0	140.0	70.0	35.0		
Malaysia	June 1964	68.0	27.0	6.0	35.0	35.0			
Nauritania	June 1964	164.0	88.0	-	96.0	96.0			
Nigeria	Dec. 1962	367.0	159.0	30.0	178.0	119.0	59.0		
Nigeria (Western Region)	June 1963	213.0	91.0	-	122.0	122.0			
Pakistan	May 1966	2,942.0	-	1,428.0	1,514.0	1,514.0			
Peru	May 1966	86.0	-	51.0	35.0	35.0			
Senegal	May 1966	190.0	-	129.0	61.0	61.0			
Sierra Leone	May 1966	149.0	-	85.0	64.0	35.0	29.0		
Thailand	June 1965	650.0	263.0	169.0	184.0	184.0			
Thailand	May 1966	21.0	-	12.0	9.0	9.0			
Togo	June 1965	188.0	67.0	20.0	101.0	51.0	50.0		
Tunisia	May 1966	65.0	-	-	65.0	65.0			
Uganda	May 1966	174.0	-	120.0	54.0	54.0			
West Africa	May 1966	49.0	-	26.0	23.0	23.0			
Zambia	June 1965	89.0	60.0	17.0	12.0	12.0			
Africa Region	June 1964	311.0	34.0	40.0	237.0	118.0	119.0		
Inter-Regional	June 1965	159.0	15.0	39.0	105.0	48.0	48.0	9.0	

Table 4 (continued)

	Most recent commitment		Allocation against commitment		Resulting balance at May 1966 session	Probable future allocations against outstanding balance			
	Date	Amount	Prior to May 1966 session	at May 1966 session		1967	1968	1969	1970
HEALTH SERVICES (continued)									
Inter-regional	May 1966	64.2	-	25.2	39.0	26.0	13.0		
Inter-regional	May 1966	84.0	-	35.0	49.0	25.0	24.0		
Inter-regional	May 1966	69.0	-	37.0	32.0	32.0			
DISEASE CONTROL									
Burma	June 1964	419.0	211.0	45.0	108.0 a/	108.0			
Burma	June 1965	97.0	35.0	24.0	32.0 a/	32.0			
China (Taiwan)	May 1966	148.0	-	101.0	47.0	23.0	16.0	8.0	
Ghana	June 1964	30.0	8.0	-	22.0	22.0			
Malaysia	June 1964	96.0	52.0	19.0	19.0 a/	19.0			
Thailand	June 1965	164.0	56.0	98.0	10.0	10.0			
Thailand	June 1965	186.0	45.0	18.0	72.0 a/	72.0			
NUTRITION									
Basutoland	June 1965	82.0	41.0	-	41.0	41.0			
Brazil	June 1962	91.4	63.0	-	28.4	28.4			
Bulgaria	May 1966	210.0	-	175.0	35.0	35.0			
Burundi	June 1965	75.0	35.0	-	40.0	40.0			
Colombia	May 1966	193.0	-	94.0	99.0	99.0			
Dakomey	June 1963	148.0	97.0	-	51.0	51.0			
East Africa	June 1964	169.0	39.0	11.0	119.0	60.0	59.0		
Ghana	June 1964	148.0	64.0	-	84.0	42.0	42.0		
India	June 1964-								
India	May 1966	4,874.0	1,377.0	1,073.0	2,424.0	1,212.0	1,212.0		
Ivory Coast	Jan. 1964	731.0	175.0	-	556.0	556.0			
Kenya	May 1966	65.0	-	44.0	21.0	21.0			
Kenya	June 1965	360.0	120.0	158.0	82.0	82.0			
Kenya	June 1965	250.0	113.0	75.0	62.0	62.0			
Madagascar	June 1964	164.0	45.0	19.0	100.0	40.0	60.0		
Mal.	May 1966	125.0	-	60.0	65.0	65.0			
Niger	May 1966	120.0	-	50.0	70.0	70.0			
Niger	May 1966	115.0	-	74.0	41.0	41.0			
Nigeria	June 1963	169.0	92.5	60.0	16.5	16.5			

Table 4 (continued)

