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UNITED NATIONS CHILDREN'S FUND

REPORT OF THE EXECUTIVE BOARD

(23-24 June 1964)

ECONOMIC AND SOCIAL COUNCIL

OFFICIAL RECORDS : THIRTY-SEVENTH SESSION

SUPPLEMENT No. 3B

UNITED NATIONS

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Report of the Executive Board (23-24 June 1964)

I. ORGANIZATION OF THE SESSION

1. The Executive Board held its 315th to 318th meetings at United Nations Headquarters on 23 and 24 June 1964.

Attendance

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

Agenda and documentation

3. The agenda (E/ICEF/497/Rev.1), as adopted, consisted of the following substantive items:

1. Introductory statement by the Executive Director.
2. Report on the reunion of European National Committees for UNICEF held in Dublin, Ireland, 10-13 May 1964.
3. Children and youth in development planning: report on a round-table conference held at Bellagio, Italy, 1-7 April 1964.
4. Planning the use of UNICEF's financial resources, 1964-1965.
5. Report of the Programme Committee.
6. Statements by UNICEF Directors.
7. Report of the Committee on Administrative Budget.
8. UNICEF representation on joint policy committees.
9. Suggestions for the provisional agenda of the June 1965 session of the Executive Board.

4. A list of documents issued in connexion with the session is contained in E/ICEF/INF/25/Rev.1.

Tribute to the memory of Jawaharlal Nehru, Prime Minister of India

5. The Executive Board expressed its sympathy to the Government and the people of India for the great loss they had suffered in the death of their Prime Minister, Mr. Jawaharlal Nehru. Mr. Nehru had a love for children and a restless conscience concerning their needs. He had kept in close personal touch with UNICEF's work in India and had warmly supported its work elsewhere. With his passing the world's children had lost a great champion.

II. FINANCIAL SITUATION

6. In an opening statement to the Board the Executive Director pointed out that a total of $37 million in allocations was being recommended for the Board's approval. When the value of the technical aid furnished by agencies in the United Nations family and of the concomitant investment of local resources by assisted countries was added to that sum, the total value of these efforts for children was equivalent to approximately $150 million. Since the child population (under fifteen years of age) of the 112 countries assisted was of the order of 600 million, the total annual investment per child for UNICEF-aided projects was about 25 cents (US). This served as a reminder that these projects, essential as they were, were meeting only a fraction of the needs of children in the developing countries; they were mainly important in prompting wider undertakings by the assisted countries, often with the help of other outside aid.

7. In 1963 UNICEF expenditures, amounting to $38.9 million, exceeded income by $6.8 million. The financial procedures adopted by the Executive Board in June 1961 1/ enabled UNICEF, over a period of several years, to expand its aid more rapidly than its income. That period of transition had now virtually come to an end. The operating fund of UNICEF at the end of the year would be reduced to the minimum level set by the Board. At the present session, for the first time, allocations were based solely on the income expected during the next twelve months. In the future, allocations could only increase as income increased. At the end of 1963 UNICEF had as time deposits with banks $17.2 million, an amount almost entirely needed for immediate operating purposes. This contrasted with investments of $30.8 million held at the beginning of the year.

Government support

8. It had been hoped that UNICEF would have an income of $40 million or even $45 million in 1965. It now appeared that the $40 million level might not be reached until later. The Executive Director asked whether something had gone wrong with regard to fund-raising; whether Governments were not responding to UNICEF's appeal, or were doing so inadequately.

9. He pointed out that the number of Governments supporting UNICEF was steadily increasing, the total for the year being 118, representing an increase of thirteen. Twenty Governments which were not Members of the United Nations contributed to UNICEF, whereas fourteen Member Governments had not yet done so. UNICEF would continue its efforts to enlist the support of the latter; however, their total maximum potential contribution would not exceed $500,000. The Executive

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1/ See Official Records of the Economic and Social Council, Thirty-second Session, Supplement No. 13 B (E/3525-E/ICEF/431), paras. 167-170

Director called attention to the fact that an increasing number of Governments were contributing the same proportion, or more, of the total government contributions to UNICEF as their assessment for the regular United Nations budget represented. This number had risen from 28 in 1960 to 45 in 1963. However, only one fourth of the Governments of the industrialized countries contributing to UNICEF were in that category, although it included over half the Governments of economically under-developed countries.2/ If five of the larger industrialized countries were to increase their contribution to an amount which would be proportionately the same as their United Nations assessment, UNICEF would receive the equivalent of $7 million in additional resources. That sum might well be further augmented in view of the readiness of the United States of America to consider an increase in its contribution when those from other Governments justified such an increase in terms of the United States matching ratio.

10. Although the Executive Director referred to the United Nations scale of assessments as a yard-stick, he believed that it would be a happy day when UNICEF could get away from it. The industrially developed countries might wish to rise well above that standard, and a number of them had already done so.

Support from private sources

11. Income from private and other sources had become increasingly important, amounting to $7.5 million in 1963. Private contributions were now adding significantly to UNICEF's resources. They were important also because of their educational effect on the communities in which fund-raising campaigns took place. It was therefore necessary to encourage their increase; however, it was noted that because large-scale fund-raising campaigns could not be repeated each year in some countries, this income constituted a less certain source of revenue than government contributions. Moreover, private fund-raising campaigns, successful as they might be, could not change the main reliance which UNICEF had to place upon Governments for support of its work.

2/ In this connexion the Board welcomed with gratitude the announcement made during the course of the session that the Government of India was increasing its contribution to UNICEF for 1964 from the equivalent of $630,000 to $840,000. This is likely to make India the fifth largest donor to UNICEF in 1964.

Importance of bilateral aid and national planning

12. The resources of UNICEF, despite their importance, represented only a small proportion of the external assistance which developing countries needed for projects benefiting children and youth. In accordance with the Board's instructions, efforts had been made to achieve closer co-ordination between UNICEF aid and bilateral aid. In addition, UNICEF was trying to encourage developing countries to give greater consideration to children and youth in their national development planning, which should result in fuller use of those countries' own resources as well as better application of external aid, including UNICEF aid, to the needs and problems of children and youth. 3/

Planning the use of UNICEF's financial resources 1964-1965

13. The process of putting UNICEF's resources into more rapid use, begun in accordance with the procedures adopted by the Board in June 1961, had been virtually completed (see paragraph 7). The total allocations which could be made by the Board at the June 1965 session would necessarily be limited to the income expected in the period 1 July 1965 - 30 June 1966, or about $37 million. Thus allocations at the June 1965 session would be approximately $30 million for projects and general assistance, $5 million for operational services, and $2 million for administrative services. This was the same general level as recommended at the current session 4/, though $4 million less than the level expected when the Board had met in June 1963. The limiting of allocations for projects and general assistance to $30 million did not correspond to the needs of prospective projects; it was a limitation imposed by income expectations. Since commitments for a number of projects were made for several years ahead, the Executive Director believed that commitments approved in 1965 could be allowed to reach $45 million, or $8 million more than allocations.

14. In the light of the above, the Executive Board approved a ceiling of $45 million for commitments and $37 million for allocations to be submitted to the Board at its June 1965 session.

3/ Other points raised by the Executive Director in his opening statement are referred to elsewhere in this report. The full statement is reproduced as document E/ICEF/499.

4/ This recommendation was approved by the Board. See paragraph 27.

III. CHILDREN AND YOUTH IN DEVELOPMENT PLANNING

15. The Board had before it for its information an interim report on a round-table conference on children and youth in development planning held at Bellagio, Italy, from 1 to 7 April 1964, and engaged in a preliminary discussion of the conclusions it contained.5/ The conference, which had been sponsored by UNICEF in co-operation with the United Nations Department of Economic and Social Affairs and the specialized agencies, had provided an opportunity for leading economists and planners as well as experts on children's problems to examine how best to take account of the needs of children and youth in economic and social planning in developing countries.

16. The Executive Director pointed out that one of the immediate results of the conference was that the ministers and members of planning commissions who had attended had agreed that on returning to their countries they would take up the question of a national policy for children. He hoped that the regional seminars to be held in Asia and Latin America in 1965 6/, and possibly in other regions later, would provide a similar opportunity for a confrontation of views between those in control of financial resources and experts in various aspects of social development, and that this would lead to practical action in a considerable number of countries. A major conclusion of the conference was that the Governments of developing countries should formulate long-term national policies for children and youth.

17. The discussions at the conference had clearly revealed that, in development planning, more systematic attention should be paid to all aspects involving children and young people. At the same time the conference had concluded that it would be neither desirable nor justifiable to have a separate sector for children in national development plans. The conference had nevertheless underlined the importance of the interaction of measures taken in the different sectors. In addition, the conference had considered it essential for Governments, in order to develop the most effective over-all policy, to keep under constant review the policy approaches in the various planning sectors affecting children. The conference had suggested that planning for the needs of children should be co-ordinated at the inter-ministerial level and in the planning commissions, and recommended the establishment of national groups, composed of governmental and non-governmental leaders, to help in the formulation of an appropriate national policy. Co-ordination could also be strengthened if, on the one hand, planners were given a basic knowledge of the problems facing children and youth, and, on the other, the organizers of services affecting children and youth were given a basic knowledge of planning methods.

5/ The conclusions, reproduced in document E/ICEF/498, are also available at UNICEF offices in printed form. A report of the proceedings, including the Rapporteur's summary of the discussions and summaries of the documents and main statements, will be published in the autumn of 1964.

6/ See paragraph 56.

18. The participants in the conference had recognized that the indirect effects of various economic and social policies could be of great importance in improving the situation of children and youth. They had also discussed the main needs of children and youth which should be considered by the planner, namely, needs in the fields of health, food and nutrition, education and vocational training, social welfare services, youth employment and training and research. Particular emphasis was placed on youth employment in the rural areas and in rapidly expanding towns, and on the importance of improving the nutrition of pre-school children. Greater emphasis on the education of girls and mothers in most developing countries was also recommended.

19. The report of the conference pointed out that many countries were concerned with the rapid rate of their population growth in comparison to the rate of their economic growth. Programmes addressed to the survival and well-being of infants and young children and the improvement of family hygiene and education in family life generally might be expected to raise parents' aspirations for their children and change their attitudes about family size.

20. In viewing the problem of children and youth in development planning the conference had considered it important to recognize that many developing countries, particularly those in which the need for a policy and programmes for children was most urgent, lacked trained personnel and data. Consequently, methods for assessing needs, establishing priorities and allocating resources should be simple and practical.

21. The great discrepancy between the magnitude of the needs of children and the resources available to meet those needs was emphasized in the deliberations of the group. The conference therefore appealed to all sources of aid - bilateral and multilateral - to take the needs of children in developing countries into greater account.

22. The conference had recommended that UNICEF, in co-operation with the United Nations Department of Economic and Social Affairs and the specialized agencies concerned, should explore the possibility of a thoroughly prepared world conference on the place of children and youth in economic and social development. In the Board's discussion of this recommendation, some representatives either opposed the idea of a UNICEF-sponsored world conference,

or stated that their delegations were not receptive to the idea at the present time. They believed that regional round-table conferences, regional studies on the needs of children, and the formulation by individual countries of national policies on children would lead to a better understanding of the place of children in development planning; it would be desirable to evaluate the results of these activities before anything as complex as a world conference was planned. Other representatives, however, felt that since it was UNICEF's task to draw the world's attention to children's needs it would be wrong to oppose the idea a priori. Some thought that the idea was an interesting one but should be explored further, in order to give the Board a sound basis for the consideration of any concrete proposals. The Executive Director stated that he was not yet in a position to present to the Board his conclusions regarding such a conference. At the January 1964 session of the Board, the Acting Chairman had requested him to explore informally the possibilities of such a conference and report back to the Board at an appropriate stage.7/ He expected to consult with members of the Executive Board and other Governments on this question as well as with various United Nations organizations.

23. The participants in the round-table conference believed that the receptivity and fresh outlook of children, not yet weighed down with artificial prejudices and narrow provincialism, should be drawn upon to build a better understanding among all the peoples of the world. The conference therefore believed that it would be desirable to develop national and international programmes for children which would have this objective, and that UNICEF, together with UNESCO and the other international agencies concerned, should consider what action could be taken among children and youth that might lead to international understanding.

24. In the Board's discussion of this recommendation, reference was made to the International Conference on Youth to be held under the auspices of UNESCO in August 1964; and to an item relating to a declaration on the promotion among youth of the ideals of peace, mutual respect and understanding between peoples, which had been on the agenda of the General Assembly since 1960 and which would again be considered by the Assembly at its nineteenth session. The Executive Director expressed the view that the experience gained so far should be studied in order to plan programmes for children which would lead to better international understanding when they reached adulthood. For example, contact might be established between children in various parts of the world through schools; through the use of similar teaching aids in various countries; through the exchange of films, books and information designed to foster mutual interest and understanding; and through the celebration of Universal Children's Day. Studies on the personality development of the child and measures other than formal education might be considered as a basis for the preparation of relevant programmes.

7/ See Official Records of the Economic and Social Council, Thirty-seventh Session, Supplement No. 3 A (E/3868 - E/ICEF/492), para. 99.

25. Some delegations believed that the question, although important, should not involve UNICEF, which had limited resources and many other responsibilities. The problem was one which might best be left to UNESCO and the General Assembly. Other delegations, however, held that UNICEF also had an obligation in this field, together with other agencies. They did not believe participation need necessarily entail large expenditures by UNICEF. Some delegations thought that it might be better for UNICEF to await the discussions by the General Assembly at its nineteenth session before taking any decisions.

26. In concluding the preliminary exchange of views on the results of the Bellagio conference, the Executive Board expressed its satisfaction with the excellent work accomplished, and its deep appreciation to the countries which had provided national case studies, the experts who had prepared background papers, the participants and the secretariat. It also expressed its appreciation to the Rockefeller Foundation for having made available the facilities for the conference. It believed it important to disseminate a full report on the conference in various languages. The Board looked forward to any recommendations for new follow-up action which the Executive Director might wish to present to it at its June 1965 session, after he had given further consideration to the relevant reports and taken into account the views expressed at the present session of the Board, as well as the results of any additional consultations he might undertake.

IV. PROGRAMME ASSISTANCE

27. The Board reviewed the report of the Programme Committee on its 279th to 286th meetings held from 15 to 18 June 1964 (E/ICEF/P/L.472) and approved aid totalling approximately $34.6 million in commitments and $30.3 million in allocations. Action on administrative and operational services (see paragraph 73) brought commitments approved at the session to $41.7 million and allocations to $37.1 million. The Board approved returns of unused programme allocations amounting to $217,627 and made allocations of $46,980 to cover over-expenditures incurred in the course of the fulfilment of four projects.

28. There was a strong element of continuity in UNICEF aid: three-quarters of the projects for which aid was approved were for the continuation or extension of existing programmes, most of them in the older fields of UNICEF aid; of the total of 207 projects for which aid was approved, 64 were for health services, 60 for disease control, 35 for nutrition and 17 for family and child welfare services. There were, however, 25 recommendations for education projects, which showed the growing importance of this newer field of aid.

29. Included in the aid approved was an amount of $1,016,400 to cover reimbursement to the ILO, FAO and UNESCO for international project personnel and fellowships on jointly assisted projects through 1965. Of this amount $662,000 was for reimbursement to FAO, $275,200 to UNESCO, and $19,200 to the ILO. An amount of $60,000 was included for contingencies to finance unforeseen technical assistance costs which might arise before the Board met again in 1965. The Board noted that the amount approved for reimbursement was significantly less than the sum approved for the same purpose in 1964, which had totalled $1.5 million. That reduction reflected the higher priority given to UNICEF-assisted projects by Governments in their 1965 requests to the United Nations Expanded Programme of Technical Assistance.

30. 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, are given in tables 1 and 2 below.

Table 1

SUMMARY OF COMMITMENTS APPROVED BY THE EXECUTIVE BOARD IN JUNE 1964

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	2,262,329	3,272,488	3,594,600	2,236,079	115,000	6,912,980	-	18,393,476	57.09
Health services	1,870,329	1,938,988	2,288,000	303,079	92,000	3,495,300	-	9,987,696	31.00
Disease control	392,000	1,333,500	1,306,600	1,933,000	23,000	3,417,680	-	8,405,780	26.09
Malaria	-	500,000	148,000	1,624,000	-	3,167,000	-	5,439,000	16.88
TB/BCG	14,000	328,500	978,000	181,000	-	250,680	-	1,752,180	5.44
Trachoma	45,000	37,000	-	128,000	-	-	-	210,000	0.65
Leprosy	333,000	440,000	180,600	-	-	-	-	953,600	2.96
Other [a]	-	28,000	-	-	23,000	-	-	51,000	0.16
NUTRITION	999,900	143,879	4,122,200	222,800	752,000	361,900	283,000	6,885,679	21.37
Child feeding	-	10,879	-	-	-	-	-	10,879	0.04
Applied nutrition	987,400	53,000	3,852,200	203,600	-	266,900	283,000	5,646,100	17.52
Milk conservation	12,500	-	170,000	19,200	600,000	75,000	-	876,700	2.72
High protein food development	-	-	-	-	152,000	-	-	152,000	0.47
Other nutrition	-	80,000	100,000	-	-	20,000	-	200,000	0.62
FAMILY & CHILD WELFARE	200,932	148,700	-	133,000	-	174,000	-	656,632	2.04
EDUCATION	3,510,000	594,000	208,000	1,397,000	-	91,200	-	5,800,200	18.00
VOCATIONAL TRAINING	19,200	-	-	-	33,000	46,000	-	98,200	0.30
OTHER [b]	-	35,000	-	-	-	93,000	260,000	388,000	1.20
TOTAL	6,992,361	4,194,067	7,924,800	3,988,879	900,000	7,679,080	543,000	32,222,187	100.00
FREIGHT								2,400,000	
TOTAL, PROGRAMME AID								34,622,187	
Operational services for 1965								4,777,900	
Administrative costs for 1965								2,297,300	
GRAND TOTAL								41,697,387	

a/ Includes filariasis control $28,000 and mycosis control $23,000.

b/ $200,000 to assist in country planning and project preparation; $128,000 for a seminar in the Asia Region on planning for children and youth and for assistance to the Latin American Planning Institute; and $60,000 to finance unforeseen technical assistance costs.

Table 2

SUMMARY OF ALLOCATIONS APPROVED BY THE EXECUTIVE BOARD IN JUNE 1964
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	2,178,629	3,766,488	3,430,000	2,203,079	87,000	6,122,980	450,000	18,238,176	66.89
Health services	1,921,629	2,431,988	2,288,000	236,079	64,000	2,477,300	450,000	9,868,996	36.19
Disease control	257,000	1,334,500	1,142,000	1,967,000	23,000	3,645,680	-	8,369,180	30.70
Malaria	-	521,000	116,000	1,624,000	-	3,395,000	-	5,656,000	20.66
TB/BCG	115,000	263,500	878,000	199,000	-	250,680	-	1,706,180	6.26
Trachoma	45,000	378,000	-	144,000	-	-	-	567,000	2.08
Leprosy	97,000	144,000	116,000	-	-	-	-	357,000	1.31
Other a/	-	28,000	-	-	23,000	-	-	51,000	0.19
NUTRITION	1,005,400	143,879	2,122,200	222,800	360,000	424,100	252,000	4,530,379	16.62
Child feeding	-	10,879	-	-	-	-	-	10,879	0.04
Applied nutrition	862,900	53,000	1,652,200	203,600	-	329,100	252,000	3,352,800	12.30
Milk conservation	142,500	-	370,000	19,200	208,000	75,000	-	814,700	2.99
High protein food development	-	-	-	-	152,000	-	-	152,000	0.56
Other nutrition	-	80,000	100,000	-	-	20,000	-	200,000	0.73
FAMILY & CHILD WELFARE	340,932	198,400	-	163,000	-	126,000	-	828,332	3.04
EDUCATION	1,106,000	745,000	170,500	737,000	-	247,200	-	3,005,700	11.02
VOCATIONAL TRAINING	19,200	-	178,000	-	33,000	46,000	-	276,200	1.01
OTHER b/	-	35,000	-	-	-	93,000	260,000	388,000	1.42
TOTAL	4,650,161	4,888,767	5,900,700	3,325,879	480,000	7,059,280	962,000	27,266,787	100.00
FREIGHT								3,000,000	
TOTAL, PROGRAMME AID								30,266,787	
Estimated operational services (last six months of 1964)								2,112,700	
Estimated administrative costs (last six months of 1964)								1,160,700	
Estimated operational services (first six months of 1965)								2,388,950	
Estimated administrative costs (first six months of 1965)								1,148,650	
GRAND TOTAL								37,077,787	

a/ Includes filariasis control $28,000 and mycosis control $23,000.

b/ $200,000 to assist in country planning and project preparation; $128,000 for a seminar in the Asia Region on planning for children and youth and for assistance to the Latin American Planning Institute; and $60,000 to finance unforeseen technical assistance costs.

31. At the close of the session UNICEF was providing aid for a total of 553 long-range projects, as is shown in table 3.

Table 3

Long-range projects assisted by UNICEF
at the close of the June 1964 session of the Board

	Africa	South Central Asia[a/]	East Asia and Pakistan	Eastern Mediter-ranean	Europe	The Americas	Inter-regional	Total currently assisted projects
Health services	46	8	29	17	5	56	4	165
Disease control	47	6	29	21	2	43	-	148
Nutrition	29	7	15	14	7	46	5	123
Family and child welfare	30	1	10	11	-	9	-	61
Education	14	1	8	10	1	10	-	44
Vocational training	1	1	1	1	1	4	-	9
Planning for children	-	-	1	-	-	1	1	3
TOTAL	167	24	93	74	16	169	10	553

[a/] Includes Afghanistan, Ceylon, India and Nepal.

32. Table 4 presents a brief summary of programme commitments and allocations approved at the June 1964 session of the Board.

Table 4

Summary of programme commitments and allocations approved at the June 1964 session of the Board

	Number of Projects	Commitments		Allocations	
		Amount (in thousands of US dollars)	Per cent of Total	Amount (in thousands of US dollars)	Per cent of Total
Health	124	18,393.5	57.1	18,238.2	66.9
Health services	(64)	(9,987.7)	(31.0)	(9,869.0)	(36.2)
Disease control	(60)	(8,405.8)	(26.1)	(8,369.2)	(30.7)
Nutrition	35	6,885.7	21.4	4,530.4	16.6
Family and child welfare	17	656.6	2.0	828.3	3.1
Education	25	5,800.2	18.1	3,005.7	11.0
Vocational training	3	98.2	.3	276.2	1.0
Other a/	3	388.0	1.2	388.0	1.4
Total project aid, excluding freight	207	32,222.2	100.0	27,266.8	100.0
Freight		2,400.0		3,000.0	
Total project aid including freight		36,622.2		30,266.8	

a/ Includes $328,000 for three projects in planning for children and youth and $60,000 to finance unforeseen technical assistance costs.

33. Annex V to this report shows the outstanding commitments at the close of the June 1964 session, which totalled $26.2 million, including $22.7 million for programme commitments.

Private support for UNICEF-assisted projects

34. The Board noted with pleasure the first instance of increased private support for UNICEF-assisted projects given in accordance with the procedures it had adopted in January 1964,8/ under which national committees or other fund-raising organizations could adopt specific projects, approved by the Board, for soliciting private contributions./ The UNICEF National Committee in the Netherlands had agreed to provide UNICEF with the $71,000 required in 1964 for a previously approved education project in Colombia. This amount would be raised as part of the celebration of United Nations Day in October 1964, which would be sponsored jointly by the Committee, the Netherlands Organization for International Assistance and the Netherlands UNESCO Centre. The Committee also planned to raise the additional funds required for the project in 1965 and 1966, totalling $63,000.9/

General programme trends

35. The Directors of the various regions made statements to the Programme Committee and the Executive Board calling attention to significant aspects of programme trends since the Board's session in January 1964. Some of the main ideas which emerged in the Directors' statements and in the discussion of them by the Committee and the Board may be summarized as follows:

(a) The discrepancy between children's needs and the resources available to meet them is enormous.

(b) One contribution to the solution of this problem would be for countries to establish priorities conforming to local needs and possibilities of action. It is for Governments to decide the extent to which they should seek to concentrate aid on a few main problems or use it for balanced development in a number of fields.

(c) Countries should be more actively encouraged to undertake comprehensive surveys of the whole range of needs of their children and youth in order to ensure that these needs will be considered in their planning processes and that appropriate priorities will be established.

(d) UNICEF staff, in co-operation with the staff of technical agencies in the United Nations family, have a useful role to play in encouraging careful planning and project selection, wherever possible in relation to the national development programme.

8/ Ibid, paras. 103-105.

9/ See report of the Programme Committee, E/ICEF/P/L.472, paras. 17-18.

(e) An important feature of many UNICEF-aided projects is the increasing emphasis on the training of personnel through national and regional training schemes. Training should be encouraged for all categories of personnel: planning and directing; teaching and professional; auxiliary and volunteer.

(f) More attention should be given to finding the ways in which countries that receive aid can share with other receiving countries the lessons learned from the difficulties and successes they have had in developing certain types of programmes.

(g) Countries continue to be interested chiefly in aid for health and nutrition. There is, however, an increasing interest on the part of Governments in seeking UNICEF aid for education, especially teacher training with emphasis on the practical content of education, including health and nutrition. There is also a tendency for more projects to be comprehensive in scope, combining or closely associating several related activities.

(h) Wherever possible, it is desirable that projects should be planned so that they are capable of becoming national in scope. They may be of a pilot character, which will help the country to work out measures that can later be carried out on a larger scale.

(i) The effectiveness of projects is greatly enhanced if the support of voluntary agencies and community leaders can be enlisted.

(j) In line with the decision of the Board in January 1964,10/ an effort is being made to include specific provisions for evaluation in the plan of operation formulated for each project.