	Most recent commitment		Allocation against commitment		Resulting Balance at May session	Probable future allocations against outstanding balance			
	Date	Amount	at May session			1967	1968	1969	1970
			Prior to session	May session					
NUTRITION (continued)									
Paraguay	June 1965	59.0	41.0	-	18.0	18.0			
Philippines	May 1966	80.0	-	40.0	40.0	40.0			
Poland	June 1964	600.0	381.0	35.0	184.0	184.0			
Senegal	May 1966	123.0	-	65.0	58.0	58.0			
Southern Rhodesia	June 1965	88.0	50.0	-	38.0	38.0			
Spain	Jan. 1964	402.0	299.0	-	103.0	103.0			
Tanzania, United Republic of	May 1966	75.0	-	32.0	43.0	43.0			
Americas Region Nutrition training (INCAP)	Jan. 1964	281.0	156.0	-	125.0	-	125.0		
Inter-Regional Protein-rich foods	May 1966	350.0	-	150.0	200.0	200.0			
FAMILY AND CHILD WELFARE									
Colombia	June 1964	131.0	83.0	-	48.0	48.0			
Ghana	Dec. 1962	182.3	100.0	-	82.3	82.3			
Jordan	June 1965	77.0	28.0	27.0	22.0	22.0			
Lebanon	June 1965	78.0	35.0	15.0	28.0	28.0			
Mexico	May 1966	51.0	-	16.0	35.0	17.0	12.0	6.0	
Nigeria	May 1966	70.0	-	40.0	30.0	30.0			
Republic of Korea	May 1966	83.0	-	24.0	59.0	25.0	34.0		
Senegal	May 1966	100.0	-	44.0	56.0	56.0			
Zambia	June 1962	212.3	169.0	-	43.3	43.3			
EDUCATION									
Brazil	May 1966	1,076.0	-	388.0	688.0	329.0	359.0		
Brazil	Jan. 1964	392.6	208.6	-	184.0	184.0			
Burma	June 1963	510.0	328.0	64.0	118.0	118.0			
Cambodia	June 1965	248.0	79.0	117.0	52.0	52.0			
Cambodia	May 1966	95.0	-	62.0	33.0	33.0			
Ceylon	May 1966	287.0	-	158.0	129.0	129.0			
China (Taiwan)	June 1963	500.0	231.0	106.0	163.0	95.0	68.0		
Colombia	June 1963-								
Colombia	June 1965	494.0	124.0	101.0	269.0	269.0			
Congo (Brazzaville)	June 1964	250.0	82.0	72.0	96.0	96.0			
Cyprus	June 1964	156.0	52.0	-	104.0	53.0	51.0		
Ecuador	June 1965	272.0	79.0	77.0	116.0	116.0			
Ethiopia	June 1964	562.0	356.0	130.0	76.0	76.0			
Guatemala	May 1966	51.0	-	40.0	11.0	11.0			
Guinea	June 1965	400.0	120.0	-	280.0	140.0	140.0		

Table 4 (concluded)

	Most recent commitment		Allocation against commitment		Resulting balance at May 1966 session	Probable future allocations against outstanding balance			
	Date	Amount	Prior to May 1966 session	at May 1966 session		1967	1968	1969	1970
<u>EDUCATION (continued)</u>									
India	June 1965	2,182.0	800.0	-	1,382.0	1,382.0			
Iran	Dec. 1962	449.0	224.0	-	225.0	200.0	-	25.0	
Malawi	June 1965	81.0	50.0	-	31.0	31.0			
Mauritania	June 1965	311.0	156.0	83.0	72.0	72.0			
Nigeria	June 1964	2,420.0	592.0	333.0	1,495.0	700.0	795.0		
Nigeria (Northern Region)	May 1966	102.0	-	80.0	22.0	22.0			
Nigeria (Mid-western Region)	June 1964	344.0	147.0	193.0	64.0	64.0			
Pakistan	May 1966	275.0	-	176.0	99.0	59.0	40.0		
Papua and New Guinea, Territories of	June 1965	115.0	65.0	-	50.0	50.0			
Rwanda	June 1965	324.0	109.0	70.0	145.0	73.0	72.0		
Sierra Leone	June 1964	320.0	209.0	74.0	37.0	37.0			
Somalia									
Tanzania, United Republic of									
Thailand	June 1965	55.0	24.0	10.0	21.0	21.0			
Tunisia	Dec. 1962	1,269.3	890.0	228.0	151.3	151.3			
Tunisia	Dec. 1962	633.5	125.0	43.0	465.5	116.5	116.5	116.0	
United Arab Republic									
United Arab Republic Teacher training/health education									
Upper Volta	June 1965	96.0	36.0	-	60.0	20.0	20.0		
Upper Volta	June 1965	220.0	130.0	-	90.0	90.0			
<u>VOCATIONAL TRAINING</u>									
Tunisia	May 1966	90.0	-	-	90.0	90.0			
<u>OTHER</u>									
Inter-regional	June 1965	2,350.0	-	425.0	1,925.0	450.0	475.0	500.0	
International Children's Centre (Paris)									
Freight		6,017.5 b/	-	2,000.0	4,017.5	3,000.0	907.5	60.0	
TOTAL PROGRAMME COMMITMENTS		52,387.6	16,898.6	10,602.2	23,405.3 a/	16,808.8	5,151.0	779.5	
Estimated operational services	June 1965-May 1966	10,632.3	2,344.9	5,580.9	2,706.5	2,706.5			
Estimated administrative costs	June 1965-May 1966	5,896.5	1,263.1	3,085.5	1,547.9	1,547.9			
GRAND TOTAL OF OUTSTANDING COMMITMENTS		68,916.4	20,506.6	19,268.6	27,659.7 a/	21,063.2	5,151.0	779.5	

a/ Excludes the balance of the commitments (\$1,481,500) which will not be required during the periods for which the original commitments were taken (Brazil health services \$187,000; Brazil environmental sanitation \$1,119,000; Malaysia rural health Sabah \$47,500; Thailand rural health \$34,000; Burma leprosy control \$55,000; Burma tuberculosis control/BCG vaccination \$6,000; Malaysia malaria eradication (Sarawak) \$6,000; Thailand leprosy control \$51,000).

b/ Includes balance outstanding at close of June 1965 Session of the Board, and additional commitment approved at May 1966 Session.

ANNEX IV

CONTRIBUTIONS TO UNICEF

Table 1

Contributions from Governments for 1963, 1964 and 1965
(including contributions receivable)
(in thousands of US dollar equivalents)

Governments	1963		1964		1965	
	Central account	Local costs ^{a/}	Central account	Local costs ^{a/}	Central account	Local costs ^{a/}
Afghanistan	10.0	12.6	10.0	3.5	10.0	27.0
Algeria	35.0	-	35.0	3.5	40.0	32.1
Argentina	-	-	71.4	-	56.2	-
Australia	537.6	-	537.6	-	537.6	-
Austria	98.1	-	96.2	-	97.4	-
Belgium	200.0	-	200.0	-	200.0	-
Bolivia	5.0	-	5.0	-	5.0	-
Brazil	209.7	40.5	274.2	8.7	94.4	17.6
British Caribbean Territories:						
Antigua	0.2	-	0.2	-	0.2	-
Bahamas	2.8	-	2.8	-	2.8	-
Barbados	4.0	-	2.0	-	-	-
Dominica	-	-	0.2	-	0.1	-
Grenada	1.2	-	0.6	-	-	-
St. Kitts	-	-	0.3	-	-	-
St. Lucia	0.8	-	0.9	-	-	-
St. Vincent	-	-	-	-	0.4	-
British Guiana ^{b/}	1.0	-	0.9	-	0.9	-
British Honduras	0.7	-	0.7	-	0.7	-
Brunei	3.3	-	3.3	-	3.3	-
Bulgaria	4.3	-	4.3	-	12.8	-
Burma	55.0	68.2	56.0	66.0	56.0	58.0
Byelorussian Soviet Socialist Republic	62.5	-	62.5	-	62.5	-
Cambodia	5.0	-	5.0	-	-	-
Cameroon	8.2	-	13.3	-	13.3	-
Canada	739.6	-	739.9	-	921.7	-
Central African Republic	4.3	-	4.3	-	-	-
Ceylon	14.7	3.7	14.7	3.3	14.7	4.2
Chad	10.2	-	6.1	-	10.2	-
Chile	80.0	4.8	80.0	1.6	80.0	2.7
China	15.0	-	15.0	-	22.5	-
Colombia	150.0	8.5	150.0	11.6	154.7	9.1
Congo (Brazzaville)	7.7	-	14.3	-	14.3	-
Congo, Democratic Republic of	19.0	-	18.0	-	21.8	-
Costa Rica	30.0	-	30.0	-	25.6	-