(k) Also in line with the Board's views, reiterated at the January 1964 session,11/ UNICEF is beginning to be more active in seeking co-operation with multi-national and bilateral agencies in a position to help children. This should help to ensure that all available resources are used to maximum effect and should also enlist the support of the various sources of external aid in making improvement of the condition of children and youth a major long-term goal of general development.

(l) UNICEF field representatives should have the widest possible knowledge of the problems of children in the countries in which they serve, so that they can outline projects which will attract support from multilateral, bilateral and non-governmental sources of aid.

10/ See Official Records of the Economic and Social Council, Thirty-seventh session, Supplement No. 3 A (E/3868 - E/ICEF/492, para. 85 (b)).

11/ Ibid., para. 99.

36. In his statement to the Board, the Director for Africa drew attention to the need for adjusting UNICEF policy so that special aid could be given to countries lacking the personnel and infrastructure to initiate services on behalf of children, a need present in other parts of the world as well as Africa. The Executive Director said he was prepared to make a study of the problem and present to the Board at its next session recommendations as to how UNICEF, in collaboration with other sources of external aid, might give special assistance to these countries, it being understood that such aid would be furnished on a decreasing scale and would cease within a reasonable period of time.

37. The Board decided that the Executive Director should present recommendations on this question at its June 1965 session. In order for the Board to be able to envisage how this would work in practice, the Executive Director should include as part of his presentation a few selected projects which, if the Board adopted the principle and the criteria for aid, could also be approved by the Board for immediate implementation.

Programme trends in the various regions

38. A number of the general points referred to above were made more specific in the Directors' statements as they drew attention to certain main programme trends in their regions. These are summarized below.

Africa South of the Sahara

39. Several countries have established ministries of planning or planning offices which will make it possible to concentrate aid on crucial points within UNICEF's own field of action as part of the over-all effort in these countries. A number of the projects for which UNICEF aid is now being requested are part of long-term development plans or are the result of planning in fields directly affecting children. Considerable emphasis is being laid on the training of personnel. More and more countries are deciding that the education of children and young people should be of a more practical type. UNICEF is developing an increasingly close contact with the Economic Commission for Africa and is concerned with the better co-ordination of its aid with that provided by other United Nations bodies as well as by the Development Fund of the European Economic Community and various sources of bilateral aid.

East Asia and Pakistan

40. Governments and UNICEF field staff are making greater efforts to ensure that UNICEF's resources are increasingly used for projects to which the Governments concerned have assigned high priorities. Where countries have

national planning ministries or departments, proposed projects are being reviewed within the context of the Government's over-all plan for economic development. The largest part of UNICEF aid to the region will continue to be used for basic health services and disease control. The next largest part goes to education, although it is a fairly new field of UNICEF aid. Emphasis is being placed on improving the quality of teaching. A relatively small proportion of UNICEF aid is directed to nutrition and social service projects. Such projects do not often receive government priorities and there is a lack of funds and trained staff for activities in these fields. Generally Governments are not in a position to make heavy budgetary increases for the social sector, and while there are encouraging signs that key officials are beginning to recognize the need to correct imbalances, the emphasis in the next several years ahead is more likely to be on the better use of such resources as are at present available. There is close co-operation between UNICEF, the Economic Commission for Asia and the Far East, and the Asian Institute for Economic Development and Planning.

South Central Asia

41. UNICEF's aid to India has been in three main fields: basic health services and communicable disease control; nutrition; and education. The Government has recently also expressed interest in aid for urban community development. The mid-term appraisal of the third five-year plan has prompted the Government to take a number of measures which, it is hoped, will permit sectors which have so far fallen short of goals to regain their momentum in the remaining two years. UNICEF is participating in discussions on the possibilities of UNICEF aid in various aspects of the fourth five-year plan, which is currently being drafted. Other countries in the region which are considering long-term plans are interested in the possibility of similar UNICEF participation. In Afghanistan education has a high priority for UNICEF aid and this is likely to be the case in Nepal. Mongolia and Bhutan have expressed an interest in UNICEF aid, and field visits will be made in order to establish contacts and explore possible projects.

Eastern Mediterranean

42. While development planning, of varying degrees, has been established in all countries in the region, in general the emphasis is on economic development and public works; more explicit attention should be given in this planning to meet the needs of children. A number of countries are laying considerable stress on the improvement and expansion of their health services, although relatively little attention has so far been paid to environmental sanitation. In the field of disease control, UNICEF's contribution has been mainly for malaria eradication, although some beginnings have been made in activities against tuberculosis, trachoma, and bilharzia. Considerably higher

priority is now being accorded education, particularly the training of primary school teachers, and this will undoubtedly become a major field of UNICEF aid in the region. While progress in applied nutrition is likely to be slow, UNICEF aid for milk conservation has already produced important lasting effects, and its expansion, where possible, is important for improving nutrition. Social services are a relatively new field of UNICEF assistance, and one in which progress will mainly take the form of training. The success already achieved in the community development programme in one country in the region may provide useful lessons for other countries.

Europe and North Africa

43. UNICEF aid has considerably diminished in Europe, being limited to key aspects of health and nutrition programmes in several countries bordering the Mediterranean and in Poland. In North Africa, UNICEF aid for Algeria has been concentrated on two critical and immediate problems: accelerated teacher training for primary education and the development of a basic health infrastructure. In Morocco the programme for organizing health services is the most important one being aided by UNICEF, although UNICEF aid to rural primary education, mothercraft and homecraft, and nutrition education will also have significant long-term values. In Tunisia UNICEF aid is given within the broad context of an over-all governmental policy to tackle a number of critical problems affecting children in the fields of health, nutrition, education and pre-vocational training.

The Americas

44. The eradication of malaria is a priority in the Americas and continues to receive a large proportion of UNICEF aid. Results have been dramatic but there are still zones with problems of persistent transmission where the additional measures necessary involve a continuing high investment on the part of the Governments as well as of UNICEF. Governments are showing increasing interest in the development of integrated health services covering maternal and child care, disease control and environmental sanitation. The problem of nutrition continues to receive attention in the region. In education, UNICEF participation is directed principally to the training of unqualified rural teachers and to the reorganization of the supervisory services. Interesting programmes in social services have been approved for Brazil, Chile and Colombia. The development of services for all types of programmes requires the preparation of personnel, and many of the programmes include a major emphasis on training. UNICEF will continue its collaboration with the Economic Commission for Latin America and the Latin American Institute for Economic and Social Planning, particularly in connexion with the regional seminar on planning for children in national development, and over-all studies of child needs by countries, the first of which will be initiated by the Government of El Salvador in July 1964.

Trends in programme categories

Health

45. Health projects continued to command the largest share of UNICEF resources, accounting for 57 per cent of the programme funds committed at the session. Of the 207 projects for which aid was approved, 124 were for health programmes. The greatest number were for Africa (35) and the Americas (35).

46. Thirty-one per cent of commitments approved were for basic health services, all of which placed major emphasis on maternal and child health services. The trend towards the integration of disease control measures into the permanent health structures was continuing. In the Board's discussion, attention was drawn to the importance of ensuring that UNICEF aid to basic health services should be directed to improving the quality and range of care for mothers and children; to the need for encouraging training schemes at higher levels in the developing countries; and to the value of training individual workers in a wide variety of skills. The Board looked forward to receiving a report on basic health services at its next session.12/

47. One of the largest projects approved, involving a commitment of almost $1.9 million, was for rural health services in India. This project was moving at an accelerated rate, partly as a result of the success of the national malaria eradication campaign and the need to consolidate and maintain the results achieved. The Board was impressed with the significance of this project and suggested that a report in depth on the experience with the problems encountered and the use of UNICEF aid could be exceedingly useful, not only to India, but to many other countries, as a guide in developing their own health programmes. Another large project, involving a commitment of $2.4 million, was for potable water and environmental sanitation for villages in Brazil. All the environmental sanitation projects approved included community participation and arrangements for the continuing local support and maintenance of the water supply installations.

48. Twenty-six per cent of the programme commitments approved at the session were for disease control campaigns (mainly malaria, tuberculosis, leprosy and trachoma). A number of the projects reflected efforts to combine various disease control activities with multi-purpose field campaigns. The important relationship between basic health services and malaria eradication projects was reflected in the over-all health planning of a number of countries. In many countries UNICEF was being asked both to help strengthen basic services and to support malaria eradication measures so that the way would be prepared to maintain the benefits of eradication campaigns as they drew to a close.

12/ In this connexion, see paragraph 88.

Malaria eradication continued to receive by far the largest share of assistance for disease control, accounting for about 17 per cent of all programme commitments. All of the projects for tuberculosis control represented a continuation of previously assisted efforts.

49. The Board looked forward to having before it at its next session a report reviewing leprosy control programmes.13/ It would also discuss at that session UNICEF policy in aiding BCG and tuberculosis control programmes.14/ The Board approved, for the first time, aid for the control of filariasis in a pilot project in Western Samoa, which it hoped would demonstrate techniques that might eventually be applied widely to bring relief to the millions of children who suffer from this disease in many parts of the world.

Nutrition

50. The assistance approved in the field of nutrition represented about 21 per cent of the programme commitments. Twenty-five projects (including thirteen not previously aided) were for applied nutrition, which included various efforts in nutrition education combined with the stimulation of local production and the consumption of protective foods. As usual, training at various levels was an important part of the projects. Among the African projects, three involved the integration of nutrition education in courses given to rural extension workers and home economists at universities. In the Programme Committee's discussion of the applied nutrition projects emphasis was placed on the need for more intermediate-level training; the importance for village-level training programmes to have the strong support of both the local public health and education authorities; and the need for the closest possible co-ordination between applied nutrition and primary education projects. UNICEF aid for the preparation of nutrition manuals and educational materials was welcomed.

51. The Programme Committee and the Board discussed with considerable interest the important applied nutrition project in India, which UNICEF had been assisting in several states and which was now progressively to be extended to the whole country. For this project UNICEF's commitment for the period 1964-1967 would be $3.7 million. In connexion with this project a discussion took place in the Board and the Programme Committee in regard to WHO's unwillingness to participate in the extension of the project pending analysis of an evaluation. The project had the strong support of FAO. WHO was not withdrawing its technical approval of the project as such and had no objections to FAO and UNICEF supporting its extension. In the discussion of the situation, attention was drawn to the problem such a situation created for UNICEF. The hope was expressed that it would be possible for the project to proceed with the full co-operation of both technical agencies.15/

13/ Idem.

14/ See E/ICEF/P/L.472, paras. 65-67.

15/ See E/ICEF/P/L.472, paras. 77-83 and E/ICEF/SR.318.

Family and child welfare

52. Of the seventeen projects for which allocations were approved, several were in a sense new departures for the countries involved. Two of them (in Bangkok and Tunis) were designed to improve the lot of families in difficult urban settings. While UNICEF aid in this field was generally welcomed, several representatives questioned extending the scope of the aid in the Bangkok project to housing; others, however, felt that the aid was justified since the project, by encouraging self-help housing, led to improved family living conditions. Among other UNICEF projects in this field, one was designed to strengthen juvenile courts and related services for neglected and maladjusted children (Chile) and one was addressed to the special problems of children who had experienced the effects of civil disturbances (Colombia). Another project included the development of community centres, using in their programmes traditional patterns of mutual aid (Ethiopia). The project for Libya was an instance of assistance being given to a national programme of social welfare which was part of a national plan of social development.

53. Several Board members emphasized the importance of family and child welfare services as an essential element in a balanced country programme for children. Stress was also laid on the combining of health and home economics with social services; this would have implications in training programmes which would require further exploration on the part of the disciplines concerned.

Education

54. The commitments for new or continuing projects in education approved by the Board constituted 18 per cent of all programme commitments, bringing to 44 the number of projects approved in this relatively new field of UNICEF aid. In many developing countries it was common for teachers to be ill-trained and for children to attend schools only briefly. In most of the projects UNICEF aid concentrated on teacher training, both for those beginning their careers and those already in the schools. Emphasis was also put on broadening and deepening the content of teaching, to bring it into closer relation with everyday life. The teaching of various manual and technical skills was becoming a common feature of curricula at both the primary and secondary level. A good deal of progress was being made in introducing health and nutrition education and home economics into teacher-training schemes. More and more attention was given to the provision of education for girls. The assistance being given by UNICEF, in collaboration with UNESCO, was making it possible for many countries to plan long-term educational programmes.

Vocational training

55. Aid was approved for three projects in vocational training. This brought to nine the number of countries to which UNICEF, in collaboration with the ILO, was giving assistance for projects generally addressed to the problems of early school-leavers who were not adequately prepared for employment.

Planning and project preparation

56. The Board approved allocations for two projects to help country planning. One was for a supplemental allocation to finance the proposed Asian seminar on children in national development, for which an initial allocation had been approved in January 1964. The second involved a further allocation to support training, research and advisory services at the Latin American Institute for Economic and Social Planning in fields with a particular bearing on services benefiting children and youth. The relation of these projects to the round-table conference held in April 1964 on children and youth in development planning is referred to in paragraphs. 16/

57. The Board also approved an allocation to replenish the inter-regional fund for country planning and project preparation, which had in the past greatly facilitated project development and had been used to help prepare twenty-four of the project recommendations presented to the Board at the present session. Most, though not all, were the newer types of projects, which countries had had relatively little experience in preparing. The number of social service projects prepared with this assistance was especially encouraging. Disappointment was expressed, however, that the fund had not been used to any large extent for over-all planning for children in national development efforts. It was suggested that the regional planning seminars and UNICEF aid to the Latin American and Asian planning institutes might perhaps stimulate this in the future.

Other programme questions

Funds-in-trust

58. In accordance with the decision of the Executive Board at its January 1964 session to accept funds-in-trust under certain conditions,16/ the Executive Board accepted funds-in-trust from Sweden totalling 400,000 kroner (US$77,220) for a home economics training centre in Tanganyika. The training to be carried out by this centre is directly related to UNICEF-aided projects in Tanganyika. The funds-in-trust will be used for the purchase by UNICEF of supplies and equipment for the project and for ocean freight and insurance; included is provision for a service charge of 4 per cent on the purchases to cover the additional administrative costs to UNICEF.

16/ See Official Records of the Economic and Social Council, Thirty-seventh Session, Supplement No. 3 A (E/3868 - E/ICEF/492), para. 102.

59. The Board expressed its appreciation of the initiative shown by the Government of Sweden in making more funds available bilaterally in this manner to meet children's needs, and noted with satisfaction that the Government had also increased its regular contribution to UNICEF in 1964.

Local costs

60. Following a discussion in the Programme Committee of the local costs assumed by UNICEF for some projects, it was agreed that the Executive Director would present to the Board at its next session a paper summarizing recent experience with local costs and indicating the relative amounts of UNICEF allocations devoted to such costs for each major category of aid in terms of equipment and supplies, stipends, salaries and honoraria etc.

Requests not submitted to the Programme Committee

61. The Programme Committee discussed the question of government requests for aid which the Executive Director did not bring forward for approval at a particular session.17/ The Executive Director was asked to present to the next session of the Programme Committee an analytical paper which would include information on the number and nature of requests for aid which he was not presenting for the Board's approval; the paper would not identify the requesting countries.

17/ See E/ICEF/P/L.472, paras. 28-33.

V. REPORT OF THE COMMITTEE ON ADMINISTRATIVE BUDGET

62. The Executive Board had before it a report of the Committee on Administrative Budget on its thirty-third session (E/ICEF/AB/L.44) dealing with the 1963 UNICEF and Greeting Card financial reports; the reports of the Board of Auditors; planning the use of UNICEF's financial resources; administrative and operational services budget estimates for 1965 and supplementary estimates for 1964; the Greeting Card budget for the 1964 session and the Revolving Fund for UNICEF Public Information. These matters are discussed below, with the exception of planning the use of UNICEF's financial resources, which is discussed in paragraphs 13 and 14 above.

UNICEF financial reports for 1963

63. The Board noted that the Committee had reviewed and approved the financial report of the Executive Director for 1963 (E/ICEF/AB/L.40) and a report showing administrative and operational services expenditures for 1963 (E/ICEF/AB/L.42). The Board noted the return of $304,956 to the general resources of UNICEF, representing the unobligated balance of the administrative and operational services budget for 1963.

64. The financial report showed that income in 1963 had amounted to $32.1 million, an increase of $2.4 million over 1962. The Committee noted that $1 million of this increase had come from government contributions and $1.4 million from private contributions and other income. While the increase in income was gratifying to the Board, the view was expressed that it was essential for UNICEF to emphasize how clearly insufficient this was in the light of the enormous discrepancy between the needs of children in developing countries and the external aid available. The increase in contributions from Governments was less than that from private and other sources and the hope was expressed that this did not indicate a tendency on the part of Governments to be complacent about the financial situation of UNICEF.

65. The Board noted that the ratio of administrative expenditures to total expenditures in 1963 was 5.33 per cent as compared to 6.28 per cent in 1962 and that the operational services ratio was 8.42 per cent as compared to 9.24 per cent in 1962. 18/ Some representatives commented on the downward trend in these ratios from their level in 1960 and 1961, and asked about their probable future level. The Executive Director drew attention to the fact that these ratios, which were governed to a large extent by expenditures for assistance, did not necessarily reflect the work-load of the agency. This was especially true of qualitative changes in the work-load, such as the large relative growth of assistance to programmes requiring many small items of equipment rather than bulk supplies; staff assistance in connexion both with the use of the country's own resources and the use of bilateral aid for programmes on behalf of children and youth (which in many cases added nothing to UNICEF's project expenditures); and greater administrative assistance to newly

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18/ See E/ICEF/AB/L.40, paras. 53-54.

independent countries. Furthermore, the price of supplies bought by UNICEF had remained fairly constant on the average, over the past ten years, while the unit cost of personnel services was rising. The Executive Director cautioned, therefore, against regarding these ratios as the sole criterion of administrative efficiency. He estimated that the ratio of administrative expenditures in 1964 and 1965 would be between 5.5 and 6 per cent and of operational services between 10 and 11 per cent.

66. The Board noted that the Committee had reviewed the report of the Board of Auditors on the audit of the accounts of UNICEF for the year ended 31 December 1963 (E/ICEF/AB/L.40/Add.1). In its report the Board of Auditors made some recommendations relating to the problems involved in the forward planning and execution of the supply operation for the newer types of programmes (paragraph 4) and the strengthening of the Internal Audit Service (paragraph 5). The Committee's report summarized[19] an account given by the Executive Director of the action he had already taken and proposed to take in response to these recommendations. This included the preparation of guide lists to encourage greater standardization of supply requests from the field, particularly for the newer types of programmes, which involved the supply of many hundreds of small items; and the expansion and strengthening of the UNICEF packing and assembly centre in Copenhagen. Both these measures would result in a quicker distribution of supplies in the field. In order to strengthen the Internal Audit Service, the post of Chief of the Audit Section in the Comptroller's Office was being upgraded, an additional post would be assigned to the Section, and an audit manual was being prepared. Members of the Committee on Administrative Budget had expressed their approval of the action being taken. The Committee had taken note of the report of the Board of Auditors and also of the action taken and planned by the Executive Director to meet the points raised by that Board. The action of the Committee was endorsed by the Executive Board.

Supplementary budget estimates for 1964

67. The Executive Director estimated that in 1964 additional expenditures would be required for certain unforeseen administrative and operational services. The Board noted, however, that the Executive Director had been authorized by the Committee on Administrative Budget to draw upon the Contingency Fund of $50,000 for any amounts for this purpose which could not be absorbed in the budget allocations already approved.[20]

19/ See E/ICEF/AB/L.44, paras. 13-25.

20/ Ibid, paras. 39-40.

Administrative and operational services budget for 1965

68. As set forth in paragraph 73, the Executive Board approved an administrative and operational services budget for 1965 providing a gross amount of $7,075,200, of which $4,777,900 was for operational services and $2,297,300 for administration. The total net budget amounted to $6,377,200 after deducting estimated net revenue. The gross budget estimates constituted an increase of $528,400 over 1964, or 8.1 per cent. Approximately 24 per cent of the increase resulted from service increments to salaries, and statutory increases as a result of resolutions of the General Assembly or changes in United Nations post adjustments and salary scales which applied automatically to UNICEF.

69. The budget provided for a net increase of six international posts and 31 local posts financed by UNICEF. It also provided for an increase of 11 local posts financed by assisted Governments. The increase in international posts related mainly to increases in the work-load in procurement and in development planning for children and youth. Increases in work-load related to strengthened programme evaluation were expected to be met by the recruitment of short-term consultants. The number of international staff posts at Headquarters remained the same as in 1964. In the field, four new posts were established at Algiers, Brazzaville, Santiago and Seoul. In addition, two new posts were included for the packaging and assembly centre in Copenhagen. The number of local posts was increased by 42, of which 31 were financed by UNICEF and 11 by assisted Governments. The total number of established posts in the 1965 budget included: 188 international posts (70 at Headquarters and 118 in the field); 330 local posts financed by UNICEF (119 at Headquarters and 211 in the field); and 236 field posts financed by assisted Governments under basic agreements. The total number of posts financed by UNICEF was 518.

70. Members of the Board noted that progress had been made in improving geographical representation on the UNICEF staff and the hope was expressed that this would continue. The Board noted that during the past two years UNICEF had come to rely more on the use of locally recruited staff to meet the increased work-load in the field. A significant aspect of this development was the employment of national professional staff who were playing an increasingly important role in the operational services rendered by UNICEF field offices; the 1965 budget contained provision for 60 such posts: 28 financed by UNICEF and 32 by assisted Governments.

71. Following the lines laid down by the Committee on Administrative Budget after its review of an administrative survey on UNICEF made in 1960, rotation from field posts after six years was now generally in effect. The six-year tour of duty also permitted the rotation of a staff member at the time when he was entitled to his home leave. This period, longer than the practice of other United Nations agencies, suited UNICEF because most

of its field staff were in area offices where they were required to become familiar with at least several countries. UNICEF was therefore following the practice of paying assignment allowances for a maximum of six years.

72. Several members of the Board pointed out that their delegations viewed with caution any increase in administrative costs. It was important for UNICEF to maintain its reputation for economy and model management. However, in the light of the explanations offered, they believed that the Executive Director's proposed budget was justified and they were prepared to support it.

73. The Board adopted the following resolution with reference to the administrative and operational services budget estimates for 1965:

A

Budget appropriation for the financial year 1965

The Executive Board resolves

1. That for the financial year 1965 appropriations totalling US$7,075,200 are approved for the following purposes:

		US dollars
Section 1:	Salaries, wages and common staff costs	6,161,100
Section 2:	Other expenses and permanent equipment	914 100
	TOTAL APPROPRIATION	7,075,200

2. That the Executive Director is authorized to administer as a unit the provisions under each of sections 1 and 2; and that 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 1965

The Executive Board resolves

1. That for the financial year 1965 estimates of income totalling US$698,000 are approved as follows:

	US dollars
Income from staff assessment (net)	623,000
Other income	75,000
TOTAL INCOME	698,000

C

Financing of appropriation for the financial year 1965

The Executive Board resolves

1. That for the financial year 1965 budget appropriations totalling US$7,075,200 shall be financed as follows:

	US dollars
By allocation at its June 1964 session	3,537,600
By allocation at its June 1965 session	3,537,600
TOTAL APPROPRIATION	7,075,200

Allocations for administrative and operational services

74. The Board allocated $3,273,400 for administrative and operational services expenditures for the last half of 1964 and $3,537,600 for the first half of 1965.

Greeting Card Fund

75. The Board noted that the Committee on Administrative Budget had approved estimates of the Greeting Card Fund for the 1964 season (1 September 1964 to 31 August 1965) of $1,400,850 (gross), as detailed in the estimates submitted by the Executive Director (E/ICEF/AB/L.36). The Committee also authorized the Executive Director to spend an additional amount of up to 15 per cent of the gross budget, if necessary, to meet costs of expanded production and sales; and to transfer budgetary funds between allotment accounts as required. In view of the necessity of having to enter into commitments for the 1965 season in advance of the beginning of the financial year (1 September 1965), the Executive Director was also authorized to spend an additional amount not exceeding $1 million as an advance from the 1965 Greeting Card Fund budget.21/

76. The net income of the Greeting Card Fund for the 1963 season was estimated at $1.9 million compared with $1.6 million in 1962, $1.1 million in 1961 and $1 million in 1960. The net income for the 1964 season was estimated at $2.3 million. The sales target for the 1964 season was 38 million cards, an increase of 6 million over the number sold in 1963.

77. The Board expressed its appreciation of the impressive record of the Greeting Card Fund, which over the past few years had increased its sales by 20 to 25 per cent each year.

21/ Ibid, paras. 49-50.

78. The Board noted that the Committee had reviewed and approved the accounts of the UNICEF Greeting Card Fund for the period 1 September 1962 to 31 August 1963 (E/ICEF/AB/L.41) and had noted the report of the Board of Auditors on these accounts (E/ICEF/AB/L.41/Add.1). In view of the continuous growth of the Greeting Card Fund the Board of Auditors had recommended a management study of its operations. After a discussion of this problem the Committee had decided that the Executive Director should seek consultative advice for special problems and make use of such United Nations resources for management advice as were available. It had decided, however, that the Executive Director should postpone a decision on undertaking an over-all management study.22/ The action of the Committee was endorsed by the Board.

Revolving Fund for UNICEF Public Information

79. The Board noted that the Committee on Administrative Budget had reviewed a report of the Executive Director on the Revolving Fund for UNICEF Public Information (E/ICEF/AB/L.37 and Corr.1). The Fund, which had been established in order to finance from income the production costs of certain revenue-producing materials (e.g. books and other printed materials, audio-visual materials for television, radio and group showings), had a balance at the end of 1963 of approximately $60,000, the ceiling set by the Board. The projects planned for 1965 would involve estimated expenditures of over $100,000.