Table 1 (continued)

Governments	1963		1964		1965	
	Central account	Local ^{a/} costs	Central account	Local ^{a/} costs	Central account	Local ^{a/} costs
Cuba	70.0	-	70.0	-	70.0	-
Cyprus	1.0	-	2.0	-	2.0	-
Czechoslovakia	52.1	-	52.1	-	69.4	-
Dahomey	5.0	-	5.0	-	6.9	-
Denmark	173.7	-	202.7	-	256.3	-
Dominican Republic	20.0	-	40.0	-	-	-
Ecuador	15.2	1.7	23.7	1.6	20.0	-
El Salvador	20.0	-	20.0	-	-	-
Ethiopia	18.1	5.6	18.0	9.4	18.1	1.9
Federal Republic of Germany	1,500.0	-	1,500.0	-	1,509.4	-
Finland	62.5	-	62.5	-	93.8	-
France	1,109.2	-	1,109.2	-	1,109.2	-
Gabon	11.5	-	13.3	-	5.1	-
Gambia	.6	-	1.1	-	1.7	1.7
Ghana	21.0	-	16.8	-	-	-
Greece	57.0	-	57.0	-	69.0	-
Guatemala	30.0	-	80.0	-	30.0	-
Guinea	22.3	-	22.2	-	22.2	-
Holy See	1.0	-	1.0	-	1.0	-
Honduras	10.0	-	30.0	-	20.0	-
Hong Kong	3.5	1.8	3.5	1.6	4.4	1.8
Hungary	12.9	-	6.4	-	6.4	-
Iceland	10.6	-	10.7	-	10.7	-
India	630.0	79.8	840.0	253.7	840.0	153.1
Indonesia	100.0	11.5	110.0	1.6	-	-
Iran	275.0	-	275.0	55.0	275.0	22.5
Iraq	56.0	-	56.0	-	70.0	-
Ireland	10.0	-	12.0	-	15.0	-
Israel	35.0	-	40.0	-	40.0	-
Italy	320.0	-	192.0 ^{c/}	-	224.0	-
Ivory Coast	10.2	10.2	10.2	32.7	10.2	32.7
Jamaica	8.4	-	8.4	-	9.8	-
Japan	190.0	-	196.2	-	236.2	-
Jordan	5.6	-	5.4	-	5.6	-
Kenya	2.8	-	2.8	-	2.8	-
Kuwait	6.0	-	10.0	-	10.0	-
Laos	-	-	1.0	-	1.0	-
Lebanon	12.6	-	14.5	-	14.7	-
Liberia	15.0	-	-	-	10.0	-
Libya	9.8	-	12.6	-	16.8	-
Liechtenstein	1.0	-	1.5	-	1.5	-
Luxembourg	6.0	-	6.0	-	6.0	-
Madagascar	10.2	-	10.2	-	10.2	-
Malawi	-	-	-	-	0.8	-
Malaysia ^{d/}	51.1	8.7	51.1	7.8	51.1	10.8
Mali	5.0	-	12.2	2.5	15.5	4.9
Mauritania	3.3	-	4.1	-	4.1	-

Table 1 (continued)