VI. REUNION OF THE EUROPEAN NATIONAL COMMITTEES FOR UNICEF

80. The Board recognized that increased support from both governmental and private sources23/depended on greater public understanding of children's needs in developing countries. The Board therefore welcomed a report on the successful tenth reunion of the European National Committees for UNICEF, held in Dublin in May 1964, and the evidences of the ways in which the National Committees were strengthening and extending their work in educating the public and government officials, and in sponsoring fund-raising efforts from private sources.

81. The Board expressed its deep appreciation of the initiative taken by the National Committees and the hospitality of the Government and people of Ireland.

22/ Ibid, paras. 26-29.

23/ See paras. 8-11, 34, 58-59, and 64 of this report.

VII. UNICEF REPRESENTATION ON JOINT POLICY COMMITTEES WITH WHO AND FAO

82. The Board selected UNICEF representation for the next sessions of the joint policy committees with WHO and FAO, both scheduled for early 1965. In this connexion it was suggested that in future selections the principle of rotation should be observed to a greater degree.

UNICEF/WHO Joint Committee on Health Policy

83. 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. K. Bain (United States of America), Dr. R. Debré (France) and Dr. D. Venediktov (Union of Soviet Socialist Republics). The alternates are Dr. Adeniyi-Jones (Nigeria), Dr. I. Dogramaci (Turkey) and Dr. R. Farah (Tunisia).

FAO/UNICEF Joint Policy Committee

84. The UNICEF representation on the FAO/UNICEF Joint Policy Committee consists of the Chairman of the Executive Board and the Chairman of the Programme Committee, by virtue of their office, and representatives of three Governments elected from the membership of the Board. The persons to be designated by the Governments are to be, in so far as possible, persons who are, or have been, members of the Governments' delegations to UNICEF; they are to be selected by the Governments concerned in consultation with the Executive Director. Alternates are selected in the same manner as the three representatives.

85. For the next session of the Committee, the Board decided that representatives should be selected by the Governments of India, the Federal Republic of Germany, and Tunisia.[24] Alternate representatives should be selected by the Governments of Nigeria, Mexico and the Philippines.

24/ The representative of Tunisia informed the Board that the participation of his Government was subject to its formal acceptance of membership on the Committee.

VIII. QUESTIONS TO BE CONSIDERED AT THE JUNE 1965 SESSION OF THE BOARD

86. As is set forth elsewhere in this report, several questions arose during the course of the deliberations of the Programme Committee and the Executive Board which it was agreed would be considered at the Board's June 1965 session, in particular the question of providing special UNICEF aid to countries lacking the personnel and basic structure needed to initiate normal programmes (paragraphs 36-37); the question of any new action UNICEF might take in planning for children and youth in national development, including that recommended by the Bellagio conference (paragraph 26); a paper by the Executive Director on experience with local costs (paragraph 60); and a paper by the Executive Director on requests for aid not submitted to the Board (paragraph 61).

87. Other questions raised by various representatives which the Board also agreed to consider at its June 1965 session included the use of world food surpluses for the benefit of children, perhaps within the context of the World Food Programme; criteria for emergency aid, particularly the distinction between immediate aid and aid for rehabilitation following a natural disaster; the assessment of more important projects when an appropriate period of time had elapsed after the conclusion of UNICEF aid, in order to ascertain the value of such aid and to decide what additional follow-up measures might be required; and criteria which UNICEF should use in aiding research-oriented projects.

88. The Board noted that it would have before it at its June 1965 session the reports of the UNICEF/WHO Joint Committee on Health Policy (JCHP) and the FAO/UNICEF Joint Policy Committee. At its session in January 1964 the Board decided that at each policy session it would consider one or two special reports evaluating or reviewing a different type of programme.25/ For the June 1965 session there would be three such reports: on basic health services, including maternal and child health; on leprosy control; and on the economic and social effects of milk conservation in selected developing countries. The first two reports would be reviewed in the first instance by the JCHP and the third by the FAO/UNICEF Joint Policy Committee.

89. The need for further research into various ways of improving the prospects for children and youth in the developing countries had been reflected in recent discussions of the Board and had been referred to by the Executive Director in his opening statement to the Board. The Executive Director was therefore pleased that the new United Nations Research Institute for Social Development in Geneva had offered to discuss with UNICEF the possibilities of research in fields of benefit to children. He believed that the problems would merit the attention of other centres as well. He would report on developments in this field to the Board in June 1965.

25/ See Official Records of the Economic and Social Council, Thirty-seventh Session, Supplement No. 3 A (E/3868 - E/ICEF/492), para. 85 (a).

90. The Executive Director also drew attention to the desirability of focussing increased attention on the pre-school child, a problem which had been referred to at recent sessions of the Board. He pointed out that in some countries planners were more ready to release resources for vocational training and secondary education for older children, who would shortly be entering the economy, than for pre-school children. This overlooked the great importance of the pre-school period in influencing the whole growth and achievement of a person. The implications of this situation in terms of UNICEF aid for training and programme orientation required further exploration.

91. The Executive Director informed the Board that, at a meeting of his Consultative Panel on Public Information, held immediately preceding the Board's session, a number of suggestions had been offered for a more imaginative public information effort in making better known the needs of children in developing countries. These suggestions would be taken into account in future public information activities. One of the suggestions was that UNICEF should offer an honorific award at a film festival for the best film devoted to some aspects of the life of children. The Executive Director intended to study this proposal, and if it appeared practical, would present recommendations to the Board at its next session.

92. Several suggestions were made in the Programme Committee and Executive Board regarding documentation and its presentation with a view to facilitating the conduct of business. It was agreed that these suggestions should be taken into account in planning the June 1965 session and that, before the conclusion of the session, the experience with the conduct of business should be reviewed.

93. In the light of the foregoing, the Board agreed that a draft provisional agenda for the June 1965 session should be circulated at an early date to Board members in order to permit them to make suggestions which would be taken into account in formulating the provisional agenda.

94. There was general agreement that in view of the fact that the next session of the Board would not be held for a year, efforts would be made to the UNICEF secretariat and Board members to keep in informal touch with each other. This would enable members to follow UNICEF work more closely and for UNICEF staff to have the benefit of their advice.

ANNEXES

Annex I

Attendance

Members

Chairman: Mrs. Zena Harman (Israel)
Afghanistan: Mr. Farouk Farhang
Brazil: Mr. A. T. de Mesquita, Mr. S. P. Rouanet
Bulgaria: Mr. Boyko Dimitrov
Canada: Mr. J. W. Willard, Mr. J. Robichaud
Chile: Miss L. Kracht
China: Mr. Housheng Lin, Mr. S. C. Huang
Dominican Republic: Miss Carmen Natalia Martinez Bonilla
Federal Republic of Germany: Mr. W. von Eichborn
France: Mr. Michel Combal
India: Mr. K. Natwar Singh, Mr. S. K. Singh, Mr. I. A. Sajjad
Italy: Miss Maria Cao-Pinna
Mexico: Mr. José Calvillo-Treviño
Nigeria: Dr. O. Adeniyi-Jones, Dr. J. D. Soleye
Pakistan: Mr. Vigar Ahmed Hamdani
Philippines: Dr. Clemente Gatmaitan
Poland: Dr. Boguslav Kozusznik, Mr. W. S. Pawlik
Senegal: Dr. Gabriel Senghor, Mr. Ciss Abdou
Spain: Dr. Don Juan Bosch-Marin, Mr. Don Carlos Fernandez-Longoria
Sudan: Mr. Omar Abdel Hamid Adeel
Sweden: Mr. Nils Thedin, Mr. P. Forshell
Switzerland: Mr. Anton Hegner, Miss F. Pometta
Thailand: Dr. Phon Sangsinkeo, Mr. Nissai Vejjajiva
Tunisia: Mr. M. Gherib
Turkey: Dr. Ihasan Dogramaci
Union of Soviet Socialist Republics: Dr. D. D. Venediktov
United Arab Republic: Mr. Badrawy Fahmy
United Kingdom of Great Britain and Northern Ireland: Mr. H. P. L. Attlee
United States of America: Mr. P. Frederick DelliQuadri, Dr. Katherine Bain
Miss Blanche Bernstein, Mr. Seymour M. Finger
Uruguay: Mrs. Graciela Ponce de León de Cattarossi

United Nations

Department of Economic and Social Affairs of the United Nations Secretariat:
Miss Julia Henderson, Miss M. Branscombe, Miss P. Burns, Miss A. Gindy

Specialized agencies

International Labour Organisation (ILO): Mr. Henri Reymond, Mr. L.H. Segovia
Food and Agriculture Organization of the United Nations (FAO): Mr. Joseph L. Orr, Mr. M. Greene, Dr. Francois Remy, Mr. Phillip Thomforde
United Nations Educational, Scientific and Cultural Organization (UNESCO): Mr. C. Opper
World Health Organization (WHO): Dr. S. Flache, Dr. D.R. Thomson, Dr. O. Leroux

Non-governmental organizations

All Pakistan Women's Association	Begum Nafisa Hamdani
Associated Country Women of the World	Mrs. Eleanor S. Roberts
CARE	Mr. Thomas B. Wood
Commission of the Churches on International Affairs	Mrs. Robbins Strong
Consultative Council of Jewish Organizations	Mr. Moses Moskowitz
Friends World Committee for Consultation	Mrs. Ruth Perera
International Alliance of Women	Miss Frieda S. Miller
International Catholic Child Bureau	Miss Margaret Bedard Mrs. Claire de Hedervary
International Committee of Catholic Nurses	Miss Dorothy Kelly
International Conference of Catholic Charities	Mr. Louis C. Longarzo
International Council of Nurses	Miss Agnes Ohlson
International Council of Women	Miss Margaret Forsyth
International Federation of Agricultural Producers	Mrs. Logan Billingsley
International Social Service, Inc.	Mrs. Michael M. Harris
International Society for Rehabilitation of the Disabled	Mr. Donald V. Wilson
International Union against Venereal Diseases and the Treponematoses	Mrs. Josephine Tuller
International Union for Child Welfare	Miss Frieda S. Miller
International Union of Family Organizations	Miss Lili Gonzales
The Salvation Army	Colonel Jane Wrieden
Women's International League for Peace and Freedom	Mrs. Kathryn Pittman
Women's International Zionist Organization	Mrs. Evelyn Sommer
World Alliance of Young Men's Christian Associations	Mr. Dalton F. McClelland
World Association of Girl Guides and Girl Scouts	Miss Mary Weeks
World Federation for Mental Health	Mrs. Edward F. Johnson
World Young Women's Christian Association	Mrs. Myer Cohen Mrs. Constance M. Anderson

ANNEX II

DESCRIPTION OF PROJECTS
FOR WHICH AID WAS APPROVED IN JUNE 1964[a]/

AFRICA

ALGERIA — BASIC HEALTH SERVICES
Continuation with new plan

Recommended allocation: $236,000
Period of proposed aid: 1964-1965
Technical approval: WHO

E/ICEF/P/L.461

Since gaining independence, the Algerian Government has carried out an emergency reconstruction programme, including projects in the fields of public health, trachoma, education and social welfare. With regard to public health, emphasis was placed on training the most important types of para-medical personnel; almost 500 people had been trained by the end of 1963. Twenty-five MCH centres had been established in Algiers and in the departments.

It is now possible to undertake the planning of basic health services on a longer-term basis. During 1964/1965, the Government plans to re-organize the Ministry of Social Affairs, and central services will be created under the direction of the Division of Health. A National Public Health Institute will carry out research and demonstration activities in the fields covered by these services and will also give special attention to nutrition education. The training of para-medical personnel and the establishment of MCH centres will continue; 29 new centres will be created in 1964/1965, including 25 in rural areas. Fifteen mobile health units will begin to operate gradually. UNICEF would provide laboratory, MCH, demonstration and teaching materials for the Public Health Institute and four pilot centres; teaching and audio-visual material for three training schools for health workers; audio-visual material for 29 MCH centres and 14 mobile units; vehicles for the Institute, the three schools and the mobile units, and 250 motorized bicycles for auxiliary personnel; half of the stipends for 1,066 para-medical trainees and full stipends for 60; and salary supplements for 50 tutors. WHO would provide a public health consultant, a sanitary engineer, a sanitary technician, a health educator, a medical nutritionist, an epidemiologist/statistician and a nursing adviser. The Government's matching costs are estimated at the equivalent of US$900,000.

ALGERIA — TRACHOMA CONTROL
Continuation

Recommended allocation: $45,000
Period of proposed aid: 1964-1965
Technical approval: WHO

As planned, in 1963 the trachoma control campaign took the form of collective school treatment and a self-treatment campaign in the rural area of Oran and in some sectors of the Setif and Bougie regions. In the school year 1963/1964, about 400,000 children were treated, almost 300,000 of them in the first two grades. The number of persons treated in 1963 in the three areas mentioned above is estimated at 300,000.

Both parts of the programme (school and self-treatment) will be continued in 1964 and 1965. During this period, 1,150,000 children will be treated, including 100,000 in the Sahara. The self-treatment campaign will reach 600,000 persons in 1964 and 900,000 in 1965 throughout the country. This campaign will be carried on as part of the normal activities of the fifteen departmental mobile public health units which are the backbone of the new public health network in Algeria. Each ophthalmological team will be composed of one team leader, two persons giving eye-drop treatment and one driver who will also help to give treatment. This team will work in close liaison with the epidemiological team. The whole programme will be supported by the health education campaign, which will be conducted as part of the expanded public health activities. UNICEF would supply 400,000 tubes of antibiotic ointment so that the school programme can continue in 1964 and 1965. Its participation in the extended self-treatment campaign during this two-year period would be to furnish 750,000 tubes of antibiotic ointment, representing half the amount needed for the campaign, seven light vehicles for the ophthalmological teams and an adding machine. An ophthalmologist appointed by WHO would collaborate in the project for a period of twelve months in 1965. The Government's expenditures for the project in 1964 and 1965 are estimated at the equivalent of $51,000 plus the regular administration costs, which are regarded as "matching" the UNICEF allocation.

[a]/ As recommended to the Board in documents E/ICEF/P/L.4**/Rev.1. and Add.1 - 6.

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ALGERIA

PRIMARY EDUCATION
Continuation

Recommended allocation: $60,000
Period of proposed aid: 1964-1965
Technical approval: FAO and UNESCO

The Government has decided to intensify its action in the field of primary education, especially with respect to nutrition. During the year 1964/1965, in addition to activities already foreseen, for which UNICEF aid was asked and approved in January 1964, the Government proposes to open new cantines in 300 primary schools and to create 100 school gardens. The training of responsible personnel will be carried out through seminars. UNICEF would furnish equipment for the new gardens and cantines, five vehicles for regional supervision, stipends and travel costs for thirty-six provincial officials and 750 school cantine administrators as well as supplementary equipment for the National Teachers' Institute for the production of health and nutrition education materials. The development of the project in its nutritional aspects would be supervised by a specialist in nutrition recruited by FAO under the Expanded Programme of Technical Assistance. WHO would also participate in the execution of the project. Non-governmental organizations would contribute to the operation of the cantines by furnishing basic foodstuffs. The matching cost to the Government is estimated at the equivalent of US$200,000.

BASUTOLAND

TUBERCULOSIS CONTROL
(Pilot area)
Continuation

Recommended allocation: $14,000
Period of proposed aid: 1965-1966
Technical approval: WHO

The aim of this national pilot area project is to study and develop effective tuberculosis control methods that are applicable to the country. The project was started in February 1962. In an area of some 50,000 people, an intensive campaign is being carried out based on active case finding, followed by ambulatory treatment of cases and potential cases with drugs, and mass BCG vaccination of those reacting negatively to tuberculin tests. Home visiting units conduct follow-up tours of families to observe the treatment of patients and their contacts. During the past two years, initial tuberculin, sputum and radiological examinations have been carried out by dividing the population in the pilot area into 20 groups and systematically examining each group in turn. An estimated 30,000 people have been reached. It is now proposed that new-born babies and all persons who have moved into the pilot area since completion of the initial examinations should be sought out and examined.

UNICEF would provide tuberculin, BCG vaccine, X-ray films and chemicals, drugs, laboratory equipment and transport to ensure the continuation of examinations, treatment, BCG vaccination and assessment, registration of the population and training of national staff for an additional two years. The technical and operational aspects of the project are under the over-all direction of a WHO senior medical officer who heads a team of international staff, consisting of a medical officer, a statistician, two public health nurses, an X-ray technician and a laboratory technician. Government expenditures for the period are estimated at the equivalent of US$60,000.

BASUTOLAND

NUTRITION EDUCATION

Recommended allocation out of commitment previously approved: $57,200

E/ICEF/P/L.400/Add.4 & E/ICEF/P/L.471

Included in the allocation are funds to finance a post in nutrition education and agricultural extension at a cost of $38,400 for twelve months in 1965. b/

b/ These experts would also assist projects in Swaziland.

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BURUNDI

BASIC MATERNAL AND CHILD HEALTH
Continuation

Recommended allocation: $50,000
Period of proposed aid: 1965-1966
Technical approval: WHO

During the initial period of the programme approved by the Executive Board in December 1961, the Government experienced great difficulties owing to the country's inadequate financial and medical resources, the number of medical officers in the country having diminished to a mere handful soon after independence. Nevertheless, the training of auxiliary nurses and nursing assistants has been strengthened and that of sanitarians begun as a result of special action taken by WHO. A small demonstration area was opened at Kitega in 1963 and three health centres have been established. The rural dispensaries have not yet been expanded owing to the lack of personnel and resources.

The continuation of the programme for the years 1965 and 1966 calls for the opening and equipping of ten new health centres and two 30-bed "Kwashiorkor" units, to which the many cases of kwashiorkor will be brought for treatment under the supervision of a WHO doctor. The training of sanitation agents and auxiliaries would be intensified at Usumbura as will the training of health personnel. Burundi students who are completing their medical studies in Europe on WHO and Belgian fellowships would begin to return to the country in 1966. UNICEF would provide equipment and supplies for ten health centres and two "Kwashiorkor" units, including drugs, vitamins A-D, vaccine (diphtheria, tetanus, whooping-cough), soap, milk distribution equipment, transport for supervision and training purposes, supplies for training sanitation agents and equipment for sanitation demonstration purposes. UNICEF would also provide training and local studies stipends for fifteen sanitation agents, twenty nurses and midwives and thirty nurses' aides. WHO would continue to be responsible for the direction of the project. It already has an advisory team in the country (a doctor, a nurse and a sanitation engineer), as well as an MCH doctor and nurse and another sanitation engineer. The Government's contribution is estimated at the equivalent of US$75,000.

CAMEROON

BASIC MATERNAL AND CHILD HEALTH
Continuation

Recommended allocation: $33,000
Period of proposed aid: 1965-1966
Technical approval: WHO

In 1962, with the assistance of UNICEF and WHO, the Government initiated a programme of basic maternal and child health providing for assistance to two State nursing schools and a school for auxiliary personnel, in addition to the establishment of three demonstration MCH centres. For the expansion of its medico-social activities, the Government has hoped to be able to train sufficient staff to undertake the reorganization of health services at the prefecture and sub-prefecture levels beginning in 1964. At the present time the three schools are training some twenty nurses annually as well as auxiliary personnel. One of the demonstration centres is in full operation, yearly consultations having risen from 135,000 in 1959 to 400,000 in 1963, and the other two are under construction.

For the years 1965 and 1966, the Government envisages the reorganization of twelve prefecture and sub-prefecture centres, beginning with seven in 1965 and five others in 1966, and the establishment, with the help of the International Children's Centre, of a rural advanced training centre for medical and para-medical personnel in the small town of Okola, which is situated in the bush about 40 kilometres from Yaounde. UNICEF would provide equipment and basic materials, utility vehicles for supervisory purposes and local scholarships for about sixty student nurses. The cost to the Government for the two-year period is estimated at the equivalent of US$120,000, not counting bilateral assistance towards the construction of the various centres.

CENTRAL AFRICAN REPUBLIC

ENVIRONMENTAL SANITATION
First request for UNICEF aid

Recommended allocation: $21,000
Period of proposed aid: 1964-1966
Technical approval: WHO

E/ICEF/P/L.396

The proposed pilot project in environmental sanitation would include the introduction of special courses for sanitarians into the curriculum of the nursing school at Bangui, the establishment of a demonstration zone in a district with some 2,000 inhabitants, and the creation of a small central sanitation section in the Ministry of Public Health. Sanitary conditions of the demonstration zone would be improved through the provision of safe drinking water, the installation of latrines and sewers, a drive against rodents and insects, sanitation education for the inhabitants and efforts to improve the general hygiene of the community and the homes. The broad objective of the plan is to determine suitable methods for improving sanitation, taking into account the local customs of the people and the availability of trained personnel, with a view to applying such methods later on in the rest of the country.

CENTRAL AFRICAN REPUBLIC (continued)

The nursing school at Bangui will open a special sanitation training section in 1964, and offer two-year courses in theoretical and practical training. The provision of safe drinking water will be achieved in two stages: the construction of shallow wells around the demonstration zone, and the construction of a network of water pipes to lead water to selected points, to public fountains and to wash houses and public baths. Latrines will also be constructed, and adequate drainage systems and sewers, adapted to local needs, will be studied and installed, if necessary. A programme of public hygiene education including demonstrations and home visits, will be developed to secure public co-operation and participation. Lastly, a drive will be conducted to control certain insects and rodents, and efforts will be made to improve facilities for the disposal of garbage and waste. In the second phase of the project, the Government plans to create in the Ministry of Public Health a special sanitation section with functions rationally integrated with other health services.

UNICEF would provide equipment and supplies for sanitation teaching and laboratory work, workshop and well-construction equipment, pumps and accessories, 2 vehicles for supervision and transport of trainees, and stipends for 30 trainees. A WHO sanitary engineer at Bangui is preparing the organization of the courses, and WHO would furnish fellowships for training abroad. The Government's participation in the project is estimated at the equivalent of US$20,000.

CENTRAL AFRICAN REPUBLIC	LEPROSY Continuation	Recommended commitment, 1965-1966: $28,000 Recommended allocation for 1965: $3,000 Technical approval: WHO

E/ICEF/P/L.468

At the end of 1963, 58,750 cases were registered, 46,282 of which were under treatment, 82 per cent with regularity. The cases under observation without treatment totalled 9,811. The lower figures as compared with 1961 are attributed to a continued satisfactory rate of discharged patients. Treatment is provided through 128 fixed centres and 110 bicycle and 2 boat circuits. Government matching would be equivalent to US$100,000.

CENTRAL AFRICAN REPUBLIC	APPLIED NUTRITION Continuation	Recommended allocation: $19,200

E/ICEF/P/L.471

UNICEF would finance a post in home economics in 1965.

CHAD	BASIC MCH Continuation	Recommended allocation: $58,000 Period of proposed aid: 1965-1966 Technical approval: WHO

The purpose of this programme, which was approved by the Executive Board in December 1961, is to assist the Government of Chad in reorganizing its health and social services and extending them to meet the needs of the population more adequately. The Government also decided to review its training programme for professional and auxiliary staff, in order to provide, as soon as possible, a sufficient number of specialists for the efficient running of the proposed new network of health centres. The reorganization of the health services is proceeding slowly because of the shortage of qualified staff.

The Government has decided to concentrate during 1965 and 1966 on the training of staff at the school at Fort Lamy. It would add special courses for sanitarians with the help of a WHO sanitary engineer who is already there and would set up a demonstration area near Fort Lamy. A central sanitation section would be established in the Ministry of Public Health, and a health education campaign would be initiated. UNICEF would provide further training material for the Fort Lamy School, material and equipment for the demonstration area, two vehicles, salaries for two women instructors and grants for local studies for 130 students a year. WHO would supply the Government with the services of a physician specializing in MCH, a nurse educator specializing in the training of nursing staff, and a sanitary engineer. The Government will continue to provide premises, the remainder of the teaching staff and the necessary operating funds. The Government's expenditures are estimated at the equivalent of US$500,000.

CHAD — LEPROSY — Continuation

Recommended commitment, 1965-1966: $29,000
Recommended allocation for 1965: $5,000
Technical approval: WHO

E/ICEF/P/L.402

The number of leprosy cases totalled 55,541 by the end of 1963. Of these 34,382 were under treatment, more than 28,000 on a regular basis. Some 12,204 cases were under observation without treatment and 345 are considered as completely arrested. WHO is providing a consultant to evaluate the campaign in 1964. Treatment is carried out through 21 motorized circuits, 65 bicycle and 2 boat circuits. Five circuits are conducted on camel or horseback. Government matching would be equivalent to US$180,000.

CHAD — APPLIED NUTRITION — Continuation

Recommended allocation: $19,200

E/ICEF/P/L.471

UNICEF would finance a post in home economics in 1965.

COMORO ISLANDS — NUTRITION TRAINING/ HOME ECONOMICS — First request for UNICEF aid

Recommended allocation: $34,000
Period of proposed aid: 1965-1967
Technical approval: FAO and WHO

E/ICEF/P/L.418

The objective of this project is to improve the nutrition of the population of Anjouan Island, and especially of the children, by increasing the quantity and quality of protective foods produced and consumed. Emphasis would be placed on the training of rural teachers, village workers and progressive farmers in improved methods of growing protective foods and raising small animals, and on encouraging women, through education in nutrition and practical home economics, to use available foodstuffs to provide a more balanced high-protein diet for their families.

A multi-faceted three-year programme, is envisaged, under the direction of the Agricultural Service, in co-operation with the educational and public health services. Co-ordination will be achieved through a central co-ordinating committee, comprising representatives of each of the services and presided over by a member of the Government Executive Council. Technical guidance would be the responsibility of the Bureau for the Development of Agricultural Production and would be supplemented as necessary by technical advice from visiting experts provided by FAO.

Two types of training are planned. All rural teachers would be trained in a practical agricultural training centre where the courses would stress nutrition problems, applied natural sciences and school gardens. Refresher courses would be organized for rural teachers and for village workers. Progressive farmers would receive practical training in two rural apprenticeship centres to which they would come from time to time for short training periods and then return to their villages to apply and demonstrate what they learn at the centres.

In order to increase animal and vegetable production, efforts would be made to restore the soil and to introduce the use of better tools, more scientific methods and more careful selection of plants and seeds. The creation of family gardens would be intensified and a particular effort made to educate the women, who have complete responsibility for cultivation of the land. Improved feeding and care of livestock would be stressed, as well as the breeding of chickens, rabbits and ducks. The instruction of women in the basic concepts of nutrition and domestic science is particularly important in the Comoro Islands because of the vital role women play in the social life. Some work in this area has already been carried out with the help of BDAP experts. The goal is to create a women's section in each agricultural sector, and local assistants will be trained to supplement the work of those who are currently in charge.

UNICEF would provide teaching materials, demonstration and gardening equipment for six agricultural sectors, supplies and equipment for raising small livestock, a light vehicle for the home economics aspects of the project and stipends for 45 rural teachers, 36 village workers and 525 progressive farmers. FAO would provide technical advice as required and WHO would give technical advice on the nutritional and health aspects of the programme. Matching costs to the Government for the three-year period are estimated at the equivalent of US$150,000.

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CONGO (BRAZZAVILLE) LEPROSY
Continuation

Recommended commitment, 1965-1966: $13,000
Recommended allocation for 1965: $1,000
Technical approval: WHO

E/ICEF/P/L.402

The number of cases under treatment has continued to rise over the last twelve months. The number of cases under regular treatment has risen to 52 per cent of the total. Of 17,028 registered cases, 4,193 are under observation without treatment; 9,343 are now under treatment; and 6,656 are attending with satisfactory regularity. During 1965/1966, the campaign will be carried out through 8 motorized circuits, 67 bicycle, 7 boat and 2 railroad circuits. Government matching would be equivalent to US$85,000.

CONGO (BRAZZAVILLE) MOTHERCRAFT/HOMECRAFT
Continuation

Recommended allocation: $55,000
Period of proposed aid: 1964-1966
Technical approval: FAO

The aim of this project is to train primary school and domestic science teachers and women leaders with a view to extending the teaching of homecraft and mothercraft throughout the country and raising the general standard of family life. Forty per cent of the qualifying students work full time advising mothers and family groups on home care, simple hygiene and nutrition. The remaining sixty per cent teach in primary schools and do practical work in village and urban groups. During the past year 140 pupils completed a nine-month basic course and 93 teachers from all parts of the country attended two-week accelerated vacation courses in practical nutrition, elementary child care and homecraft at the St. Jean Bosco School at Poto Poto, Brazzaville, and the Home Economics School at Moungali. Practical training and village promotion activities have been started in a pilot centre about 25 kilometres from Brazzaville.

The plan for 1964/1965 and 1965/1966 is to continue the training at the two home economics schools, with increasing emphasis on the practical application of the subjects in rural communities by extension of village promotion schemes. Short courses for teachers during vacation periods will also be held insofar as facilities permit. For the two-year period, UNICEF would provide some supplementary teaching equipment for field training, stipends for 400 students attending full-time instruction and salaries for two home economics teachers, one each at the two schools for the final period of training of counterparts. FAO would provide technical guidance as required. An FAO expert in home economics would make short-term visits to advise in the conduct and development of the project. Estimated costs to the Government over the period in connexion with the project amount to the equivalent of $120,000.

CONGO (BRAZZAVILLE) EDUCATION
First request for UNICEF aid

Recommended commitment: $307,600
Period of proposed aid: 1964-1968
Recommended allocation, 1964/65: $101,600
Technical approval: UNESCO

E/ICEF/P/L.415 and E/ICEF/P/L.471

The object of this project is to improve primary education by increasing the ratio of teachers to pupils and by orienting secondary education along more scientific and technical lines so that students may be better prepared for their future vocations and a supply of qualified personnel may be assured for the economic and social development of the country. Approximately 80 per cent of the school-age population in the Congo receive primary education through a total of 748 schools. However, classrooms are crowded and the level of teaching is low. About 15 per cent of the pupils go on to secondary or teacher-training schools. Primary school teachers are trained in one private and three public schools with a total capacity of 673 students. More national personnel must be trained for both levels of teaching and the school curriculum must be adapted to meet the current and future needs of the country.

The Government, through the Ministry of National Education, proposes to construct 250 classrooms in primary schools and to train 250 primary school teachers per year with a view to reducing the size of the classes to 45 pupils per class. A teacher-training school would be created to accommodate 150 teachers per year, and special intensive training courses would be introduced in existing schools. Both the structure and the methods of teaching would be revised. A school inspection service would be organized to maintain regular supervision of the entire primary school system. At the secondary level, courses in such subjects as basic agriculture, manual trades, and home economics would be introduced into the curriculum of some of the classical high schools. Efforts would be made to train increasing numbers of Congolese at the Brazzaville Training School to ensure the gradual replacement of foreign teachers at the secondary level.

CONGO (BRAZZAVILLE) (continued)

UNICEF would provide equipment and teaching materials for 3 lycees, 3 teacher-training schools and 23 colleges and technical schools, laboratory equipment for the teacher-training school at Brazzaville, teaching materials and equipment for 350 primary schools as well as three vehicles and a bus for student training, 1 vehicle for supervision and 11 inspection vehicles. Subject to progress in the implementation of the plan, it is foreseen that the Board will be asked to approve subsequent allocations against the proposed commitment in the amounts of $61,000 in 1965, $85,500 in 1966 and $69,500 in 1967. UNESCO would have technical responsibility for the programme and would furnish the services of its experts in the Congo, and of three science professors for the high schools, the latter to be financed by UNICEF. FAO would provide technical advice as requested in regard to basic agriculture and home economics teaching. The Government would secure the necessary funds from bilateral aid to ensure the construction of new classrooms, provide Congolese counterparts to work with and eventually replace the foreign experts, and generally provide the local resources needed to implement the project.

CONGO (LEOPOLDVILLE) — HEALTH SERVICES
Continuation

Recommended allocation: $59,000
Period of proposed aid: 1964-1965
Technical approval: WHO

The assistance proposed would make it possible for the Government to augment the number of mobile teams engaged in preventive health work in the provinces. Five such teams have already been launched with UNICEF and WHO assistance. The model health centre and demonstration area at Ndjili is developing slowly; in a second stage it is foreseen that the centre will provide practical training for health auxiliaries. The Central Government, with WHO and bilateral assistance, is gradually strengthening the over-all health service organization. All phases of the programme are benefiting from the services of the 55 newly qualified Congolese doctors who have returned to the country on completion of their studies in Europe. However, the problem of endemic and epidemic disease control has assumed serious proportions and, on WHO advice, the Government is planning to increase the number of mobile teams to 12 as rapidly as possible. WHO is recruiting a medical expert to organize a central epidemiological service within the Ministry of Health.

UNICEF would provide vehicles and campaign equipment, drugs and laboratory supplies for the new teams. WHO would provide for each team a medical officer, a medical assistant, two nurses or health auxiliaries, a laboratory assistant and a clerk and driver. The Government has intimated that the newly qualified Congolese doctors will work in close collaboration with the WHO medical officers in the respective provinces. The Ministry of Health is budgeting the equivalent of US$500,000 for endemic disease control for the current year.

CONGO (LEOPOLDVILLE) — SOCIAL SERVICES/
COMMUNITY DEVELOPMENT
Continuation

Recommended allocation: $37,000
Period of proposed aid: 1964/1965
Technical approval: United Nations Department of Economic and Social Affairs and FAO

During 1963 the National Training Centre made an intensive effort to train a corps of moniteurs and community leaders, whose function will be to initiate and promote a policy of social advancement in rural areas. The first group of rural development moniteurs completed their one-year course (six months of theoretical training, five months of practical work in the field and one month of evaluation) at the end of February. It consisted of thirty young Congolese from sixteen different provinces. The Centre also organized two seminars on community development for the directors of the social centres at Leopoldville and the directors of the provincial training schools for social workers.

A second training course for rural development moniteurs would be held in 1964, and the size of the classes would be doubled, so that sixty trainees could be accepted. At the same time, it is proposed to recruit the former trainees for actual projects where they could use the experience they have gained. To this end, the Ministry for the Intermediate Classes and Community Development has prepared a long-term community development programme, the first stage of which would comprise a rural development campaign in the various provinces of the country with a view to encouraging such projects as the training of professional and voluntary social workers; nutrition and domestic science; improvement of living conditions in the villages; and expansion of food and agricultural production and small-scale stock-raising. Social affairs experts, seven of whom are already working in the various provinces, would supervise the programmes under the direction of the senior adviser of the United Nations Bureau of Social Affairs. UNICEF would provide audio-visual and teaching equipment, two vehicles, the salaries of the four technicians and stipends for sixty trainees at the National Training Centres. FAO would give technical guidance on activities within its competence. Government matching for the operations to be carried out in 1964/1965 are estimated at the equivalent of US$110,000.

EAST AFRICA

PAEDIATRIC TRAINING
Continuation

Recommended allocation: $47,000
Period of proposed aid: 1964/65
Technical approval: WHO

This project makes possible, through the Makerere University Medical College, the teaching and practical training in paediatrics and child health of medical and para-medical personnel from East Africa. Field studies in rural paediatrics and refresher courses and seminars for medical staff and African medical students are organized in close co-ordination with health, welfare and nutrition services in East African countries and with the East Africa Institute of Social Research. In July 1963, the Makerere College became part of the newly established University of East Africa, comprising constituent colleges in Kenya, Tanganyika and Uganda. By December 1963, prompted by the increasing outflow of expatriates, a fresh appraisal was made of manpower requirements in professional fields and the East African Governments became convinced that the enrolment of the Makerere Medical College should be doubled as soon as possible. An immediate objective was set to accept 90 new students in 1964/65 as compared with 30 in recent years. This unforeseen expansion will impose a strain on technical facilities and staff and it will be necessary to strengthen the Department of Paediatrics and Child Health in order to continue the emphasis on paediatric training for the enlarged student group.

For the year 1965/66, it is planned to organize four inter-country seminars, four country seminars and twelve district courses. The number of participants will vary from 40 to 60 per seminar. Special projects are planned also to promote maternal and child health education of the public and of medical and para-medical workers in the service of missions and voluntary agencies. UNICEF would provide additional teaching and training equipment, training grants for the short courses and seminars and funds to cover the costs of field training and of local publication of teaching material. WHO is providing two lecturers in paediatrics for a five-year period. WHO child health consultants assigned to the Ministry of Health would continue to participate in the various aspects of the training programme, as would also professional staff and research workers assigned to the Department from a variety of bilateral sources. Costs to the University for the period are estimated at not less than the equivalent of US$100,000.

EAST AFRICA

NUTRITION: RURAL EXTENSION TRAINING (UNIVERSITY OF EAST AFRICA, MAKERERE UNIVERSITY COLLEGE - UGANDA)
First request for UNICEF aid

Recommended commitment: $169,000
Period of proposed aid: 1965-1969
Recommended allocation, 1965: $39,000
Technical approval: FAO

E/ICEF/P/L.389

The proposed UNICEF aid is designed to promote adequate training in the increased production and consumption of foods for adequate human nutrition rather than for the customary cash crops. Orientation along sound nutritional lines would be provided for teachers experienced in educational methods who would instruct extension workers and other senior personnel.

A unit would be established within the Faculty of Agriculture for combined teaching and field study in agricultural extension with special reference to human nutrition. A senior lecturer in agricultural extension would be appointed at the beginning of 1965 and a lecturer in rural sociology some six months later, who would be especially concerned with the social, economic and cultural deterrents to putting available nutrition knowledge into successful application by rural families. A lecturer in food crop improvement and a lecturer in horticulture would also be appointed in the following year. Fellowships would be provided for study abroad for national counterparts to the senior foreign staff members before eventual replacement. The unit would run courses for under-graduates, graduates and government extension staff in East Africa in the methodology and practice of extension work as related to rural conditions, including the improvement of human nutrition. Close co-operation would be maintained with other faculties in the University. Surveys, community studies and pilot projects will be carried out with the East African Institute of Social Research, the Department of Preventive Medicine and Paediatrics in the Medical School and the government extension services in East Africa, including agricultural colleges in Tanganyika, Kenya and Uganda and farmers' institutes.

UNICEF would provide teaching and training equipment, audio-visual aids and books, transport for field work, salaries for a senior lecturer in agricultural extension and a lecturer in rural sociology, three fellowships of twelve months each, stipends for short courses for trainees and for vacation employment/training of students and funds to cover costs of field travel. Subject to progress in the implementation of the plan, it is foreseen that the Board will be asked to approve subsequent allocations against the proposed commitment in the amounts of $34,000 in each of the years 1965 through 1967, and $28,000 in 1968. FAO would continue to provide technical advice and guidance through short-term visits of specialist staff as required. The University has undertaken to continue on its staff the members of the extension unit after UNICEF aid ceases and to provide all necessary supporting facilities from the Faculty of Agriculture. The University is also budgeting the equivalent of US$70,000 for the extension of teaching facilities in the Faculty of Agriculture during 1964-1965.

GABON

LEPROSY
Continuation

Recommended commitment, 1965-1966: $17,000
Recommended allocation for 1965: $2,000
Technical approval: WHO

E/ICEF/P/L.402

By the end of 1963, there were 10,303 registered cases, 5,514 were under treatment, 4,982 with reasonable regularity. Fifty-four cases were under observation without treatment. WHO is providing a consultant to undertake an evaluation of the campaign during 1964. Operations will continue with 9 motorized circuits, 70 bicycle, 3 boat and 3 pedestrian circuits. Government matching would be equivalent to US$70,000.

GABON

APPLIED NUTRITION
Continuation

Recommended allocation: $58,200
Period of proposed aid: 1965-1966
Technical approval: FAO, WHO

E/ICEF/P/L.471

This project aims to improve nutrition through the increased production of foodstuffs having good nutritive value and through a nutrition education campaign. In the first phase a team of nutritionists are making surveys and studies and teaching the principles of nutrition to different groups, particularly to school children and personnel in the Ministries of Health, Education and Agriculture. The nutritional surveys are being carried out under the supervision of an FAO nutrition expert and would be completed by clinical surveys to be made by a short-term WHO consultant in June 1964. After the analysis of surveys, the Gabonese Bureau of Nutritional Planning would determine the subjects for the first education campaigns. Fifteen school gardens have been established as planned, but owing to the lack of qualified personnel the organization of school cantines will be delayed until the start of the 1964/1965 school year.

The second phase of the programme would be carried out in 1965/1966 and would be concerned with public education. Three mobile demonstration teams, the core of which would be formed by the members of the survey teams, would operate successively in three pilot zones to be determined by the Government. Each pilot zone includes three pilot localities: a regional capital, a district capital and a regrouped village, and these zones would also be the sites of the school garden and cantine programmes. In each pilot zone the activities of the mobile teams would cover approximately 1,000 school-age children, as well as about 100 key teachers, nurses and civil servants. These activities would be supplemented by radio transmissions which would theoretically enable them to reach the majority of the educatle public. UNICEF would provide audio-visual equipment and supplies, equipment for 45 school gardens, complementary foodstuffs, three vehicles and 48 stipends. FAO would furnish a nutrition specialist and would continue to assist the programme through its experts. UNICEF would finance a post in home economics in 1965. WHO would continue giving medical guidance and advice through its Regional Office and, especially, through a nutritional consultant to be recruited in 1965. The cost to the Government would be equivalent to US$60,000.

GABON

EDUCATION
First request for
UNICEF aid

Recommended allocation: $49,400
Period of proposed aid: 1964-66
Technical approval: UNESCO

E/ICEF/P/L.407 and E/ICEF/1/L.471

The aim of this project is to improve the quality of primary-school teaching. In the first phase training will be given to 810 moniteurs who are at present teaching and 150 assistants who are also teaching but have not been trained as teachers. At a later stage, it is planned to train 200 to 300 new teachers and to equip the existing complete primary schools and education centres with suitable equipment, so that modern teaching methods may be used and pupils can be encouraged to pursue studies more closely related to the needs of the Gabonese economy.

The courses would be attended by two groups simultaneously at Libreville and Mitzic and each series would include two months of theoretical instruction and one monthsof practical training in a pilot-training school. Every three-month term would be attended by four groups, each with 40 trainees, so that 960 teachers could be trained over two years, with no summer term. Each group would be the responsibility of a UNESCO expert and a primary-school inspector and possibly also of a teacher from the FAC (Fund for Assistance and Co-operation for States in the Community). Each term, when the two months' instruction is completed, the experts and primary-school inspectors would spend a month visiting their former trainees and would act as educational advisers. UNICEF would provide audio-visual and reproduction equipment and materials, libraries, teaching materials for eight pilot training schools and three light vehicles. UNESCO would have technical responsibility and would provide the services of its experts and staff in Gabon. In addition, UNESCO would provide two teachers specializing in educational psychology and an expert in teacher-training and school curricula. UNICEF would finance two of these posts. The expenses of the Government for the two-year period are estimated at the equivalent of US$100,000.

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GHANA

BASIC MCH
Continuation

Recommended allocation: $37,000
Period of proposed aid: 1965-1966
Technical approval: WHO

UNICEF assistance to basic MCH services in Ghana has been directed towards the training of medical and para-medical personnel at nine Government and mission hospitals, the equipping of 29 district health centres and 88 sub-centres and the establishment of health education activities. The general lines of the over-all development plan are as established in 1959 (described in document E/ICEF/R.679) and are reflected in the new seven-year Development Plan (1963-1970). The health aspects of the Development Plan have the object of achieving a greater integration of curative and preventive services and improved environmental sanitation and health education.

The plan for 1965-1966 calls for the creation of a maternal and child health section in the Ministry of Health, establishment of 9 new health centres and 46 sub-centres and extension of school health services. Training of nurses and mid-wives, including post-basic nurse training for nurse-tutors and administrators, would be continued. UNICEF would provide basic MCH and teaching equipment, audio-visual aids and books, public health kits and transport for training and supervision. WHO would continue to take an active role in the development of the project; a senior medical adviser, two public health nurse-educators, one senior nurse-educator and one nurse-educator are currently provided. The Government's expenditures for the two-year period are estimated at the equivalent of US$900,000.

GHANA

LEPROSY
Continuation

Recommended commitment, 1965-1966: $30,000
Recommended allocation for 1965: $8,000
Technical approval: WHO

E/ICEF/C/L.402

The campaign recorded a peak case-load of 32,000 in 1956. This number has declined steadily as discharges have exceeded the number of new cases brought under treatment. Further intensified case finding has offset this decline and there has been some increase in cases under treatment during 1963, when further new cases were found. At the end of the year a total of 25,183 cases were under treatment, which included 6,000 found during 1963. The discharge rate is expected to accelerate during the next two years with the case-load remaining constant. Treatment is provided through 20 mobile units and 50 out-patient treatment centres. A small proportion of cases are treated in leprosy hospitals. Out-patient treatment is controlled by laboratory staff trained to perform routine examinations. The campaign will continue along established lines in 1964/1966. Government matching would be equivalent to US$250,000.

GHANA

NUTRITION AND HOME ECONOMICS TRAINING
First request for UNICEF aid

Recommended commitment: $148,000
Period of proposed aid: 1964-1969
Initial recommended allocation: $29,000
Technical approval: FAO, WHO

E/ICEF/P/L.449

As part of its plan to raise the standard of family and child nutrition, the Government proposes to strengthen the Faculty of Agriculture of the University of Ghana in order to assure an adequate supply of trained personnel for agricultural and home economics extension work. Methods of bringing knowledge to the population at large on the growing and proper use of protective foods for children would also be studied and measures taken to apply them. UNICEF aid would help to introduce sound nutrition training, including the basic elements of food science, into the education of potential teachers and supervisors of extension workers in agriculture and home economics.

The plan calls for the introduction of a teaching programme leading to a B.Sc. degree in food science in the Department of Biochemistry, Nutrition and Food Science of the Faculty of Agriculture, University of Ghana during the academic year 1964/1965. The course of study would take three years but may be extended to four. The first year would be general, after which students would specialize. The curriculum would be submitted to FAO and UNICEF for approval. Extension techniques would be emphasized in the food science course as well as in all other courses given in the Faculty of Agriculture. It is anticipated that at least twenty students would graduate each year and would form the nucleus of a future extension service. A senior lecturer in rural extension education would be added to the Faculty of Agriculture in 1964 and a senior lecturer/nutrition specialist and a lecturer in home economics in September 1965. UNICEF is asked to cover these two salaries for a five-year period, after which time the University would assume responsibility for the posts. It is planned that Ghanaian counterparts (for whom UNICEF would provide overseas post-graduate fellowships) would replace the expatriate staff. UNICEF would also provide

GHANA (continued)

teaching and training equipment, audio-visual aids and books and two vehicles for field work. Subject to progress in the implementation of the plan, it is foreseen that the Board will be asked to approve subsequent allocations against the proposed commitment in the amounts of $39,000 in 1965, $27,000 in 1966, $27,000 in 1967 and $26,000 in 1968. FAO staff would continue to provide technical advice and guidance as required. WHO would provide technical guidance and advice on the health aspects of the training course, especially on the courses for medical students, through the WHO Nutrition Adviser stationed in Accra. The cost to the Government is estimated at the equivalent of more than US$400,000, which would be increased after July 1969 when the Government would pay the salaries of the two lecturers in the Faculty of Agriculture.

GHANA

EDUCATION:
SCIENCE TEACHING
First request for UNICEF aid

Recommended commitment: $358,000
Period of proposed aid: 1964-1967
Recommended allocation, 1964/1965: $140,000
Technical approval: FAO, UNESCO

E/ICEF/P/L.459

The aim of the project is to introduce science into the curricula and to intensify its teaching in elementary schools, secondary schools and teacher-training colleges. More and better-qualified teachers would be trained and facilities for the teaching of science would be provided or improved. In 1963 there were 39 teacher-training colleges and 74 secondary schools in Ghana. The Government's Seven-Year Development Plan (1963-1969) envisages the establishment of 60 new teacher-training colleges and 121 new secondary schools by 1969, all of which would be provided with adequate science departments. Science facilities for the elementary schools would be provided in the form of "science centres", a "centre" being a common science room to be shared by a number of schools within a certain radius. In this way, the space and equipment normally required by one school would be utilized by a number of schools. It is planned to establish 175 such centres.

UNICEF would provide science teaching equipment, audio-visual aids, reference books for 50 elementary schools, science teaching equipment, audio-visual aids, reference books for 29 secondary schools; and science teaching equipment, audio-visual aids, reference books for 12 teacher-training colleges. Subject to progress in the implementation of the plan, it is foreseen that the Board will be asked to approve subsequent allocations in the amount of $100,000 in 1965 and $118,000 in 1966. UNESCO is already assisting the Government in strengthening the teaching of science through the United Nations Special Fund project at the University College, Cape Coast, and would continue to provide technical guidance as required through its regional office in Accra. Government expenditures on education for the three-year period are estimated at the equivalent of US$25.million of which US$1.5 million would be considered as matching for the proposed UNICEF allocation.

IVORY COAST

NUTRITION EDUCATION
Continuation

Recommended allocation: $19,200

E/ICEF/P/L.471

An expert in home economics, to be assigned to the project in 1965, would be financed by UNICEF.

KENYA

BASIC HEALTH SERVICES
Continuation and expansion

Recommended allocation: $250,000
Period of proposed aid: 1964/1965
Technical approval: FAO, WHO

E/ICEF/P/L.422

Rural health work is progressing satisfactorily. In 1965 31 new centres will be added; 7 hospitals, 12 maternity and child health centres would be assisted.

Training: Special ten-day orientation courses for 45 professional field personnel will be organized at the National Reference Health Centre at Karuri where also training of para-medical personnel will continue as well as at Embu and Kisumu. The eleven midwifery schools plan new courses for the 100 trainees already trained as nurses or assistant health visitors. At Kisumu Regional General Hospital nurse training will include domiciliary nursing, midwifery and public health duties, so as to cover all aspects of rural health work. The Paediatric Department at the King George VI Hospital (recognized

KENYA (continued)

by the University of East Africa for undergraduate and post-graduate medical training) will provide lectures and demonstrations in paediatrics to medical students and to auxiliary personnel, including trainees at Karuri.

Environmental sanitation: A network of rural sanitation schemes to be established over a ten-year period will serve as demonstration areas and provide practical field experience. Thirteen districts have been assisted to date. Eight new districts would now be assisted and supplementary work done in three of the larger current schemes.

Tuberculosis: Some 145,000 persons have undergone initial X-ray examinations in the course of mass case-finding operations in selected areas and 83,000 home visits made. By the end of 1964, 55 BCG field teams will have been trained. The training of BCG vaccinators and other tuberculosis staff will be intensified by 1965 when 100,000 X-ray examinations are foreseen. Two regional culture laboratories will be established at Kisumu and Mombasa. It is hoped that two-thirds of the million school children will have been protected by BCG vaccination by the end of 1964. It is also proposed to vaccinate infants in the first year of life.

Nutrition: The survey team's assessment of the existing nutritional status, with the objective of eliminating dietary deficiency diseases, continues. As a follow-up to the preliminary findings, the Government proposes to train for ultimate employment in their respective regions seven para-medical personnel to assist in collecting, recording, tabulating and analyzing clinical observations, anthropometrical measurements and dietary information.

UNICEF would provide basic MCH, clinic, ward and laboratory equipment and drugs and diet supplements for 43 health centres and 7 hospitals; equipment for environmental sanitation; X-ray, laboratory and statistical equipment, BCG vaccines and drugs as well as stipends for courses of varying duration for 312 trainees and 7 nutrition students. The transport requested includes 18 supervisory vehicles for health services and sanitation work, 5 vehicles for training, 12 additional vehicles and 20 scooters for vaccination teams. The proposed allocation would complete the commitment approved in 1962 and requires an additional commitment of $71,000. A WHO MCH adviser assists health services at the central level and two medical officers are attached to the Karuri training scheme. Seven WHO experts assist in tuberculosis control; a sanitary engineer and two health inspectors are helping in the environmental sanitation developments. A medical nutritionist and two assistants are engaged in the nutrition survey which is technically supported by FAO. The costs of the project to be met by the local and central government in 1964/1965 exceed the equivalent of US$2 million.