Governments	1963		1964		1965	
	Central account	Local costs ^{a/}	Central account	Local costs ^{a/}	Central account	Local costs ^{a/}
Mauritius	-	-	-	-	4.1	-
Mexico	500.0	51.9	580.0	33.3	500.0	36.3
Monaco	2.0	-	2.0	-	2.0	-
Morocco	25.1	4.0	25.1	13.1	50.0	18.7
Nepal	-	-	-	-	1.0	-
Netherlands	138.1	-	138.1	-	138.9	-
New Zealand	210.0	-	210.0	-	208.6	-
Nicaragua	10.0	-	10.0	-	10.0	-
Niger	-	-	8.2	-	8.2	-
Nigeria	21.0	-	21.0	-	42.0	-
Norway	280.0	-	450.9	-	451.9	-
Pakistan	96.5	41.8	136.4	82.5	136.4	61.0
Panama	15.0	-	15.0	-	15.0	-
Paraguay	-	-	30.0	-	20.0	-
Peru	89.6	-	89.6	-	89.5	-
Philippines	185.0	37.4	185.0	62.5	185.0	47.4
Poland	59.8	-	100.0	-	100.0	-
Republic of Korea	5.0	-	30.0	-	16.1	15.0
Republic of Viet-Nam	15.0	0.1	20.0	0.1	25.0	0.2
Romania	25.0	-	25.0	-	25.0	-
Saudi Arabia	20.0	-	20.0	-	20.0	-
Senegal	20.0	-	20.4	-	10.2	10.2
Sierra Leone	2.8	-	11.2	-	11.2	-
Singapore	6.5	1.0	6.5	0.9	6.5	0.9
South Africa	30.1	-	30.1	-	50.3	-
Spain	66.7	-	100.0	-	100.0	-
Sudan	10.0	-	13.1	-	13.0	-
Sweden	675.7	=	752.9	-	1,003.9	-
Switzerland	348.8	-	441.9	-	439.8	-
Syrian Arab Republic	10.5	-	12.5	-	12.5	-
Tanzania, United Republic of	0.7	-	0.7	-	5.6	-
Thailand	141.5	74.9	140.0	12.2	205.0	86.6
Togo	5.1	-	8.2	-	8.2	4.1
Trinidad and Tobago	7.0	-	7.0	-	7.0	-
Tunisia	14.4	3.5	16.6	-	19.7	14.5
Turkey	194.4	52.4	194.4	34.2	194.4	136.8
Uganda	2.8	-	11.2	-	11.2	-
Ukrainian Soviet Socialist Republic	125.0	-	125.0	-	125.0	-
Union of Soviet Socialist Republics	675.0	-	675.0	-	675.0	-
United Arab Republic	109.1	12.2	114.8	12.2	114.8	12.2
United Kingdom of Great Britain and Northern Ireland	938.0	-	938.0	-	1,120.1	-
United States of America	12,000.0	-	12,000.0	-	12,000.0	-
Upper Volta	3.1	-	6.1	-	8.2	-

Table 1 (concluded)

Governments	1963		1964		1965	
	Central account	Local costs ^{a/}	Central account	Local costs ^{a/}	Central account	Local costs ^{a/}
Venezuela	-	-	1.0	-	-	-
West Irian	-	1.0	-	-	-	-
Yemen	2.0	-	2.0	-	2.0	-
Yugoslavia	200.0	-	200.0	-	200.0	-
Zambia	-	-	-	-	8.4	-
TOTAL	24,592.4	537.8	25,598.0	715.1	26,055.7	824.0
	(118 coun- tries)	(26 coun- tries)	(121 coun- tries)	(24 coun- tries)	(117 coun- tries)	(28 coun- tries)

a/ These are cash contributions from Governments of UNICEF-assisted countries towards local administrative costs of UNICEF field offices (Trust Funds). In addition to cash funds shown in this column, a number of Governments (Ethiopia, Guatemala, Indonesia, Nigeria, Pakistan, Republic of Korea, Thailand) gave free services the valuation of which is not recorded in UNICEF financial accounts.

b/ As of 26 May 1966, British Guiana became the independent State of Guyana.

c/ In the 1963 accounts, the contribution of the Government of Italy was shown at \$320,000 (Lit. 200,000,000) on the basis of a pledge raising the annual contribution from \$192,000 (Lit. 120,000,000) to \$320,000 (Lit. 200,000,000). The increased contribution was finally approved in 1964 with effect as from 1 January 1964, too late to decrease the 1963 pledge in UNICEF accounts. At the same time, the Italian fiscal year had been changed to correspond with the calendar year. Consequently, the 1964 contribution of \$320,000 (Lit. 200,000,000) has had to be applied partly (\$128,000 - Lit. 80,000,000) towards clearing the increase set up prematurely in 1963. No further contribution other than the above is due by the Italian Government for the year 1964.

d/ Contributions from Malaysia in 1963 were received from three separate States.