KENYA — NUTRITION TRAINING

Recommended allocation out of commitment previously approved: $162,000

E/ICEF/P/L.400/Add.4

KENYA — MILK CONSERVATION

Recommended allocation out of commitment previously approved: $130,000

E/ICEF/P/L.400/Add.4

KENYA — MOTHERCRAFT/HOMECRAFT AND COMMUNITY DEVELOPMENT
Continuation

Recommended allocation: $69,000
Period of proposed aid: 1964/1965
Technical approval: United Nations Department of Economic and Social Affairs, FAO and WHO

The expansion of this project is part of the Government's national community development policy which would accelerate the training of professional workers and voluntary leaders; strengthen field supervision; encourage the growth of women's clubs; improve day-care centres; and expand the work of youth centres.

During 1964/1965 the programme of the National Training Centre for Community Development Workers (now a part of the Kenya Institute of Administration at Kabete) will include three six-month courses, each for 25 senior community development assistants; one six-month course for 25 district training instructors and one three-month course for 25 community development locational assistants. A series

KENYA (continued)

of three-day seminars on community development is planned for some 200 members of the National Assembly, regional and country representatives and staff of government departments. Eleven district training centres will be in operation in 1964/1965 and will provide 165 courses for some 1,900 students, most of them voluntary women leaders. A training programme for day-nursery personnel will be expanded. The women's club movement, with almost 1,000 registered clubs, is planning, through the Maendeleo ya Wanawake organization, to expand its programme. As part of a plan for a National Youth Service, the Government intends to improve a youth hostel training centre in Nairobi (the Starehe Boys' Centre) and with assistance from the Save the Children Fund, to encourage the development of similar centres in some of the regions, and to improve some 100 youth centres, for which UNICEF has previously provided manual-training tools. The district training centres will help to train staff for the youth centres.

UNICEF would provide stipends for the training courses; demonstration play equipment for the day-nurseries; the salary of an assistant youth organizer who would serve as the counterpart to the officer responsible for the supervision of youth centres; manual training equipment for youth centres and transport for the increased field supervision of the expanded community development staff. The United Nations Department of Economic and Social Affairs and FAO would continue to provide technical advice through experts available in the area. WHO would provide assistance through its maternal and child welfare services programme. The Government's expenditures for the period are estimated at the equivalent of US$250,000.

MALAGASY REPUBLIC

BASIC MATERNAL AND CHILD HEALTH
Continuation

Recommended allocation: $65,000
Period of proposed aid: 1965
Technical approval: WHO

Implementation of the Government's plan for the development of health services, for which UNICEF assistance was approved in December 1960, was delayed during the period of organizational and administrative change following the country's accession to independence. The demonstration area has been established in leprosy and practical training courses for various categories have begun. Training of nurses and midwives in the provincial schools has proceeded and new schools for sanitarians and nurse-visitors were opened during 1963. Thirty-one health centres, 22 sub-centres and six maternities are now in operation in rural areas.

The plan for 1965 envisages the opening of seventeen new rural health centres and eight sub-centres. Work in the demonstration area will be further expanded and two six-month courses of practical training will be provided for health auxiliaries and sanitarians. Emphasis will be placed on mass health and nutrition education which will be co-ordinated with the work of the Ministries of Education and Agriculture. UNICEF would provide basic equipment and expendables for health centres, including vitamin capsules and soap; supplementary training equipment and sanitation supplies for the demonstration area, transport for supervision; and stipends for the training of nurse-visitors and sanitarians and for short-term courses in health education for various categories. WHO would continue to provide technical advice through resident experts. A public health doctor and sanitary engineer are already participating in the programme and, subject availability of funds, the organization will also provide fellowships. Government expenditures for 1965 are estimated at the equivalent of US$110,000.

MADAGASCAR

LEPROSY
Continuation

Recommended commitment, 1965-1966: $48,000
Recommended allocation for 1965: $26,000
Technical approval: WHO

Very encouraging results have been obtained since UNICEF assistance began in 1960. Of 28,700 registered cases, 24,000 are under treatment, 18,000 with satisfactory regularity. 1,102 cases are under observation without treatment and 1,204 cases have been arrested. The number of new cases traced has dropped from the 1962 peak of 1,000 to 668. The number of fixed-treatment centres has been increased from 380 to 641, one new mobile circuit will be added to the existing 12 motorized circuits. Motorized from 380 to 641, one new mobile circuit will be added to the existing 12 motorized circuits. Motorized bicycle circuits continue to operate. Short-term training courses for leprosy inspectors will be held during the period. Government matching would be equivalent to US$150,000.

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MADAGASCAR

NUTRITION TRAINING
(Agricultural extension)
First request for UNICEF aid

Recommended commitment: $164,000
Period of proposed aid: 1964-1968
Recommended allocation, 1964/65: $45,000
Technical approval: FAO, WHO

E/ICEF/P/L.435

The goal of this project is to raise the nutritional standard of the rural population, and in particular that of children, by training qualified personnel to teach the farmer and his family better methods of production and home consumption of protective foods. At the same time, studies would be made of the socio-economic factors which impede extension efforts, especially in the realm of the production of protective foods for children. The Government proposes to create an agricultural extension division in the National Graduate School of Agronomy of the University of Madagascar. The new division would be responsible for teaching field work and methods of studying problems of agricultural extension, including the relationship of extension work to child nutrition. The division would organize three types of courses for students and extension personnel:

a) a course in applied nutrition for students at the National Graduate School of Agronomy;

b) a special higher-level course for graduates of the School (or personnel of equivalent training) who wish to become trainers of extension workers;

c) short-term seminars for directors of extension services for the purpose of keeping them up-to-date on the latest concepts in extension work and of permitting a rewarding exchange of ideas.

For the year 1964/65 two new staff members would be required: a professor of extension methodology and a professor of rural sociology. Five fellowships are requested for the training of counterparts who would eventually replace the foreign professors. Since this would be one of the first projects of this type to be carried out in a French-speaking country, it might be decided at a later date to offer scholarships to a certain number of persons from neighbouring countries to enable them to take the courses. The approach to this project would be similar to that of the African Nutrition Training project (E/ICEF/P/L.81andP/L.280). It is foreseen that a Division of Home Economics would be added at a later stage in order to reinforce extension work with respect to rural women.

For the four school years beginning with 1964/65 UNICEF would provide: audio-visual materials, transport for field work, funds to cover the salaries of two professors and five fellowships for counterpart personnel. Subject to the progress in the implementation of the plan it is foreseen that the Board will be asked to approved subsequent allocations in the amount of $43,000 in 1965, $39,000 in 1966 and $37,000 in 1967. FAO would continue to give technical advice and to assist in the selection of professors and fellowship holders. Services and facilities of the University and of the National Superior School of Agronomy will be made available for the project at a value of about US$250,000 for the four-year period.

MADAGASCAR

EDUCATION AND RURAL DEVELOPMENT

Recommended allocation out of commitment previously approved: $100,000

E/ICEF/P/L.400/Add.4

MALI

EDUCATION
First request for UNICEF aid

Recommended allocation: $220,000
Period of proposed aid: 1964/1965
Technical approval: FAO and UNESCO

E/ICEF/P/L.445 and E/ICEF/P/L.471

The purpose of this project is to make primary education available to school-age children and to introduce more practical subjects into the curriculum. In 1964/1965, 360 new primary school teachers will be trained, and other teachers will receive in-service training. There is at present one teacher-training centre. Four new centres will be created, three for men and one for women. Moreover, 450 new classes will be established with adjoining facilities for practical training, such as a garden, an orchard, a hen-house, fields, a carpentry shop, a forge, a workshop for weaving or basket weaving, a home economics class. However, because of the lack of specialized teachers and the problems of organization, these annexes will be established more slowly than the classes themselves; they will be added to eighteen schools the first year.

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MALI (Continued)

UNICEF would provide teaching and demonstration equipment for five teacher-training centres and ten in-service training teams; practical equipment for eighteen schools; stipends for 240 rural and 120 urban teacher trainees. UNESCO would provide three teacher-training experts and fellowships, financed through EPTA. FAO would provide a consultant in nutrition education, as well as a home economics teacher, the latter to be financed by UNICEF. Matching costs to the Government are estimated at the equivalent of US$1 million.

MAURITANIA

BASIC MATERNAL AND CHILD HEALTH
Continuation

Recommended commitment: $184,000
Period of proposed aid: 1965-1967
Initial recommended allocation: $55,000
Technical approval: WHO

E/ICEF/P/L.404

The long-term objective of this project is to promote the well-being of mothers and children through the development of basic maternal and child health services as part of the public health services. The immediate objectives are: to up-grade existing centres in rural areas and in the capital city of Nouakchott; to establish expanded training facilities for auxiliary health workers through the provision of equipment for the national training school and hospital; and to develop health and nutrition education for the public in general and for women in particular. Slow but real progress is being made in the development of training facilities and the establishment of health centres, six of which are now functioning.

The public health part of the Government's four-year development plan (1963-1967) is concentrated mainly on accelerating the rate of training of auxiliary health workers of all categories. With assistance from the European Development Fund (FED), the new hospital and training school of Nouakchott will be completed early in 1965 and nurses and midwives previously trained at St. Louis in Senegal will be trained in future in Mauritania. It is expected that the number of trainees graduating each year will increase from 28 to 45 by 1966 and to 85 by 1967. Practical training will be available at the new national MCH pilot centre now being completed with the assistance of the United States Agency for International Development. Rural dispensaries will be up-graded and new health centres opened as staff becomes available. Medical teaching and supervisory staff are being provided by French bilateral aid (FAC). Health education and co-ordination of nutrition and social welfare activities would be an essential part of the plan, which is regarded as a first stage in the development of a broader long-term public health scheme, subject to the availability of resources.

UNICEF would provide equipment for the new training school and for the maternity and paediatric wards of the new hospital and the students' hostel, supplementary equipment and expendables for 15 MCH centres, two small buses and one light vehicle for supervision as well as stipends for 150 trainees and funds to cover the salaries of a midwife and a nurse-tutor for two years and for a nurse-tutor for one year. Subject to progress in the implementation of the plan, it is foreseen that the Board will be asked t approve subsequent allocations against the proposed commitment in the amounts of $53,000 in 1966 and $76,000 in 1967. WHO would continue to provide the services of two training experts as well as fellowships for nurse-tutors. The Government's annual matching expenditure in connexion with the scheme, excluding contributions from bilateral aid sources, is estimated at the equivalent of US$250,000.

MAURITIUS

BASIC MATERNAL AND CHILD HEALTH
Continuation

Recommended allocation: $38,000
Period of proposed aid: 1965-1966
Technical approval: United Nations Department of Economic and Social Affairs and WHO

The emphasis of this project has been on the training of staff and the equipping of MCH centres. Since 1958 there has been a reduction in infant mortality from 67.4 per thousand live births to 60 per thousand in 1962. Maternal mortality has decreased in the same period from 3.7 per thousand to 1.6 per thousand. Nine centres administered by the Maternal and Child Welfare Society have been up-graded and the Sugar Cane Industry Labour Welfare Fund has provided buildings for 28 MCH centres, which are visited by Government doctors. UNICEF has assisted in equipping 35 MCH centres and has provided play equipment for social centres. About 100 additional maternity beds are being opened in 1963/64 in six hospitals and 52 more will be ready by 1966. Under the supervision of WHO tutors, nursing and midwifery personnel have received valuable training. A new training school and hostel accommodates 180 student nurses and 75 student midwives. Free immunization and vaccination of all three-month-old babies was initiated in 1961. Health and nutrition education, health visiting and domiciliary midwifery are part of the regular services of the MCH centres.

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MAURITIUS (Continued)

The Ministry of Health and Social Welfare aims to have about 85 MCH centres by 1966. UNICEF would provide equipment, drugs, vitamins and health education materials for 50 new centres as well as equipment for seven maternity units and play equipment for 19 day-care centres. UNICEF would also assist in improving rural sanitation through the construction of latrines and demonstrations to health personnel. A nutrition education campaign is to be launched under WHO guidance and in close liaison with the nutrition education/home economics project which is assisted by FAO and UNICEF and is to begin in 1965. WHO has participated in the planning of the project and would provide continuing advice. WHO would also assist a tutor and nutritionist to Mauritius and provide fellowships for local personnel to study abroad. The overcost to the Government is estimated at the equivalent of US$150,000, which would be considered as matching for the proposed UNICEF allocation.

MAURITIUS

NUTRITION EDUCATION AND HOME ECONOMICS

First request for UNICEF aid

Recommended allocation: $35,000
Period of proposed aid: 1965-1967
Technical approval: FAO, WHO

E/ICEF/P/L.403

The aim of this project is to raise the living standards of the rural population with special emphasis on improved food production and better balanced nutrition for mothers and children. The plan has been developed in accordance with recommendations based on a study by FAO and WHO experts and a pilot experiment made in the island in 1961-1963. The main elements include a) training for women leaders in home economics, homecraft, child care and sound nutrition practices; b) practical demonstration and training courses for village leaders with a view to stimulating improved food production for home consumption and extending nutrition education among village communities; and c) development of a comprehensive programme of teaching aids and demonstration techniques to meet the needs of the programme. The project would be the responsibility of the Ministry of Agriculture, assisted by a Co-ordinating Committee, with representatives from the Ministries of Education, Health, Social Welfare and voluntary agencies. The programme would benefit by advice from a WHO nutritionist in the country, the WHO regional nutritionist and from FAO experts who would be concerned with home economics and agriculture, horticulture and related aspects.

UNICEF would provide printing materials and teaching aids for the five demonstration centres cooking, gardening, laundry, homecraft and child care equipment for 20 rural training centres in home economics, 5 vehicles for the training project and stipends for 120 trainees to study home economics. FAO would provide an expert in agricultural extension and an expert in home economics, also three fellowships to be reimbursed by UNICEF out of an allocation previously approved by the Board. Provision is being made by the Government, with the assistance of the Government of the United Kingdom, for staff, buildings, subsistence and running expenses, audio-visual aids and a van, at a cost equivalent to about US$160,000 for the two-year period.

MOROCCO

BASIC HEALTH SERVICES AND TRAINING

Continuation with new plan

Recommended allocation: $442,000
Period of proposed aid: 1964/1965
Technical approval: WHO

E/ICEF/P/L.462

During the early stages of the development of the public health services, emphasis was placed on training the various types of personnel required. In 1963/1964, 150 graduate nurses, 20 sanitation technicians, eleven laboratory technicians, 20 rehabilitation workers, 500 assistant nurses, 60 assistant sanitarians and 1,031 medical aides were trained. In addition, a school which opened in Rabat in October 1963 is providing specialized training to graduate nurses to enable them to move up to higher professional posts.

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MOROCCO (Continued)

The plan for the next period is to continue and improve the training of medical and para-medical personnel, and to set up a network of public health service units such as health centres and dispensaries, rural and urban maternity hospitals and school health centres, as well as an ophthalmological training centre and public health laboratories. At present 620 such establishments are in operation. In 1964/1965, 194 of these will be modernized, while 147 new buildings will be erected. UNICEF would provide teaching materials for 26 schools for medical aides, three sanitarians' schools and 28 centres for training various types of para-medical personnel; equipment and drugs for 341 public health establishments; vehicles for the training centres and for supervision, and bicycles for medical aides; stipends for 200 medical aides and 70 tutors; honoraria for teaching personnel. WHO would continue to play an important role through its personnel assigned to health programmes in Morocco. The cost to the Government would be equivalent to US$4,745,410 of which US$1,300,000 would be considered as matching for the proposed UNICEF assistance.

MOROCCO — NUTRITION EDUCATION — Continuation

Recommended allocation: $72,000
Period of proposed aid: 1964/1965
Technical approval: FAO

Within the framework of its nutrition education programme and with the help of an FAO consultant sent to Morocco in 1963, the Government is attempting in a short time to improve the nutrition of the greatest possible number of children at the primary school level. In addition to the steps already taken in this direction, including those proposed in the recommendation approved by the Board in January 1964 (E/ICEF/P/L.362), the Government plans, in 1964/1965, to open new cantines, particularly in the rural areas, and to organize new school gardens. During the year 1964/1965 the training of school cantine personnel will continue; seminars will be organized for this purpose in the ten districts of Morocco, and practical demonstrations will be held in the pilot areas of Fez, where about twenty cantines and twelve gardens will serve as demonstration centres. At the same time necessary audio-visual materials will be prepared, including nutrition education manuals for students with teaching guides for instructors, cantine manuals, school garden guides and nutrition posters and charts. A Bureau for School Feeding and Nutrition Education, created within the Ministry of National Education, will co-ordinate and supervise all aspects of the project at the national level, while at the provincial level ten inspectors/nutrition consultants (one consultant per district) will be responsible for the implementation of this project.

UNICEF would contribute to this new phase of the project by providing supplies and equipment for 360 cantines and 100 school gardens; four light vehicles for supervision of nutrition activities in the schools and three pick-up trucks for use in the practical training of school garden personnel. UNICEF would also provide stipends for 1,200 school directors and cantine administrators to participate in nutrition education courses, funds to cover local costs for the preparation of audio-visual materials and a salary supplement for the Director of the Bureau for School Feeding and Nutrition Education. FAO would continue to provide the services of a nutrition consultant. A qualified specialist designated by UNESCO would help to ensure close co-ordination of the various activities envisaged in this project and the rural primary education project which UNICEF is already assisting. The cost to the Government would be equivalent to US$150,000.

NIGER — HEALTH AND SOCIAL SERVICES — Continuation

Recommended allocation: $30,000
Period of proposed aid: 1964-1965
Technical approval: United Nations Department of Economic and Social Affairs, FAO and WHO

The lack of financial resources in Niger and the wide dispersion of the population do not permit a large scale programme. Nevertheless, some progress has been made up to the present: three main centres are functioning in Niamey, Zinder and Maradi, complemented by three social centres and seven small suburban dispensaries. In 1962 a total of 183,115 MCH consultations were held in addition to 33,016 infant examinations, 8,323 home visits and 23,077 homemaking lessons. The nursing school trains 30 persons each year.

The plan for 1964-1965 envisages the opening of a new medical-social centre which has already been constructed in Magaria. Two other centres are planned for Agadez and Tahoua in 1964, and a fourth at Birni N'Konni in 1965. These centres, in addition to providing MCH and social welfare services, will provide instruction in homemaking and women's education. A second social centre would be created in Niamey in 1964. UNICEF would provide basic medical equipment and home economics equipment for these centres, as well as three light vehicles for supervision and six motor bicycles for nurses and social workers. UNICEF would also provide drugs and vitamins. The cost to the Government would be equivalent to US$182,000. The Fund for Assistance and Co-operation (FAC) of France has contributed the equivalent of US$82,000 for the construction of the two centres at Agadez and Tahoua.

NIGER

APPLIED NUTRITION
Continuation

Recommended allocation: $57,600

E/ICEF/P/L.471

UNICEF would finance a post in home economics, a post in horticulture and a post in nutrition education in 1965.

NIGER

EDUCATION
Continuation

Recommended allocation: $34,000
Period of proposed aid: 1964/1965
Technical approval: FAO and UNESCO

This project is providing refresher training for primary school teachers in rural areas through the use of mobile teams of training and supervisory monitors. Motheroraft and homeoraft, nutrition and hygiene are meanwhile being introduced into the curriculum of primary teacher-training schools and into girls' secondary schools. So far, seven mobile teams of monitors have been established; for administrative and organizational reasons an eighth team is now required. To raise the level and broaden the training of primary school teachers now available in the urban areas, four regional training centres will be set up at Niamey, Zinder, Maradi and Tahoua as extensions of the existing teacher-training colleges. Each of the four centres would provide two four-month refresher courses a year, each course accommodating 20 auxiliary teachers. On a pilot basis, instruction for parents has been successfully carried out in ten villages, the subjects including literacy, child care, home economics and food production. The Government has now decided to extend these activities to 100 selected villages to give such instruction to 8,000 persons. Evening classes would be organized in thatched huts to be built by the trainees. Instruction would be given by school teachers, assisted by nurses and extension workers, for whom special training would be provided at seminars organized with assistance from UNESCO and with French bilateral aid. Peace Corps volunteers from the United States of America and volunteer workers from France would also assist.

UNICEF would provide reproduction, audio-visual and demonstration equipment and reference materials for the new mobile team and the regional training centres, transport for supervision and for one mobile team and partial payment of stipends for 160 teacher trainees. Some supplies for the project are also being contributed through bilateral aid from the Governments of France, the Federal Republic of Germany and the United States of America. The Government of Nigeria is providing educational pamphlets in the Haousa language. UNESCO would continue to provide an expert in mass education and an audio-visual expert. The Government's expenditure in connexion with the project is estimated at the equivalent of US$68,000.

NIGERIA

BASIC MCH (EASTERN REGION)

Recommended allocation out of commitment previously approved: $43,000

E/ICEF/P/L.400/Add.4

NIGERIA

BASIC MCH (NORTHERN REGION)

Recommended allocation out of commitment previously approved: $63,400

E/ICEF/P/L.400/Add.4

NIGERIA

LEPROSY
Continuation

Recommended commitment, 1965-1966: $141,000
Recommended allocation for 1965: $35,500
Technical approval: WHO

E/ICEF/P/L.402

The campaign has continued satisfactorily along established lines involving intensive case finding and treatment through out-patient clinics and mobile treatment units. In the Northern Region encouraging results have been obtained. Of 538,792 registered cases, 331,000 are under regular treatment and 115,685 have been either discharged or await review for discharge. In the West and Midwest Regions somewhat slower progress has been made. It is expected that the recommendations of the WHO leprosy advisory team which have recently become available will be reflected in the 1965/1966 campaign. The number of cases under treatment (9,693 at present) is expected to increase to 10,400 in 1965 and to 11,400 in 1966. The case-load in the Eastern Region is declining as the number of discharges exceeds the new cases. The campaigns will continue along the same lines in 1965/1966 with emphasis on consolidation, case-finding surveys, refresher training of staff and increasing use of dispensaries for routine treatment with a consequent release of inspectors to undertake improved supervision. Government matching would be equivalent to US$450,000.

NIGERIA

NUTRITION:
AGRICULTURAL EXTENSION
TRAINING

Recommended allocation [illegible] of commitment previously approved: $57,700

E/ICEF/P/L.400/Add.4 and E/ICEF/P/L.471

Included in the allocation are funds to finance a post in home economics for one year, to assist approved projects in all regions of Nigeria.

NIGERIA

EDUCATION (EASTERN REGION)
First request for UNICEF aid

Recommended allocation: $61,000
Period of proposed aid: Mid-1964-1967
Technical approval: FAO and UNESCO

E/ICEF/P/L.457 and E/ICEF/P/L.471

As an important step towards meeting the need in both urban and rural areas for better food, cleaner homes and more knowledge about child welfare, the Government proposes to strengthen the teaching of rural and domestic science in primary and secondary schools by introducing courses in these subjects into the curriculum of the Advanced Teacher Training College at Owerri. Special courses in domestic and rural science would be initiated at Owerri, with a view to graduating 25 qualified tutors in each subject from 1967 onwards. It is anticipated that during the first two years the students would follow the normal course of study in the theory and practice of education, English and physical education, plus courses in general science, including the elements of physics, chemistry and biology, and elementary mathematics. In the third year, students would specialize in the content and teaching of rural or domestic science.

UNICEF would provide domestic science equipment and books and rural science equipment and books. UNESCO has played a major role in the development of the project and would continue to provide technical consultation as required. UNESCO would provide three lecturers in nutrition, health education and rural science and fellowships to train two Nigerian counterparts abroad; UNICEF would finance two of the posts and would provide two fellowshipsin home economics. FAO would provide technical advice as might be requested. The Government has budgeted the equivalent of US$1.5 million for the development of the Advanced Teacher Training College over the three-year period. Matching costs applicable to the specific courses outlined in this paper are estimated at the equivalent of US$150,000.

NIGERIA

EDUCATION
(NORTHERN REGION)
First request for
UNICEF aid

Recommended commitment: $2,420,000
Period of proposed aid: 1964-1968
Recommended allocation, 1964/1965:
$340,000
Technical approval: FAO, UNESCO

E/ICEF/P/L.393

The Government plans to increase the enrolment in class I by 1970 to at least 28 per cent of the six to seven-year-old age group, an increase from 300,000 to over 800,000 pupils. An enlightenment campaign will be conducted in areas where enrolment is particularly low with the aim of stimulating the interest and initiative of local authorities and parents and increasing the prestige of education. Efforts will be made to raise the quality of the teaching and to increase and improve practical instruction in basic agriculture, horticulture and rural science (including health and nutrition education) so as to provide a basis for further education in these subjects and to give children a more suitable preparation for the rural agricultural life to which the majority will return.

In order to meet the needs of the expansion programme the output of new teachers should reach 3,900 per year by 1970. The 53 teacher-training colleges are to be expanded accordingly so as to accommodate a total of 600 students. Bilateral aid is being requested to build four new colleges and to secure some 300 additional graduate teacher tutors. A three-year course to give specialist tutors training in rural science will be initiated in October 1964. Methods are under study for the improvement of the quality of teaching generally and the development of a more practical curriculum. Local education authorities have been established and will be stimulated and aided by a special unit in the planning division of the Ministry of Education, under the direction of a qualified co-ordinator. In-service training for school inspectors and a special one-year course for education administrators will be continued until 1970.

NIGERIA (Continued)

For the five-year period UNICEF would provide books, teaching aids and rural science equipment for primary classes; rural science equipment for teacher-training colleges; printing equipment and paper for the enlightenment campaign; funds to pay the salary of a rural science tutor; and a salary supplement for the co-ordinator for three years. Subject to progress in the implementation of the programme it is foreseen that the Board will be asked to approve subsequent allocations against the proposed commitment in the amounts of $300,000 in 1965, $470,000 in 1966, $570,000 in 1967 and $740,000 in 1968. FAO and UNESCO would provide technical advice and assistance as required. The total Nigerian budget for the programme, including Regional and Federal Government funds and anticipated capital expenditures by the Native Authorities, is estimated at the equivalent of US$47,884,000.

NORTHERN RHODESIA NYASALAND a/ SOUTHERN RHODESIA	SOCIAL WELFARE/ COMMUNITY DEVELOPMENT TRAINING	Recommended allocation out of commitment previously approved: $60,000

E/ICEF/P/L.400/Add.4

NYASALAND a/	APPLIED NUTRITION First request for UNICEF aid	Recommended allocation: $48,000 Period of proposed aid: 1964-1967 Technical approval: FAO and WHO

E/ICEF/P/L.408

As part of the plan to accelerate all aspects of rural development work, the Government intends to establish three pilot demonstration areas for the in-service training of rural extension and community development workers in the practical aspects of applied nutrition activities, and to provide education for farm families in improved home management and applied nutrition, stressing the production and consumption of protective foods through home and village gardens and home poultry and fish production. The project would be integrated with the UNICEF-assisted mothercraft and homecraft project.

The farm institutes in the demonstration areas will serve as focal points for instruction and will provide facilities for demonstration activities (including vegetable gardens, poultry-keeping, fish-farming and wood lots) as well as a base from which extension field workers, homecraft workers and community development teams can operate. Short courses and seminars are to be given in the institutes for the orientation and training of prominent citizens, District Council officials and farm club leaders. Courses in applied home economics, homecraft and mothercraft will be given for wives of progressive farmers and for leaders in women's organizations. Follow-up services to sustain the effect of the instruction on each family unit will be provided through farm and home visits by extension and community development staff. Production of simple technical guides and visual media will be increased. Two fully equipped mobile information units would extend the influence of the project over a considerable area.

The Ministry of Natural Resources, Surveys and Social Development will have administrative responsibility. A national executive committee, comprising senior representatives of the participating departments, is to be established and will be responsible for the collection and assembly of data for the evaluation of the project.

UNICEF would provide gardening, poultry-keeping and fish-farming equipment for three pilot demonstration centres, educational materials and audio-visual aids and vehicles for the mobile units, for supervision and for the transport of trainees. FAO would provide technical guidance through the assistance of regional and sub-regional specialists in the fields of horticulture, poultry, home economics, nutrition education and agricultural extension training as well as seven fellowships during 1964 for the training of field personnel, under reimbursement from UNICEF out of the allocation previously approved for Africa Nutrition Training (E/ICEF/P/L.280). Other fellowships would be provided under the Expanded Programme of Technical Assistance during subsequent years. WHO would give technical advice on the health aspects of the project through its Regional Office. Subject to the availability of funds, WHO would also provide a short-term consultant for one month to help in the organization of nutrition activities in the Ministry of Health. Government expenditures are estimated at the equivalent of US$847,000 over the proposed three-year period.

a/ Nyasaland became independent, as Malawi, on 6 July 1964.

RWANDA

E/ICEF/P/L.425

BASIC MATERNAL AND CHILD HEALTH
Continuation

Recommended total assistance: $107,000
Period of proposed aid: 1965-1966
Recommended allocation, 1965: $54,000
Technical approval: United Nations Department of Economic and Social Affairs, WHO

The aim of the project is to improve and develop basic services for mother and child health within the public health framework, through reorganization and expansion of existing services and training facilities. Encouraging progress has been made in the implementation of the Government's plan for the development of health services during the first phase. The training of nurses and auxiliary personnel has been reorganized and intensified at the three schools which have received UNICEF assistance. The demonstration zone at Butare has been organized, and MCH centres and dispensaries are in the course of reorganization and up-grading. During 1963 the University of Rwanda, which includes a Department of Medicine, was established at Butare.

The plan for 1965 and 1966 envisages the establishment of 12 new health centres and continuation of training of nurses and auxiliary medical personnel; practical demonstrations of environmental sanitation under local conditions will be undertaken in the demonstration zone. Three main medico-social centres will be equipped and nine-month training courses will be given for 60 monitrices sociales at each of the 3 centres. Training will include courses in health education, nutrition, child care, home economics, agriculture, methods of work and teaching. Staff trained at the centres will be assigned to medico-social centres in the 141 communes into which the country is divided. Their task will be to stimulate the interest and initiative of women and young girls in the improvement of local standards of living. Nine of these communal centres will be equipped during this phase of the project. UNICEF would provide basic equipment, soap, drugs and diet supplements for 12 MCH centres, teaching and demonstration equipment for 12 medico-social centres, environmental sanitation demonstration equipment and 8 supervisory vehicles as well as stipends for 40 nurses, 168 nurse auxiliaries and medico-social assistant auxiliaries and 240 monitrices sociales. Subject to progress in implementation of the plan, it is foreseen that the Board will be asked to approve a subsequent allocation against the proposed commitment in the amount of $53,000 in 1965. A WHO paediatrician, two nurse-tutors and a sanitary engineer have actively participated in the planning of this phase of the project and WHO would continue to give technical advice. The Bureau of Social Affairs of the United Nations Secretariat would provide technical advice on the social aspects of the plan. Experts, doctors and technicians would be available from French and Belgian bilateral aid sources. Government expenditures for the two years are estimated at the equivalent of US$200,000.

SENEGAL

E/ICEF/P/L.400/Add.4

BASIC MCH

Recommended allocation out of commitment previously approved: $47,600

SEYCHELLES

BASIC HEALTH/MCH
Continuation

Recommended allocation: $11,000
Period of proposed aid: 1964-1969
Technical approval: WHO

The aim of the project is to strengthen the structure of basic health services for children through the establishment of a network of nine maternal and child health centres, and to train additional public health staff. The initial plan was to build three centres a year, but owing to financial restrictions only three centres have come into operation so far. Meanwhile, training courses for nurses and midwives have been given at the Victoria Hospital at Mahe, pending the availability of funds to put up a new building for the training centre. The present school accommodates approximately forty para-medical students of various categories and up to ten midwifery students at one time. A UNICEF allocation approved in June 1961 helped to equip the three MCH centres and to provide visual teaching aids and books for the training scheme.

Beginning in 1964 the Government plans to construct an additional maternity and child health clinic each year for six years so that there will be nine clinics by the end of 1969. UNICEF would provide basic equipment for six maternity and child welfare clinics, transport, and vitamin capsules. In addition, fellowships would be granted to eligible candidates for a diploma course in public health nursing; these fellowships would be granted to eligible candidates for a diploma course in public health nursing; these fellowships would be made available either from the UNICEF fellowship grant to the Public Health Institute at Calcutta or from WHO. The Government budget for the project for the period of proposed UNICEF aid would be equivalent to US$90,000.

SWAZILAND

NUTRITION
Continuation

See Basutoland nutrition and agricultural extension above

E/ICEF/P/L.471

Project personnel would serve Basutoland and Swaziland projects.

TANGANYIKA d/

MCH AND SOCIAL SERVICES
Continuation

Recommended allocation: $74,000
Period of proposed aid: 1964-1965
Technical approval: United Nations Department of Economic and Social Affairs and WHO

Since 1954, the Government, with the assistance of UNICEF and WHO, has been strengthening basic maternal and child health services through the establishment of rural health centres, the training of medical and para-medical personnel, and the immunization of children against communicable diseases. UNICEF has helped to equip 78 government health centres and 35 mission centres. Five new training schools for para-medical personnel were opened in the past year and midwifery training was introduced into nine existing schools. In 1963, following independence the Dar-es-Salaam School of Medicine was created in order to train much-needed medical practitioners and to give them a minimum of internationally accepted professional qualifications. The training is oriented towards community health and preventive medicine. The first ten students will go on to the clinical course in 1964/1965.

In 1964/1965 the Government intends to speed up the development of its long-term plan and promote the interest of local authorities in rural health services by establishing demonstration centres in each of the seventeen administrative regions of the country. In addition, 51 satellite sub-centres would be improved or opened. Training facilities would be expanded, the previous courses being supplemented by a four-year course leading to accreditation in midwifery and higher accreditation in nursing and by a one-year course designed to train health assistants. Immunization measures and the campaign against leprosy would be continued. The Government, through the Ministry of Community Development and Culture, also proposes to establish 5 day-care centres in the first phase of a plan which would provide one centre in each of the regions by 1967. Each centre would provide care for approximately sixty pre-school children and would, whenever possible, be constructed close to existing community centres where mothers are given training in connexion with the UNICEF-assisted mothercraft/homecraft project. One of the centres would be developed as a practice school for training day-care workers. The United Nations Department of Economic and Social Affairs is giving technical approval to the proposed day-care centre and training programmes and is providing an adviser to help develop a national social welfare programme and who will advise on matters connected with day-care. WHO would provide technical advice and guidance as required. UNICEF would provide teaching and demonstration equipment and books for the Government and mission health centres; and for the day-care training school and the school of medicine; equipment for 5 day-care centres; soap; drugs and diet supplements; vaccines and transport. The Government's expenditure in the fiscal year 1964/65 would be equivalent to approximately US$1 million.

TANGANYIKA

MOTHERCRAFT/HOMECRAFT AND COMMUNITY DEVELOPMENT

Recommended allocation out of commitment previously approved: $80,000

E/ICEF/P/L.400/Add.4

TUNISIA

BASIC HEALTH/MCH
Continuation

Recommended allocation: $100,000
Period of proposed aid: 1964/1965
Technical approval: WHO

During the past three years, emphasis has been placed on the training of medical and para-medical personnel, the extension of the network of MCH centres and health education. At the end of 1963, of 460 doctors in Tunisia, 340 were involved in public health activities, including 19 paediatricians assigned full time to MCH centres; there were 77 qualified nurses, while in the three schools at Tunis, Sousse and Sfax, 247 student nurses were being trained. During the same period the corps of nurse/midwives, auxiliary nurses, public health nurses and nurse-sanitarians was enlarged. The number of MCH centres and rural maternities was also increased; at the beginning of 1964, 75 MCH centres had been established, as well as 16 rural maternities. In the field of health education, 400 nurses are working at the district level and in the public health centres.

d/ Allocations for the United Republic of Tanganyika and Zanzibar were made separately for Tanganyika and Zanzibar.

TUNISIA (Continued)

The programme for 1964/1965 envisages the establishment of 31 new MCH centres as well as 3 new rural maternities. Three new training schools for nurses will be opened in Mateur, Le Kef and Gabes at the end of 1964, for the purpose of doubling the number of classes of this type of personnel. The opening of a second school at Sfax, planned for October 1965, will also permit a 100 per cent increase in the number of midwives. The training of auxiliary and public health nurses will continue, and training and refresher courses in preventive medicine and public health will be organized at the technical school of Aviceme (Tunis) for twelve graduate nurses who have had three years of experience. UNICEF would provide basic equipment for 18 of the new MCH centres, the three new maternities and the four new schools, supplementary supplies for the centres and schools already functioning; 30 vehicles for field work and supervision; stipends, honoraria and salary supplements for 48 midwives. A senior adviser in maternal and child health, as well as a nurse/midwife have been assigned to this project by WHO. The cost to the Government for the period 1964/1965 is estimated at the equivalent of US$1 million; US$500,000 can be considered as matching for the proposed UNICEF assistance.

TUNISIA

URBAN PILOT PROJECT: WELFARE SERVICES FOR MOTHERS AND CHILDREN
First request for UNICEF aid

Recommended allocation: $39,000
Period of proposed aid: 1964/1965
Technical approval: United Nations Department of Economic and Social Affairs and WHO

E/ICEF/P/L.467

At the request of the Government, an expert visited Tunisia in 1963 to study ways of organizing a pilot project in a peripheral urban area for the purpose of working out the best possible co-ordination of services for mothers and children. As a result, a project will be carried out in the city of Tunis, in the outlying districts of Djebel Lahmar and Djebel Djelloud, which were chosen because of their overpopulation and the inadequacy of their health infra-structure. The supervision and administration of this project will be the responsibility of the State Secretariat for Public Health and Social Affairs, and a co-ordinating committee has been established, including representatives of several government departments and national non-governmental agencies. For the first year, the Government would recruit from abroad a project administrator who would be responsible for further planning and co-ordination of activities. A national staff member, recruited at the same time, would share these functions and continue them after the departure of the expatriate administrator.

The plan for 1964/1965 calls for the establishment of a demonstration zone in the Djebel Lahmar district, and a second zone would be developed in Djebel Djelloud in 1965/1966. A basic study will be undertaken, including a census and a survey of the status of health and of the living standards of the population. Supplementary training will be given to the personnel needed for each zone, which would include a graduate social worker, a director of a day-care centre, a director and staff of a centre for extra-curricular activities for school children, and a number of social and health workers (animatrices). Existing services in the Djebel Lahmar zone would be improved, and public sanitary installations (including showers and wash stands) would be set up. In the project as a whole, UNICEF would contribute to the local costs of the basic study and would provide salary supplements for the expatriate and national project administrators; stipends for staff training and honoraria for their instructors; three light vehicles for supervision, and ten scooters and motorized bicycles for the project staff. For the first pilot zone, UNICEF would also provide supplementary equipment for an MCH centre and a dispensary; sanitation equipment; supplies and equipment for the day-care centre and for the extra-curricular activities centre and salary supplements for the directors of these two centres. WHO would help with the implementation of the project through resident or regional advisers. The Bureau of Social Affairs of the United Nations Secretariat, the ILO, FAO and UNESCO would provide consultation as required. Matching costs to the Government are estimated at the equivalent of US$120,000 for the first year.

TUNISIA

PRE-VOCATIONAL TRAINING
Continuation

Recommended allocation: $19,200

E/ICEF/P/L.471

UNICEF would finance the assignment of an ILO expert in pre-vocational training.

UGANDA

BASIC HEALTH
Continuation and expansion

Recommended allocation: $120,000
Period of proposed aid: 1965
Technical approval: WHO

Steady progress has been made in the implementation of the health aspects of the Government's six-year development plan for which UNICEF has provided assistance. During 1963/1964, 215 para-medical personnel and 240 nurses and midwives received training; 12 rural dispensaries were up-graded; and three regional health education units were set up to teach health education techniques to field personnel and to provide orientation for health centre staff. Health centres continued to provide immunization against smallpox and whooping-cough and vaccination against tuberculosis. Health education seminars have proved most effective.

During 1965 the Government intends to place increasing emphasis on the health aspects of the development plan. Twelve dispensaries and 12 maternity units would be up-graded, 19 mission hospitals, 17 MCH centres and 7 government and three mission training schools for para-medical personnel would be improved. Health education activities would continue along established lines and a further 4 seminars would be held. The work being carried out by Makerere College and the Buganda Government at the Kasangati Health Centre on practical instruction in health education, field surveys and the development of the social and preventive aspects of the curricula is to be further emphasized following the decision of Makerere College to double the intake of medical students in July 1964 (see E/ICEF/P/L.326). Five local health workers, who will complete overseas training as health educators this year, will be assigned to the project. High priority is accorded to the immunization programme. All hospitals, health centres, maternity units and dispensaries would immunize infants, utilizing triple vaccine (DPT) combined with smallpox and BCG vaccines. A comprehensive immunization pilot scheme would be introduced in South Ankole to protect approximately 40,000 children in the first five years of life. The object of this pilot project would be to test the feasibility of carrying out all the necessary immunizations of infants in one or two visits.

UNICEF would provide basic equipment, books, midwifery kits, drugs, vaccines, transport and stipends. The WHO MCH adviser, who has recently joined the project, would be assisted by a public health nurse and a non-medical nutritionist during 1965. A WHO health-educator would assist in the health education aspects of the project. Government matching costs for the period are estimated at the equivalent of US$600,000.

UGANDA

E/ICEF/P/L.402

LEPROSY
Continuation

Recommended commitment, 1965-1966: $27,000
Recommended allocation for 1965: $16,000
Technical approval: WHO

Leprosy treatment and control have continued satisfactorily along the same lines as in the past. Despite an energetic case-finding campaign, there has been an encouraging drop in new cases found, from a 1958 peak of 9,949 to 6,934. In addition, the type of disease now encountered is less severe since patients are seeking treatment at an earlier stage. At the present time, 34,567 cases are under treatment. Since the campaign began in 1952, almost 40,000 have been discharged as cured. The plans for 1965/1966 involve intensification of work in settlements and increased penetration of rural areas with special attention to early discovery of disease symptoms in children related to known cases and contacts. Government matching would be equivalent to US$184,000.

ZANZIBAR [d/]

BASIC HEALTH
Continuation

Recommended allocation: $36,000
Period of proposed aid: 1964-1966
Technical approval: WHO

In 1956 the Government of Zanzibar, with UNICEF and WHO aid, initiated a basic health project with the object of training auxiliary health personnel, reorganizing rural health services and up-grading 22 general-purpose rural dispensaries. This programme has proceeded satisfactorily and the objectives have been largely realized.

d/ Allocations for the United Republic of Tanganyika and Zanzibar were made separately for Tanganyika and Zanzibar.

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ZANZIBAR (Continued)

The Government, with WHO assistance, is now developing a long-term comprehensive health services plan, which would eventually provide adequate preventive services to consolidate all endemic disease control work and to take over the surveillance work remaining to be done on completion of the malaria eradication plan (E/ICEF/P/L.59). In the first phase of the plan, to be carried out over the next two years, the aims are: to improve rural sanitation by a self-help community development programme of environmental sanitation; to accelerate the training of midwives so as to provide midwifery services in all the 25 health centres and rural areas of the island; to start a pilot project for tuberculosis control through vaccination of children with BCG; and to establish a health education unit for which staff has already been trained. UNICEF would provide equipment for rural sanitation, teaching and demonstration equipment and midwifery kits for the training centres, transport, drugs and vaccines for BCG vaccination, equipment for health education and stipends for 24 midwives. WHO would provide a midwifery tutor and a fellowship for a nurse-tutor for the training centre, a medical officer and nurse for the tuberculosis programme, a fellowship for training in health education, and possibly a tuberculosis adviser. The estimated cost to the Government for the two-year period is equivalent to US$386,400.

AFRICA REGION

POST-BASIC NURSING EDUCATION
First request for UNICEF aid

Recommended commitment: $311,000
Period of proposed aid: 1964-1969
Recommended allocation, 1964/1965: $34,000
Technical approval: WHO

E/ICEF/P/L.460

In most countries of Africa health services are being improved, reorganized and rapidly expanded. This process calls for considerable expansion of nursing services not only in terms of nurses trained but also in terms of the nature and quality of their training. There is a great need for properly trained nurses and midwives for the preventive and curative services in homes, health centres and hospitals, for health administration and for supervision. There is therefore an urgent need for nurse educators and for nurses qualified to give direction and supervision to nurse training programmes, for skilled nurse administrators and for nurses with advanced and special training in specific clinical fields and in public health.

Early in 1962, it was decided that the post-basic nurse training centre for English-speaking Africa should be located at the University of Ibadan, in Nigeria, which was formerly affiliated to the University of London and has special assets for such a training centre. The University (College) Hospital has high standards with regard to nursing administration and nursing care and its School of Nursing is well established and internationally recognized. It has also a recognized midwifery school. A public health practice field exists in Ibadan, the largest African town south of the Sahara, with one million inhabitants. The University Institute has an active interest and a readiness to establish a Department of Nursing. To be enrolled at the new training centre students must be eligible for registration as nurses in their own countries and must have had at least one year of practical experience in nursing. In addition, they must possessthe regular University entrance qualifications. The course would be given for fifteen students in the first year and would eventually accommodate 125 students, of whom approximately half are expected to come from Nigeria and the remainder from other countries in Africa. At the beginning the courses would be taught by expert personnel provided by WHO, the University providing counterpart staff to take over as they become fully trained and qualified. Two counterparts are expected to be ready for recruitment by 1966 and two more by 1967. The total development of the Department and the courses is expected to take some five years.

UNICEF would provide teaching equipment and aids, books and periodicals, transport for field work, salaries for counterpart staff and stipends for 45 students for the five-year period. Subject to progress in the implementation of the project, it is foreseen that the Board will be asked to approve further allocations as follows: $37,000 in 1965, $70,000 in 1966, $85,000 in 1967 and $85,000 in 1968. WHO has played a major role in the development of this project and is providing the services of the Head of Department and three other nurse-educators for a period of five years. When the situation justifies, and subject to availability of funds, WHO would provide fellowships for non-Nigerian nurse students from African countries. The University would undertake to continue the project on a permanent basis after assistance from WHO and UNICEF has ended. The total cost to the Government over the five-year period is estimated at the equivalent of US$415,000.

AFRICA REGION

PUBLIC HEALTH SEMINAR (UNIVERSITY OF DAKAR, SENEGAL)
First request for UNICEF aid

Recommended allocation: $20,000
Period of proposed aid: 1964
Technical approval: WHO

E/ICEF/P/L.392

Since 1958, ARMAO (Association pour la recherche medicale en Afrique occidentale) has been holding public health seminars (Journées medicales de Dakar), in co-operation with the University of Dakar, the Government of Senegal and certain European universities. The object of these seminars is to give doctors from French-speaking African countries an opportunity to discuss the public health problems that they encounter in their work with endemo-epidemic diseases, including clinical aspects, treatment and prevention. The diseases discussed are wide-spread in Africa, particularly among children, and cannot be overcome without major efforts in the fields of environmental sanitation and health education. The increasing orientation of the Dakar seminars towards preventive medicine and public health reflects urgent needs in Africa and has been encouraged by the international agencies.

The third seminar (January 1963), for which UNICEF allocated $20,000, was considered very successful and aroused a great deal of interest in French-speaking Africa - particularly the sessions on public health, environmental sanitation and African rural medicine which were held at the Rhombole public health training centre. The fourth seminar - for which an allocation is proposed in this paper - will be held from 5 to 15 December 1964 at the University of Dakar and will deal with the problems of intestinal infections, entero-viral diseases and parasitoses. In addition to European university professors, there would be forty participants from approximately fifteen African countries, selected chiefly from among doctors interested in public health problems. UNICEF would provide funds to cover the travel expenses of forty African participants. The Government would subsidize the seminar with a contribution equivalent to US$40,000, ARMAO would contribute the equivalent of US$22,000 and FAC (Fonds d'aide et de cooperation aux Etats de la Communauté) would contribute the equivalent of US$8,000.

AFRICA REGION

NUTRITION
Continuation

Recommended allocation: $86,400

E/ICEF/P/L.471

UNICEF would finance posts for two experts in horticulture, two poultry experts, and a home economist to assist approved projects in various countries in the region.

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ASIA

AFGHANISTAN — BASIC HEALTH: MCH, ENVIRONMENTAL SANITATION AND NUTRITION
Continuation

Recommended allocation: $67,000
Period of proposed aid: 1964-1965
Technical approval: WHO

The Rural Development Department had, at the end of 1963, established services in fourteen community development blocks with a population of approximately 700,000. In January 1964, UNICEF approved assistance for extension to seven new project areas during 1964 and 1965. The Government now proposes to add to the plan for that period two more rural health units. These would follow the pattern already established, emphasis being placed on the setting up of rural health centres, the promotion of environmental sanitation, the improvement of family nutrition, the broadening of primary education and the education of mothers. Since one of the main weaknesses of the staffing pattern of the health services is a lack of workers, the training of nurses and midwives would be strengthened. In addition, the training of auxiliary nurse/midwives would be undertaken in seven schools to be established in various provinces. Paediatric and obstetrical wards in hospitals in Kabul and four major provincial towns would also be improved and the teaching of paediatrics in the medical school in Kabul would be strengthened.

UNICEF would provide supplies, equipment and transport for two additional health centres and associated sanitation activities; supplies and equipment for two new auxiliary nurse/midwife schools, and supplementary training materials for continuing training programmes; equipment and transport for paediatric and obstetrical wards; a small amount of equipment for paediatric training; and supplementary supplies for the Public Health Institute. WHO advisers would continue to give technical assistance as required. The Government matching expenditure is estimated at the equivalent of US$102,000.

AFGHANISTAN — MALARIA ERADICATION
Continuation

Recommended allocation: $148,000
Period of proposed aid: 1965
Technical approval: WHO

Although malaria operations in 1964 were expected to proceed at about the same rate as in 1963, malariometric surveys have indicated that spraying must be expanded to protect several additional population groups not previously covered (270,000 people in the Faiman and Shiber han provinces and 50,000 people in the Mazar-i-Sharif province). A total of 3,827,000 persons will be protected by spraying in 1964. In view of the success achieved in areas brought into the consolidation phase in 1963, an additional group of 705,000 people will be brought under consolidation in 1964.

Subject to the findings of a WHO Assessment Team which is now at work, it is planned to transfer 3,349,000 people to the consolidation phase in 1965, which will leave only about 1,349,000 to be covered by active spraying. At the same time larval control measures will be used more widely and more emphasis placed on the entomological aspects of the campaign. In a small area (91,000 people) the maintenance phase of the campaign will be initiated. Active surveillance will continue, but malaria inspectors will assume the duties of sanitary aides, administering drugs for a few common diseases, in addition to malaria, as the first step in gradually transforming the present malaria units into simple health centres. UNICEF would provide 427,000 pounds of DDT 75 per cent, anti-malaria drugs and vehicles to strengthen the entomological section at the three malaria regional headquarters. WHO would continue to maintain a malaria advisory team working at full strength. The Government's budget for the campaign in 1964 and 1965 is equivalent to approximately US$750,000 per year, of which US$222,000 would be considered as matching for the proposed UNICEF assistance in 1965.