Table 2

Private contributions, by country, for the years 1959 to 1965
(in US dollar equivalents)

Contributing Country	1959	1960	1961	1962	1963	1964	1965
Afghanistan	-	-	-	80	-	-	-
Algeria	-	-	-	-	-	-	81
Argentina	-	11	18	22	84	-	13
Australia	44,809	22,958	11,424	-	1,121,137	318,220	120,390
Austria	100	120	-	-	114,801	73,771	-
Belgium	2,438	2,093	27,501	38,854	73,084	40,722	71,116
Brazil	155	-	-	2	6	-	-
Burma	-	63	16	-	-	-	-
Canada	126,497	211,116	543,594	316,057	358,951	355,959	402,716
Colombia	-	-	-	6	-	-	-
Costa Rica	-	-	-	37	-	-	-
Denmark	1,315	3,896	1,989	5,928	4,644	17,104	7,371
Ethiopia	-	-	3	-	-	-	-
Federal Republic of Germany	4,065	6,969	23,856	150,951	29,235	16,989	42,024
Finland	-	-	-	37,617	-	-	-
France	1,368	528	618	956	1,270	1,429	1,174
Greece	-	-	-	1	-	1	-
Guatemala	700	-	-	1	-	31	-
Iceland	-	-	-	-	-	-	25
India	2,265	369	2,564	3,720	431	2,439	623
Indonesia	-	-	33	5	674	-	4
Iran	118	-	13	8	65	3	16
Ireland	8	4,496	36	11,459	2	15,400	44,805
Israel	56	-	20	22	-	-	-
Italy	8,000	7,200	7,852	13,502	12,315	-	34,887
Jamaica	-	-	-	-	-	55	60
Japan	6,250	20,000	-	20,000	23,015	47,389	-
Lebanon	2,650	-	203	118	360	370	264
Luxembourg	-	299	299	492	1,603	24	26,059
Madagascar	-	-	-	-	20	-	-
Mexico	98	-	57	120	99	107	1,907
Netherlands	11,272	15,613	10,070	233,911	76,303	67,325	49,118
New Zealand	5,873	-	155	39,131	256,038	347,993	381,175
Nigeria	9	-	-	6	354	124	60
Norway	2,150	1,981	349	4,067	1,752	2,980	2,612
Pakistan	5	73	47	15	2	11	13
Panama	10	10	10	10	10	-	-
Peru	-	-	11	8	64	-	19
Philippines	512	66	970	774	1,126	1,656	1,585
Saudi Arabia	-	-	3,000	-	526	-	-
Singapore	-	-	-	-	-	-	5
South Africa	21	19	25	-	-	-	-
Spain	221	109	127	136	164	221	1,160
Sweden	2,243	5,858	6,936	8,619	6,573	28,765	12,189
Switzerland	35	5,983	310,170	120,389	165	3,450	2,895
Thailand	121	59	166	228	70	419	3,036
Tonga Islands	-	-	-	-	-	-	12
Turkey	-	-	-	-	56	-	-
Uganda	-	-	10	56	2	3	-
United Arab Republic	-	-	9	-	16	-	40
United Kingdom	67,630	44,176	65,410	118,330	291,133	576,855	409,592
United States of America	1,225,042	1,552,344	1,647,987	2,617,744	2,098,692	2,210,979	2,119,224
Uruguay	-	-	-	139	606	354	-
Venezuela	-	-	-	24	248	376	-
Yugoslavia	3	121	-	25	-	27	-
Total	1,516,039	1,906,530	2,665,548	3,743,570	4,475,696	4,131,555	3,736,270
United Nations Secretariat	10,031	4,319	4,458	7,214	6,475	5,294	7,565
Grand Total	1,526,070	1,910,849	2,670,006	3,750,784	4,482,171	4,136,849	3,743,835

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