AFGHANISTAN — EDUCATION (TEACHER TRAINING)
Continuation

Recommended commitment: $208,000
Period of proposed aid: 1965-1966
Recommended allocation, 1965: $170,500
Technical approval: UNESCO

E/ICEF/P/L.436 and E/ICEF/P/1.471

In 1964 the Government inaugurated a five-year programme for the development of primary education through the training of primary teachers and teacher-educators. With the help of UNICEF and UNESCO an Academy of Teacher Training has been established in temporary quarters in the Faculty of Letters at the University of Kabul and will be in functioning in June 1964. It is envisaged that 24 men and women will receive training as teacher-educators in 1964, 57 in 1965, and 62 per year from 1966 to 1969. In addition, a student body of 260 men and women (130 to be recruited each year) will undergo a two-year training course for primary school teachers and will constitute the section of the Academy for the demonstration of teacher-training techniques. The staff of the Academy will initially be made up

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AFGHANISTAN (continued)

largely of international experts; however, a certain number of teacher-educators of Afghanistan will be sent abroad each year, starting in 1965, with a view to eventually replacing the international staff. The three existing provincial teacher-training colleges will continue to be strengthened. Three additional institutions, which were originally to have been set up by the end of 1964, are now to be established by the end of 1966. From 1967 onwards three or four new training colleges would be opened per annum.

UNICEF would provide supplies and equipment for the Academy, for three teacher-training colleges and for three new teacher-training colleges and a vehicle for the Academy. The proposed allocation would cover supplies and equipment for the Academy and the three existing teacher-training colleges in 1965. Subject to the progress of the project, it is foreseen that the Board will be asked to allocate the balance of the proposed commitment in the amount of $37,500 in 1965. UNESCO would provide technical consultation, experts and fellowships; UNICEF would finance eight expert posts, and would provide a fellowship in teacher training. The FAO and WHO would be available for consultation, on those aspects of training which fall within their respective fields of competence. The Government's matching expenditure for 1965 and 1966 would be the equivalent of US$380,000.

BURMA

BASIC HEALTH: DPT IMMUNIZATION AND PRODUCTION OF FREEZE-DRIED SMALLPOX VACCINE
Continuation

Recommended allocation: $25,000
Period of proposed aid: 1965-1966
Technical approval: WHO

UNICEF is assisting the Government's effort to provide health services for the entire country through a network of rural health units providing both preventive and curative care for mothers and children. At the end of 1963 there were 560 such units, which provide domiciliary midwifery services, mother and child care, communicable disease control and nutrition and health education. To supplement the regular work of the rural health units, the Government is undertaking special measures for immunization against diphtheria, pertussis, tetanus and smallpox. The maintenance of immunity against these diseases on a long-range basis is the responsibility of the rural health centres. In view of the increasing incidence among children in Greater Rangoon of diphtheria, pertussis and tetanus, the Government has decided to launch an immunization campaign with the aim of covering as many as possible of the children up to ten years of age, estimated at 300,000. The mass immunization work would be carried out by thirty teams, each consisting of a medical officer, a nurse, a helper and volunteers from the community. UNICEF would provide 600,000 doses of DPT triple antigen, at an estimated cost of $15,000, for use in the first year. The Government is exploring means of producing vaccines in its own laboratories. The Government's matching expenditure for the proposed UNICEF assistance is estimated at the equivalent of US$45,000.

Following a smallpox vaccination campaign, which was conducted in 1963 among three million people, the Government has decided to embark on a national campaign to bring smallpox under control within three to five years. For the first year of the campaign (1964) the Government has received bilateral and international donations of the required freeze-dried vaccine and expects to receive similar aid in 1965 to achieve seven million vaccinations annually. To ensure a steady supply of freeze-dried vaccine for 1966 and subsequent years, the Government with the assistance of a WHO consultant has developed a plan for local vaccine production. While the Government-owned Burma Pharmaceutical Industries has the basic facilities to produce freeze-dried smallpox vaccine to satisfactory standards, there is a need for supplementary equipment costing approximately $13,000. UNICEF would provide this equipment. WHO would provide fellowships for staff members to be trained in the use of the equipment. The Government would use the entire output, estimated at not less than seven million doses a year, for public health purposes. Costs to the Government for the production of freeze-dried vaccine and its use in the national smallpox vaccination campaign cannot be estimated with any accuracy, but will amount to many times the value of UNICEF's contribution.

BURMA

TUBERCULOSIS CONTROL
Continuation

Recommended allocation: $30,000
Period of proposed aid: 1965
Technical approval: WHO

Tuberculosis is one of the most important health problems in Burma. In the country as a whole, about 22 per cent of the children are estimated to be infected before the age of fourteen, with a higher incidence in urban areas. In 1951-1952, UNICEF and WHO helped the Government to start tuberculosis control centres in Rangoon and Mandalay by providing diagnostic and treatment facilities for a trial project of domiciliary treatment. A BCG vaccination programme, launched in 1948, has reached the stage of consolidation with the regular health services. Two tuberculosis training and administration centres have been established.

BURMA (continued)

The Government proposes gradually to strengthen its national tuberculosis control programme. The next step would be the development in the city of Rangoon of tuberculosis control services suitable for an urban community. This activity would be integrated with the health services of the city and would include (a) an epidemiological survey among 50,000 persons and treatment of the 2,250 sputum positive and 7,000 sputum negative cases expected to be found; (b) establishment of ten treatment centres; and (c) training of staff for expansion of the programme to other cities of Burma. UNICEF would provide drugs, film, supplementary laboratory equipment, a vehicle and motorized bicycles. WHO would provide a senior adviser and consultants in statistics, public health nursing and x-ray and laboratory techniques. The Government's matching expenditure would be approximately equivalent to the proposed UNICEF assistance.

BURMA — LEPROSY CONTROL — Continuation

Recommended commitment: $419,000
Period of proposed aid: 1965-1968
Recommended allocation, 1965: $123,000
Technical approval: WHO

E/ECEF/P/L.386

Of an estimated 200,000 leprosy cases in the country, 110,000 cases were under treatment at the end of October 1963. About 85 per cent of the cases under treatment are cared for through village treatment centres. The Government gives high priority to the programme; its Five-Year Plan envisages expansion so that by 1968, the entire country would be covered and all leprosy cases brought under treatment. This means that 22 more districts in Burma proper and the states and frontier areas will be brought under intensive control within a period of five years.

In order to expand intensive control work in the next four-year period, existing leprosy control services will be strengthened by further refresher training of staff, by closer supervision, by encouraging voluntary and non-governmental leprosy workers to undertake contact tracing, and by inviting the co-operation of all health workers, school teachers, religious and other community leaders to assist in case finding and treatment. By 1968 the staff will be increased to a total of 765 and 200,000 cases should be under treatment. Child contacts of leprosy patients will be regularly examined at least every six months. Efforts will be made to ensure regularity of treatment. All school children will be examined regularly and all infected patients and patients to be discharged from treatment will be given systematic bacteriological examinations. UNICEF would provide drugs, transport, laboratory supplies and stipends for training at a cost of $419,000 for the period 1965-1968. An allocation of $123,000 is recommended at this session. Subject to progress made in the implementation of the project, it is foreseen that subsequent allocations will be asked as follows: $90,000 in 1965, $98,000 in 1966 and $108,000 in 1967. Subject to budgetary limitations, WHO will continue the services of a leprologist through 1968. A WHO advisory team conducted an over-all assessment of the programme in 1963. The Government matching expenditure during the four-year period is estimated at the equivalent of US$1,895,000.

BURMA — EDUCATION — Continuation

Recommended allocation: $46,000
Period of proposed aid: 1965
Technical approval: UNESCO

In June 1963 the Board approved assistance for a three-year project (1964/65 - 1966/67) and allocated funds for the first year to supply equipment for agricultural education, science teaching, domestic science teaching, stipends and paper for printing text books. According to the original commitment, basic science teaching equipment is to be supplied to thirty high and middle schools at the rate of ten high and ten middle schools per year. Under the Government policy of giving priority to education and health, an increasing number of schools will be opened, increasing the demand for science teaching equipment for the schools.

About 100 sets of simple science teaching equipment could be produced annually for middle and high schools by the instrument centre of the Union of Burma Applied Research Institute, which was established in 1956, with UNESCO providing experts and equipment. The instrument centre has proved very useful to universities, schools, hospitals, state industries and scientific departments of the Government; it repairs and puts into use many scientific instruments which would otherwise be discarded. The centre has also produced instruments and glassware for various laboratories and, under a training scheme drawn up by UNESCO has provided training of Burmese boys in glass blowing, fine mechanics, the manufacture of equipment, optics and electronics. Each section is now run by a trained Burmese with the help of trained assistants.

To expand the production facilities of the instrument centre, UNICEF would provide supplementary equipment and raw materials for the glass blowing, fine mechanics and optical sections and for wood-

BURMA (continued)

working funds to cover the salary of an assistant supervisor, and stipends for six trainees. UNESCO would continue to give technical advice and guidance. The Government's over-all expenditure on the education programme exceeds the UNICEF assistance.

CAMBODIA — BASIC HEALTH AND SCHOOL HEALTH (Continuation)
Recommended allocation: $90,000
Period of proposed aid: 1965
Technical approval: WHO

This programme has been assisted by UNICEF since 1951. MCH services in Phnom Penh have been established; a rural health demonstration and training area is in operation; basic training programmes for nurses and midwives are progressing well; and for the last five years there has been increasing expansion into the rural areas. In 1964 it is hoped that a WHO MCH adviser will be appointed to assist the Government in developing a co-ordinated long-term plan which will envisage continued expansion in a progressive and orderly manner. UNICEF would provide MCH equipment and expendables, including equipment for nursing education and laboratory services, and expendables and training stipends for the school health programme, which is now in the process of development with the assistance of WHO advisers. The Government's expenditure would be the equivalent of US$387,000, of which $168,000 would be considered as matching for the proposed allocation.

CAMBODIA — PRIMARY EDUCATION: TEACHER TRAINING (First request for UNICEF aid)
Recommended allocation: $116,000
Period of proposed aid: 1965/66
Technical approval: UNESCO

E/ICEF/P/L.427

The major objectives of the proposed plan are to improve and expand teacher training and to improve the content of primary education so as to orient it more closely with the practical aspects of daily life through instruction in home economics, agriculture and the manual arts. These subjects would be introduced with the teacher-training curriculum of the Centre de formation professionnelle (Institut national pédagogique) and into the refresher and orientation training of teachers already employed in the school system. These subjects would also be added to certain model and experimental school programmes. Three experimental zones would be developed to serve as field laboratories for testing improved teaching methods and as demonstration areas for refresher training. The fourteen model schools - one in each province - will serve as practical training centres and as demonstration centres for the application of new programmes, methods and techniques developed in the experimental zones. Primary school instructors would be retrained with a view to co-ordinating their work with the over-all aims of the plan and to strengthening supervision. An experimental kindergarten would be established, to be transformed eventually into a training centre for pupil teachers. The chief technical adviser of UNESCO in Cambodia would serve as adviser to the Government on the project. Evaluation of the project would be carried out jointly by the Government and the participating agencies.

UNICEF would provide (a) equipment for the Centre de formation professionnelle (Institut national pédagogique), for a model kindergarten, for 20 experimental zone schools and for an office; (b) transport: 2 small sedans, a microbus and 113 mobylettes; stipends for 600 trainees and honoraria for teaching staff. Subject to the availability of funds, UNESCO would provide three experts in primary education and teacher training. The enlargement of the Institut national pedagogique will be facilitated by the establishment of the new Ecole normale supérieure under an agreement with the Government of France. The Government's matching costs would be equivalent to US$276,000.

CEYLON — BASIC HEALTH, MCH, HEALTH EDUCATION, SCHOOL DENTAL SERVICES AND IMMUNIZATION (Continuation)
Recommended allocation: $64,000
Period of proposed aid: 1964/1966
Technical approval: WHO

The main objective of this project is to improve existing maternal and child health services. Since 1950 UNICEF has assisted in the development of midwifery and paediatric training facilities at Colombo and of a field training area at Kalutara, with emphasis on training in paediatric care, the upgrading of district hospital paediatric and obstetrical wards and the improvement of selected rural health units and sub-units. UNICEF has also assisted in introducing health education as part of the basic duties of health personnel.

CEYLON (continued)

The proposed assistance is for expansion of the many-faceted project:

a) The second medical college at Kandy would be up-graded with a view to providing better teaching facilities in both preventive and curative paediatrics. UNICEF would provide training equipment and paediatric ward equipment.

b) Assistance would be given to expand the scope of training of the Children's Hospital at Colombo, a 500-bed hospital which is the only paediatric training centre for all categories of medical and para-medical personnel. UNICEF is asked to provide equipment, audio-visual aids and a small van to facilitate visits to various centres in the training programme.

c) To enable the Health Education Bureau to expand its publicity and mass educational activities, training programmes and community organization work, UNICEF would provide audio-visual equipment and additional materials and equipment for the health education production unit as well as three station wagons for the transportation of projectors, equipment and personnel.

d) To the 47 school dental clinics already in operation, it is proposed to add another 16 clinics, for which UNICEF would provide equipment.

e) For a pilot programme of immunization of all pre-school children in the Western Province against diphtheria, tetanus and pertussis, the Government has asked UNICEF to provide a sufficient quantity of imported vaccine to immunize 86,000 infants under one year of age in the next two years. The Government would itself procure the vaccine required for the subsequent expansion and continuation of this immunization.

UNICEF would also provide vehicle spares, and drugs and diet supplements for distribution through health centres. The matching cost to the Government is estimated at the equivalent of US$192,000.

CEYLON — BCG VACCINATION — Continuation

Recommended allocation: $27,000
Period of proposed aid: 1964/65
Technical approval: WHO

The mass BCG vaccination campaign, carried out from 1949 to 1958 was succeeded by a BCG campaign in schools. In the second phase of the school campaign, to begin in May 1964, only those beginning and those leaving school will be vaccinated. Maternity hospitals and maternity wards will vaccinate all new-borns. More than 6.2 million persons have been tested since the beginning of the campaign and 2.7 million vaccinated. Liquid BCG vaccine is provided at present from laboratories in Madras, India. As the decentralized activities will require a more stable vaccine, freeze-dried vaccine will be used and special leakproof syringes are recommended by WHO. As WHO strongly recommends that the programme be covered by permanent, continuous assessment, a national BCG assessment team is to be created. UNICEF would provide one million doses of freeze-dried vaccine, as well as the necessary tuberculin, syringes, needles and kits. The Government expenditure would be at least equal to the proposed allocation.

CEYLON — APPLIED NUTRITION TRAINING — First request for UNICEF aid

Recommended allocation: $37,000
Period of proposed aid: 1964/1965
Technical approval: FAO and WHO

E/ICEF/P/L.441

As the first step in developing an applied nutrition programme, the Government proposes to expand and improve nutrition training at all levels - from trainers and supervisors to village-level workers. The aim of the programme is to ensure better nutrition through increased production of nutritionally valuable foods and through the education of participating village communities in basic nutrition practices. In the initial phase, efforts would be concentrated on a programme of scholarships and study tours for the training of the required teaching personnel and staff who would be responsible for the operation of the project. In addition, four project areas have been selected where centres for teaching facilities would be improved for workers in applied nutrition. These centres include rural development training centres in Rambawewa and Nikerweratiya, a girls' farm school in Labadewa, and an agricultural school in Kundasale. Training at the field and institutional level would be provided for teachers from training colleges and farm schools and for medical and para-medical personnel concerned with hygiene and the preventive aspects of medicine. Training of village-level and non-supervisory staff would be undertaken for all categories of persons who are in a position to influence and guide members of village communities in methods for improving standards of hygiene and nutrition in their

CEYLON (continued)

daily lives. A National Project Workin Committee, under the National Service Council, would be responsible for the implementation of the project. The Committee membership would be drawn from the Departments of Agriculture, Fisheries, Health, Education and Rural Development, as well as from major voluntary agencies working in rural areas. A chief project nutrition officer would be appointed and would be administratively responsible for development of the project and co-ordination of its activities. UNICEF would provide teachin and audio-visual aids; kitchen demonstration equipment and nutrition training supplies; a vehicle for each of the four training centres; fellowships for five officers to study abroad; and training stipends for twelve staff members of four centres, 47 trainees at the field and institutional level and for village-level and non-supervisory staff. FAO has participated in the preparation of the proposed project and WHO has reviewed the health aspects. The Government's matching costs would be equivalent to US$70,000.

CHINA

BASIC MATERNAL AND CHILD HEALTH AND ENVIRONMENTAL SANITATION (TAIWAN)
Continuation

Recommended allocation: $114,000
Period of proposed aid: 1965-1966
Technical approval: WHO

An island-wide network of health stations has been established with assistance from UNICEF and WHO. The following progress has been achieved: (a) all 22 health centres and 371 health stations have been up-graded and furnished with new equipment to support MCH activities; (b) a Maternal and Child Health Institute has been established, primarily to give orientation and refresher courses in MCH to health personnel; (c) a total of 413 doctors from 309 health stations and 13 health bureaux and 509 nurse-midwives from 354 health stations and 19 health bureaux have been trained; (d) a total of 1,100 practising midwives have been given refresher training; (e) mobile supervisory teams have been established and will visit all health stations and health centres in a two-year cycle. UNICEF is requested to assist during 1965 and 1966 in extending maternal and child health services to 26 small hospitals through the provision of simple equipment, vitamin capsules and stipends and honoraria for refresher training of 104 medical officers and 208 nurse-midwives. UNICEF would also provide field allowances for three supervisory teams and stipends, midwifery kits and bicycles for 350 private practising midwives who are to receive refresher training. This will bring to 1,450 the total number of midwives to have received such training.

Less than half of the health stations and health bureaux have piped running water and about 200 health stations have no satisfactory supply of water. To improve sanitation conditions of the health centres and to demonstrate environmental sanitation practices in the surrounding areas, UNICEF has provided pumps and piping for the 200 health stations and field allowances for sanitarians. The provincial and local governments and communities are providing sanitary latrines with septic tanks for all health stations. To expand the project to cover selected rural communities, UNICEF would provide pumps and piping for 52 water supply systems to be installed in 52 communities during 1965; supervisory transport; and field allowances for supervision. The matching cost to the Government for the combined MCH/sanitation project is estimated at the equivalent of US$342,000.

CHINA

TUBERCULOSIS CONTROL: BCG VACCINATION (CONSOLIDATION) (TAIWAN)
Continuation

Recommended allocation: $13,000
Period of proposed aid: 1965-1966
Technical approval: WHO

A UNICEF-assisted mass campaign commenced in 1951, operating through BCG teams attached to 22 health centres which are the supervisory units for the network of some 372 health stations, covering the whole of the Province of Taiwan. Efforts are now concentrated on re-testing of school children and coverage of the pre-school age group. By the end of October 1963, 11,448,000 tests and 6,596,000 vaccinations had been achieved. The annual target is now to vaccinate 500,000 children, of whom 350,000 will be new-born infants and pre-school children. The remaining 150,000 vaccinations will be given to new school entrants and those leaving school at the age of 12 years. By the end of 1966, it is hoped that a total of 8 million children will have been vaccinated. UNICEF would provide additional field equipment and supplies, freeze-dried vaccine, supplementary laboratory equipment and tires and tubes for vehicles. The cost to the Government for 1965 and 1966 is estimated at the equivalent of US$131,900, of which $78,000 would be considered as matching.

CHINA

TRACHOMA CONTROL (TAIWAN)

Recommended allocation out of commitment previously approved: $341,000

E/ICEF/P/L.400/Add.4

CHINA

GOITRE CONTROL (TAIWAN)
First request for UNICEF aid

Recommended allocation: $80,000
Period of proposed aid: 1965-1966
Technical approval: WHO

E/ICEF/P/L.390

The WHO adviser who studied the problem of goitre control in 1961 concluded that goitre is a serious problem in Taiwan, calling for preventive action. It has been reported that all the inhabitants of some mountain villages suffer from the disease. Results of spot surveys reveal an incidence varying from 5 per cent to over 63 per cent in different communities. After examining a variety of methods, WHO concluded that the most effective way of preventing goitre would be to iodate all alimentary salt used in the country.

The plan is to iodate 60,000 metric tons of salt a year, sufficient to meet the total annual requirement for domestic alimentary use. The Government controls the production and iodation of salt through the Taiwan Salt Works, which would provide space for housing the iodination machines requested of UNICEF and would provide the necessary salt conveyors or elevators needed to complete the existing plants. The Provincial Bureau of Food would undertake to distribute the iodated salt to the total population, about 10 million persons and would prohibit the distribution of non-iodated salt for direct consumption in any district or area on the island. The Provincial Health Department would organize a survey team to carry out systematic surveys throughout Taiwan to determine the efficiency of this project. UNICEF would provide supplies and equipment for three iodation plants, potassium iodate (two-year requirement) and a vehicle for surveys. WHO would continue to maintain an interest in the development of the project, including assistance in planning the goitre services and related research activities. The Government matching expenditure is estimated at the equivalent to US$122,000.

CHINA

SOCIAL SERVICES (TAIWAN)
Continuation

Recommended allocation: $37,000
Period of proposed aid: 1965/1966
Technical approval: United Nations Department of Economic and Social Affairs and WHO

The object of this programme is to improve the child welfare services in Taiwan, particularly day-care centres for young children. The plan is to give basic short-term courses for personnel employed in child welfare services, including supervisors. The project began in mid-1963 with the arrival of an international adviser provided by the United Nations Bureau of Social Affairs. In the first phase of the project (mid-1963 to mid-1965) 22 demonstration day-care nurseries for farmers' children are to be established and 120 existing nurseries of the same type are to be up-graded. During this period a total of 225 child welfare personnel are to receive training. By the end of 1963, 32 social work supervisors and 51 other child-care personnel had completed this training.

For the period mid-1965 through mid-1966, UNICEF would provide supplies and equipment for up-grading 100 day-care nurseries, stipends and honoraria for the day-care nurseries training programme and funds to cover the salaries of three child welfare workers for the development of local child welfare services in 1965/1966. It is understood that the Government would assume all financial responsibilities for these salaries thereafter. The Government's matching expenditure would be the equivalent of US$64,800.

INDIA

BASIC HEALTH: MCH
Continuation

Recommended allocation: $1,892,000
Period of proposed aid: 1964-1965
Technical approval: WHO

The Indian Government is establishing a comprehensive network of rural health services and associated facilities within its national community development programme. This network will provide the only maternal and child health services available to thousands of Indian villages. The aim is to achieve total coverage of the population in 5,000 community development blocks (each block comprising 100 villages and about 65,000 persons). All sixteen States and seven Union Territories are actively involved. UNICEF and WHO have assisted primary health centres with dependent sub-centres supported by referral hospitals and laboratories, and have helped to develop district public health and supervisory services. UNICEF has helped in the training of personnel through assistance to many training schools, special courses and field training areas. A large corps of WHO public health advisers, public health nurses and other personnel has been engaged in the programme. From the inception of the project, UNICEF has aided: 1,427 primary health centres, 3,250 sub-centres, 133 referral hospitals, 79 public health laboratories, and 159 district health organizations. Training assistance has been extended to over 400 nursing and other para-medical personnel training schools. Health education has been assisted in six states and a transport organization is being established for the maintenance of the vehicle fleet.

INDIA (continued)

Based on a review of the programme by the Government and international agencies, a new plan of operations has been agreed on, under which the programme will continue on the established pattern with specific emphasis on accelerating the growth of primary health centres in areas in the maintenance phase of the malaria eradication campaign; training of medical and para-medical personnel; and rural water supply and sanitation schemes. UNICEF would provide continuing assistance for the period from March 1964 to the end of June 1965 in the form of equipment for 400 new primary health centres and 2,400 sub-centres, and for the health education and sanitation aspects of the programme; stipends and equipment for the various training courses; transport; and drugs and diet supplements. The Government's matching expenditure would amount to the equivalent of approximately US$5.7 million.

INDIA

BASIC HEALTH: UP-GRADING OF MEDICAL EDUCATION (DEPARTMENTS OF PREVENTIVE AND SOCIAL MEDICINE)
Continuation

Recommended allocation: $200,000
Period of proposed aid: 1964/65
Technical approval: WHO

The Executive Board has previously approved assistance to up-grade departments of preventive and social medicine in twenty Indian medical colleges by providing supplies, equipment and transport for the departments, stipends for teaching staff, and assistance for associated rural and urban training areas. The objective is to improve the teaching, both theoretical and practical, of public health and preventive medicine in order to provide qualified medical staff for the Government's large-scale development of rural health services. The programme has developed satisfactorily, and at the end of 1964 all twenty of the selected medical colleges will have received supplies.

The Government gives high priority to this plan, and wishes to strengthen twenty additional departments during the next year. UNICEF would provide supplies, equipment, transport and books to assist in the development of these academic departments, as well as of urban and rural training areas. WHO is participating by assigning a number of visiting professors of preventive and social medicine and by considering with the Central Government the principles of development of the departments. The Government contributes 50 per cent of the cost of each department; matching against the proposed allocation would be the equivalent of US$400,000.

INDIA

REHABILITATION OF PHYSICALLY HANDICAPPED CHILDREN
Continuation and expansion

Recommended allocation: $65,000
Period of proposed aid: 1964/1966
Technical approval: United Nations Department of Economic and Social Affairs and WHO

E/ICEF/P/L.438

As part of a comprehensive national programme for the rehabilitation of the physically handicapped, it is proposed that the four most advanced rehabilitation centres in India be up-graded through the provision of equipment to strengthen the physiotherapy and occupational therapy units, establish workshops for the manufacture of prosthetic appliances and train personnel in the field of vocational training. The programme would give major attention to the needs of children. The proposed plan for 1964-1966, as described below, would be the first stage in a broader programme based on recommendations of United Nations and WHO consultants. The first phase of the project would be concentrated on the further development of four selected centres for which the Government has requested UNICEF assistance: the All-India Institute for Physical Medicine and Rehabilitation at Bombay, the Safdarjung Hospital at New Delhi, the rehabilitation centre of Nagpur Medical College and the rehabilitation centre of Madras Medical College. Each centre would be provided with an orthopaedic hospital with a certain percentage of beds allotted to children; a prosthetic workshop; an occupational therapy unit; a physiotherapy unit; and a vocational training and guidance unit. Each of these units would train personnel in vocational training for other centres, and the Ministry of Labour and Employment would be responsible for developing the employment and placement of handicapped persons. Additional training would be carried out in selected schools. A National Board, comprising representatives of the Ministries of Health, Education, Labour and Employment and Defence has been constituted with the Union Health Minister as Chairman, and the Director General of Health Services as co-ordinator.

UNICEF would provide equipment for the four selected rehabilitation centres to strengthen the physiotherapy and occupational therapy units and the workshops for manufacture of prosthetic appliances. WHO would provide fellowships for key personnel of the four centres to study abroad. The total of additional governmental expenditures for the expansion of the four centres would be equivalent to US$460,000, of which US$195,000 would be considered as matching for the proposed allocation.

INDIA

TUBERCULOSIS CONTROL
Continuation

Recommended allocation: $751,000
Period of proposed aid: 1964-1965
Technical approval: WHO

UNICEF is assisting the national tuberculosis control project with the provision of equipment and vehicles for the National Training Institute, and for a number of diagnostic and treatment centres. A preparatory national tuberculosis survey has been carried out to provide the basis for planning how to tackle India's enormous tuberculosis problem. By the end of 1962, the National Tuberculosis Institute and its field arms were fully developed, and a large-scale training programme for BCG workers and for personnel at the Institute had been carried out. The objective has been to develop the most efficient and economical approach to tuberculosis control under existing conditions and within the available resources of India. The main aspects of the project are: (a) an epidemiological field programme, (b) a rural control programme, (c) an urban control programme, (d) a sociological study, and (e) a BCG assessment programme. The over-all objective is to develop a network of tuberculosis control services to benefit the entire population.

Sixty tuberculosis centres have been equipped by the Government. A further forty centres will have received UNICEF equipment by May 1964, when the required staff will have completed their training at the National Tuberculosis Institute. At present seventeen teams are being trained there. The National Tuberculosis Institute will start in June 1964 to enlarge its training activities to prepare at least sixty complete teams of key personnel for the same number of district tuberculosis centres each year. Three state tuberculosis demonstration and training centres have been established and personnel are being trained for others. By the beginning of the Fourth Five-Year Plan in mid-1966, the Government plans to have at least one tuberculosis centre in each of the 350 districts; this will require the creation of an additional 100 tuberculosis centres in the next two years.

UNICEF has previously provided equipment and drugs for the Institute and for three state centres and 40 district centres. The allocation now recommended would provide x-ray units, laboratory equipment, transport, films and drugs for 20 new district centres; transport, films and drugs for 20 centres which were previously partially equipped; laboratory equipment, transport, films and drugs for 20 centres equipped by the Government with x-ray units; and supplementary equipment for four additional state centres. The Government matching expenditure would be equivalent to US$2,253,000.

INDIA

BCG VACCINATION
Continuation

Recommended commitment: $200,000
Period of proposed aid: 1964-1966
Recommended allocation: $100,000
Technical approval: WHO

E/ICEF/P/L.391

By the end of November 1963, the mass BCG campaign had accomplished 208 million tests and 74.5 million vaccinations. In accordance with the recommendations of the All-India BCG Workers' Conference and the WHO BCG assessment team, the pattern of the campaign is gradually being changed to the "house-to-house" method of vaccination and the BCG teams are being integrated with the district tuberculosis centres. During the past year the number of teams taking part in the campaign was increased from 175 to 179. There are 50 teams working on the new method; a number of them have been assigned to the district tuberculosis centres. At the same time, the supervision of the entire campaign is being reorganized and strengthened and it is hoped that this will facilitate the integration of BCG vaccination work with the national tuberculosis control programme.

The proposed plan emphasizes the introduction of BCG vaccination in MCH institutions, particularly in large cities. The BCG teams will continue to be trained at the National Tuberculosis Institute and it is planned to accelerate training in some State tuberculosis centres as well. UNICEF would provide 50 additional vehicles for zone supervisory officers, 50 replacement vehicles and field supplies and equipment. Subject to progress in the implementation of the plan, it is foreseen that the Board will be asked in 1965 to approve a second allocation against the proposed commitment in the amount of $100,000. Government matching for the two-year period would be equivalent to US$1.2 million.

INDIA

LEPROSY CONTROL
Continuation

Recommended additional commitment: $160,000
Period of proposed aid: 1964/1966
Recommended allocation: $116,000
Technical approval: WHO

E/ICEF/P/L.394

During the three years since UNICEF first voted aid to the national leprosy control programme, the field structure has been strengthened and the coverage appreciably extended. At present the programme covers about 400,000 leprosy patients. About 360,000 patients are treated on an ambulatory basis as

INDIA (continued)

a ainst 86,000 in 1961. There are an estimated 2 million cases in the country. It is planned to extend the present control framework to all endemic areas, which comprise eight States and about 300 million population. During the fourth Five-Year Plan (1966-1971) it is hoped that 110 new leprosy control units will be estatlished, of which 55 would operate in the States of Madras and Andhra Pradesh, which have nearly half of the total number of cases. In order to strengthen operations, the programme will be directed and sponsored by the Central Government.

In preparation for the reinforcement of control operations in the period 1966-1971, emphasis would be given during the remaining two years of the third Five-Year Plan to the training of para-medical workers. It is planned that 1,320 field workers will be given six months' training in eleven training centres. UNICEF would provide drugs, training equipment and microscopes, transport and stipends for 1,400 trainees. For the two-year period, UNICEF would provide assistance totalling $209,000. An allocation for the first year's requirements is proposed at this session. Subject to progress made in implementing the plan, it is foreseen that a second allocation against the proposed commitment will be recommended in 1965. WHO would provide three leprologists. The Government expenditure during the two-year period is estimated at the equivalent of US$3.4 million, of which $542,000 is considered as matching the proposed UNICEF commitment.

INDIA

APPLIED NUTRITION
(ALL-INDIA)
Continuation

Recommended additional commitment: $3,815,200
Period of proposed aid: 1964-1967
Recommended allocation, 1964/1965: $1,615,200
Technical approval: FAO and WHO

E/ICEF/P/L.442 and E/ICEF/P/L.471

In framing its fourth five-year development plan, the Government of India has recognized the need not only to increase gross food supplies but also to improve family nutrition. The programme is directed primarily to the needs of the rural family, with particular attention to young children. Efforts to stimulate local production of protective foods are combined with education in better eating habits. The objective is to achieve better nutrition through self-help and community efforts. Emphasis has been put on production of nutritive and protective foodstuffs, such as eggs, fish, vegetables, fruit and legumes, and concurrent nutrition education with a view to influencing the food habits of village families. The programme includes nutrition education carried out through such organizations as rural youth groups, women's groups, young farmers' groups and schools. Support has been given to training for food and nutrition workers in extension training institutions and for various categories of workers involved in the implementation of rural development. For the purpose of demonstration and education, the programme has provisions for balanced diet feeding on a limited scale in the villages of expectant and nursing mothers, pre-school and school children. The programme as a whole is sponsored by the Ministry of Community Development which enjoys the co-operation of the relevant technical ministries. The All-India programme has evolved from successful projects initiated in four states of India and assisted by UNICEF since 1959. At the present time, projects are in operation in ten States and several additional state plans are expected to begin in 1964. By June 1967, it is expected that the over-all plan will be under way in 247 community development blocks, 149 training institutions and 154 production centres.

UNICEF provides equipment and supplies to stimulate the production of fish, poultry, fruits and vegetables and also assists the training activities through stipends and teaching aids. To cover additional requirements in the next three years, a new commitment of $3.7 million is recommended. Added to the outstanding commitment of $1 million this would make a total commitment of $4.7 million against which an allocation of $1.5 million is recommended for approval at this session. Subject to progress in the implementation of this plan, it is foreseen that the Board will be asked to approve subsequent allocations against the proposed commitment in the amounts of $2.2 million in 1965 and $1 million in 1965.

Included in the allocation are funds to finance six posts - for 2 experts in home economics and nutrition and one each in horticulture, fisheries, agricultural education and dairy husbandry.

INDIA

MILK CONSERVATION
(BELGACHIA DAIRY, CALCUTTA)
Continuation

Recommended allocation: $170,000
Period of proposed aid: 1964-1966
Technical approval: FAO

Construction of the dairy at Belgachia is part of the national plan for dairy development through which the Government seeks to stimulate milk production and to ensure improved and enlarged supplies for the major cities. In its first phase, the plant has been equipped (through bilateral aid from the Governments of the United States of America, Canada and the Netherlands, and with help from UNICEF)

INDIA (continued)

to process 200,000 litres of milk daily. Owing to an inadequate milk supply the production of the plant is at present only approximately 100,000 litres per day, although the plant is working on a two-shift basis.

The proposed additional allocation by UNICEF would assist in the collection of milk in the Calcutta milk shed in order to bring the dairy up to maximum first-phase capacity as soon as possible. Under the scheme inaugurated in September 1962, milk from the Belgachia Dairy (1.5 per cent butterfat and 10 per cent non-fat solids) is sold at 54 nP (11.4 cents US) per litre, the Government paying a subsidy of 8 nP (1.69 cents US) per litre. The Government of West Bengal has begun a programme to increase the quantity and quality of milk available to dairies within the State. UNICEF would provide milk collection equipment including farm tank coolers, transport tanks, milk storage tanks, a large chilling centre, milk pumps and vehicles. The total capital cost to the Government for land, buildings, equipment and erection services is estimated at Rs. 2,500,000 (equivalent to US$527,000). Matching in terms of subsidies is estimated at the equivalent of US$762,000 for the first allocation and at US$255,000 for the second allocation.

INDIA — MILK CONSERVATION — Recommended allocation out of commitment previously approved: $700,000

E/ICEF/P/L. 400/Add.4

INDIA — MILK CONSERVATION: TRAINING OF DAIRY PERSONNEL
Continuation

E/ICEF/P/L.471

UNICEF would finance from funds previously allocated the assignment of 3 short-term dairy training experts for this project in 1965.

INDIA — GOITRE CONTROL
Continuation — Recommended allocation: $100,000
Period of proposed aid: 1964/65
Technical approval: WHO

A large area of India, comprising the northern parts of the States of Jammu/Kashmir, Punjab, Uttar Pradesh, Bihar, West Bengal and Assam, constitutes the world's largest endemic goitre belt. Of a population of 40 million, 15 million are known to be affected. The estimated total requirement of iodized salt for these areas is 200,000 metric tons a year. UNICEF has previously provided equipment for the salt iodination plant at Sambhar Lake (Rajasthan) which is producing approximately 1,600 tons per month.

It is now proposed to expand the programme for salt iodination and, in the first phase, to treat 100,000 tons of salt for a total of 20 million people. Production of iodinated salt would be increased to 36,000 tons in 1964 for distribution in the States of Bihar, Punjab and Himachal Pradesh. As additional supplies become available, distribution would be extended to the States of Assam, Jammu/Kashmir, Uttar Pradesh and the North East Frontier Agency. It is hoped that the target of 100,000 tons per year can be reached by 1966. UNICEF would provide ten sets of spray-type equipment. The Ministries of Industry and Health have made financial provision for additional buildings and for the installation of equipment and will subsidize the additional production costs, so that the process of iodination will not affect the normal retail price of salt. The Government's matching expenditure would be equivalent to US$189,000

INDIA — PRE-VOCATIONAL TRAINING — Recommended allocation out of commitment previously approved : $178,000

E/ICEF/P/L.400/Add.4

INDONESIA — BASIC MATERNAL AND CHILD HEALTH
Continuation — Recommended allocation: $729,000
Period of proposed aid: 1965
Technical approval: WHO

In 1950, Indonesia had an average of one MCH centre for nine sub-districts. (Each sub-district contains 20,000 to 30,000 people.) By the end of 1963, each of the 2,700 sub-districts had at least

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INDONESIA (continued)

one MCH centre, and many had two or three. By the end of 1965, it is expected that 3,600 MCH centres will be receiving UNICEF assistance. UNICEF has also assisted in training programmes which have the aim of providing the increasing number of workers required and of establishing a supervisory structure. It is planned to have a total of 2,814 fully qualified midwives trained by the end of 1965. Traditional birth attendants are given routine training by field midwives, and continue to work under supervision in order to extend the services of the centres. By the end of 1965, about 37,000 of these will have been trained or be in training, and about 29,500 will have completed training and will have received UNICEF midwifery kits. On the average, this will mean that there will be one trained attendant with a UNICEF kit in each village, which has access to MCH services. The MCH centres have meanwhile expanded their services to include, besides obstetrics, pre-natal and post-natal services for mothers and the care of infants and toddlers.

UNICEF would provide equipment for 315 new MCH centres, midwifery kits for 462 fully qualified midwives, transport, and drugs and diet supplements, including vitamin A and D capsules. There is an acute shortage of vitamin A in the diet of Indonesian children. Consequently, funds are also included in the recommended allocation to cover the cost of fortifying 17.75 million pounds of skim milk with vitamin A. WHO will assign a team in 1964 to assist the Government in assessing the programme and planning its further development. Government matching for the proposed allocation would be equivalent to US$940,000.

INDONESIA — MALARIA (WEST IRIAN) — Continuation

Recommended allocation: $53,000
Period of proposed aid: 1965
Technical approval: WHO

Malaria is a major health problem in the province of West Irian, causing a high mortality rate in infants and much ill health among children. Of the total population of 740,000, it is estimated that about 450,000 live in malarious areas. The degree of endemicity varies from unstable hypo-endemic and seasonal malaria to holo-endemic. The extremely difficult terrain, poor communications, scattered population, living habits of the people and type of dwellings, constitute formidable problems in attacking malaria. Nevertheless, the attack is being pressed. In addition to building up a rural health infrastructure, the Government is planning to reorganize the present programme to include six zonal headquarters, each zone being divided into 22 sectors. The number of spraying squads is to be increased from 24 in 1964 to 39 in 1965. In 1965, field investigations will be launched in all 22 sectors and completed in two sectors.

To continue the programme in 1965, when the population coverage will be 182,000, UNICEF would provide DDT, anti-malaria drugs and field supplies. Subject to the availability of funds, WHO would provide the services of a malariologist, a public health officer, a sanitarian and two fellowships. Government matching for the proposed UNICEF assistance would be the equivalent of US$305,500.

INDONESIA — BCG VACCINATION CAMPAIGN — Continuation

Recommended allocation: $106,000
Period of proposed aid: 1964/65
Technical approval: WHO

From the inception of this campaign in 1951 up to the end of 1962, 29.1 million tests and 9.3 million vaccinations were carried out. Owing to a shortage of funds and to organizational problems, the performance in 1963 was only half the target of 1.2 million vaccinations. The prospects for better performance have been improved by the assignment, in the latter half of 1963, of a WHO BCG assessment team, which has produced a revised plan for the deployment and training of field staff. Working relationships have been improved; additional national supervisors have been appointed; and all teams on Java have been given refresher training and training in the use of freeze-dried vaccine. Teams working on the off-Java islands are receiving similar training in 1964. The number of vaccinations is expected to reach 1.5 million in 1964 and 2 million in 1965.

UNICEF would provide field equipment, transport and freeze-dried BCG vaccine to continue the operations until the end of 1965. The Government would be responsible for adequate financing of the project.

LAOS — BASIC MATERNAL AND CHILD HEALTH — Continuation

Recommended allocation: $32,000
Period of proposed aid: 1964/1965
Technical approval: WHO

The plan is to train maternal and child health teams for the capital city and for four provincial capitals. Three teams have completed training and have been assigned to MCH centres, and two others have been partially trained. Equipment has been provided for the five MCH centres, for five maternity wards and two paediatric wards, and for rural midwives training. Training and refresher training of rural midwives is henceforth to be done by the MCH teams and it is hoped that by the end of 1965, 122 new rural

LACS (continued)

midwives will be trained. The Government has agreed to employ in rural areas all midwives trained under the project. UNICEF would provide equipment for three paediatric wards, five midwifery schools and five MCH sub-centres; stipends, midwifery kits and bicycles for rural midwives; and drugs and diet supplements and soap for use in 1965. A WHO team of a doctor and three nurses continues to assist the programme. The Government matching expenditure would be equivalent to US$20,000.

MALAYSIA

RURAL HEALTH (SARAWAK)
Continuation and expansion

Recommended commitment: $68,000
Period of proposed aid: 1964-1968
Recommended allocation: $27,000
Technical approval: WHO

E/ICEF/P/L.417

Previous assistance has been for the development of five main urban health centres, the establishment of a training programme for nurses and midwives and a pilot project to train rural health supervisors. The success of the pilot training project, and the need for developing a rural health infrastructure to support the malaria eradication campaign in Sarawak have led to a five-year phased plan for further development of the rural health services.

Plans for a comprehensive service network, to be in operation by 1968, are as follows: (a) The five urban health centres and 30 rural centres run by the Government, plus 12 travelling dispensaries, and 30 "dressers" posted to rural areas will continue to operate; (b) From 1964 to 1968, sixty midwives are to be trained so that sixty additional MCH centres can be set up; (c) The pilot project for the training of rural health workers will be expanded with the objective of training 72 by 1968. Upon completion of instruction, the trainees, along with the officer in charge of their training, would be assigned as a team to an area suitable for rural health improvement and one in which agricultural extension work is established. One member of the team would remain as permanent health overseer, responsible to the nearest dispensary and through it to the district medical officer; (d) The Government, through the rural health supervisors, would also continue to give free training and supplies of medicines to "home helps" (medical auxiliaries) from remote longhouses (village multi-family houses) who, on a voluntary basis, give simple routine treatment; (e) Vaccines and sera for communicable disease control would be distributed by local authorities to all established clinics and to the rural health supervisors to expand the control of communicable diseases; (f) A simple dental scheme for schools will be expanded through the training and employment of 40 dental nurses. UNICEF would provide MCH centre clinic equipment and vitamin capsules, field kits and transport for rural health supervisors' training, environmental sanitation equipment and supplies, mobile dental units and refrigerators for storage of vaccines and sera. Subject to progress in the implementation of this plan, it is foreseen that the Board will be asked to approve subsequent allocations against the proposed commitment in the amounts of $11,000 in 1965; $10,00[illegible] in 1966; and $20,000 in 1967. WHO, through its regional advisers, would provide such advice and assistance as might be required. The Government's matching would be equivalent to US$204,000.

MALAYSIA

MALARIA ERADICATION (SARAWAK)
First request for UNICEF aid

Recommended commitment: $96,000
Period of proposed aid: 1965-1968
Recommended allocation: $36,000
Technical approval: WHO

E/ICEF/P/L.410

A malaria survey, conducted in 1952/53 by the Government with WHO assistance, confirmed that malaria was a major health problem in Sarawak. Fifty per cent of all malaria cases are children under 14 years of age. Eighty-five per cent of the population live in malarious areas. In 1953/54 a successful pilot project proved the feasibility of interrupting malaria transmission by residual spraying. From 1955 to 1959 residual spraying was gradually extended to cover all areas where spleen rates exceeding 20 per cent were found. In 1959 this control programme was converted into an eradication campaign covering all malarious areas of Sarawak with a population of 635,600. It has recently become apparent that, notwithstanding the success of the operations, eradication would not be achieved as long as new cases continued to be imported from Kalimantan, which borders on Sarawak and has not yet initiated malaria control.

The plan of operations for the period 1964/1968 has therefore been revised to provide for a buffer zone along this frontier in which control operations will be maintained for a population of approximately 100,000. In areas behind the buffer zone, there would be a prolonged period of surveillance leading to eradication. By 1968 approximately 558,000 persons in former hyper- and hypo-endemic areas would be in the maintenance phase and 100,000 in the consolidation phase, while 100,000 in the buffer zone on the border area would remain in the attack phase. As the maintenance of biannual spraying in the buffer zone will substantially increase the cost of the campaign, the Government has requested aid from UNICEF. (UNICEF is also assisting the programme for the development of rural health services in Sarawak

MALAYSIA (continued)

which will form the infra-structure for the support of the malaria eradication programme.) The recommended assistance would be in accord with the policy on assistance to malaria eradication projects adopted by the Board in January 1964. The project has been given highest priority in the development plan of the Medical Department.

UNICEF would provide 149,600 pounds of DDT 75 percent, anti-malaria drugs, laboratory supplies, sprayers and 50 out-board motors. Subject to progress made in implementation of the plan, it is foreseen that the Board will be asked to approve subsequent allocations against the proposed commitment in the amounts of $24,000 in 1965; $20,000 in 1966; and $18,000 in 1967. WHO has assisted this programme since its inception, providing technical personnel, fellowships and funds from the Malaria Eradication Special Account to cover local costs. During the period 1964-1968, the WHO team will consist of four members. The Government's matching for the proposed UNICEF commitment would be equivalent US$288,000.

MALAYSIA — MALARIA ERADICATION (SABAH) — Recommended allocation out of commitment previously approved : $[illegible],000

E/ICEF/P/L.400/Add/4

PAKISTAN — RURAL HEALTH, MCH AND SANITATION — Continuation

Recommended allocation: $891,000
Period of proposed aid: 1965
Technical approval: WHO

This programme to extend health services to the rural population of both wings of the country includes: the establishment of a network of rural health units, each consisting of a main centre and three sub-centres; training of staff for rural health and maternal and child health services; upgrading of associated referral hospitals; and strengthening of the structure of district supervision of health services, particularly of services for mothers and children. UNICEF has previously provided equipment and transport for 100 main centres and 300 sub- centres in West Pakistan. At present, 40 main centres and their sub-centres are in operation and it is expected that all 100 units will be in operation by mid-1965. In East Pakistan, assistance has been given for 25 units, of which 13 are in operation. It is hoped that a total of 60 rural health units will have been established by mid-1965. The allocation now recommended includes assistance to equip the balance of 35 units.

In June 1963 the Board approved assistance for a scheme in West Pakistan to provide clean water supplies for 86 villages where rural health centres were in operation. An allocation was made to provide piping and other supplies for 54 villages and it is anticipated that these installations will be completed by the end of 1964. It is now proposed to provide equipment for the remaining 32 villages.

UNICEF would provide: (a) equipment and transport for 35 new rural health units in East Pakistan; (b) piping and supplies for 32 water development projects in West Pakistan and steel rods and transport for the latrine construction project in East Pakistan; (c) health education equipment; (d) vehicles for supervision; and (e) vehicle spare parts for the existing fleet. WHO is providing, on an advisory basis, the services of a sanitarian, a water supply engineer and two public health advisers in rural health. The Government's expenditure is estimated at the equivalent of US$25 million, of which $2.7 million would be considered as matching the proposed allocation.

PAKISTAN — REHABILITATION OF PHYSICALLY HANDICAPPED CHILDREN — Continuation

Recommended allocation: $15,000
Period of proposed aid: 1965/1966
Technical approval: WHO

The Government has established a school of physiotherapy with an orthopaedic workshop in the Jinnah Central Hospital in Karachi. UNICEF has helped to equip the workshop which is manufacturing and fitting prosthetic appliances. Priority is given to handicapped children. So far 900 patients have been registered and 300 have been fitted with prosthetic appliances.

It is now proposed to expand the facilities of the workshop to provide for training of personnel in the production of braces and prosthetic devices and in rehabilitation of the physically handicapped. With stipends to be paid by the Government, seven apprentices would be given five years of training to qualify as skilled technicians and would then be posted to surgical units of the major district hospitals.

UNICEF would provide tools, expendable items and a small bus. A WHO orthopaedic consultant is assigned to the project. Government matching is estimated at the equivalent of US$45,000

PAKISTAN (continued)

PAKISTAN — MALARIA ERADICATION
First request for UNICEF aid

Recommended allocation: $351,000
Period of proposed aid: 1964-1965
Technical approval: WHO

E/ICEF/P/L.421

At the end of 1960 a comprehensive plan of operations was concluded based on the findings of a WHO-assisted survey. The plan envisages a phased programme over a period of14 years. In 1964, it is expected that 25 million persons will be placed under protection by spraying operations. In 1965, it is planned to take in another 17 million persons living in new areas which are contiguous to areas already being protected by spraying. Personnel are already being trained and the necessary geographical reconnaissance and other essential work will be carried out before spraying operations can begin in the new areas. The major external requirements of the programme are financed through loans by the United States Government. For the 1965 operations an application for US$5 million is being considered by the United States. The loan application has taken some time to formulate because the Government found it necessary to re-examine certain basic policy questions concerning the future administration and internal financing of the campaign and these questions were in turn linked closely with the over-all preparations of the Third Five-Year Plan.

The major part of the imported supplies for use in the 1965 spraying campaign, estimated at a cost of US$4.5 million, to be purchased out of the United States loan, are expected to be delivered during the first quarter of 1965, in good time for the spraying campaign. However, with regard to the new areas which are presently being prepared for initial spraying, transport and microscopes and related supplies must be delivered by October 1964 to permit the geographical reconnaissance to be carried out fully. As late delivery of supplies and equipment would mean hasty and incomplete surveys, jeopardizing the success of the operations, UNICEF has been asked, as an emergency measure, to grant a one-time allocation to assist preparatory work in the new areas. This request is in accordance with the policy on assistance to additional eradication projects which was adopted by the Board in January 1964. Malaria is a serious child health problem in Pakistan.

UNICEF, which has previously provided equipment for a DDT plant with an annual capacity of 600 tons of technical DDT, the entire production of which is used in the eradication campaign, would provide 80 pick-up trucks, 12 mobile maintenance vans and 6 outboard motors, glassware and chemicals and 357 microscopes. WHO has made budgetary provision in 1965 for the services of four malariologists, an epidemiologist, two sanitary engineers, two entomologists, two sanitarians, two technicians and one administrative officer and has budgeted $ 8,000 for supplies and equipment and $8,000 for fellowships. The Government's matching costs would be equivalent to US$1,353,000

PAKISTAN — TUBERCULOSIS CONTROL
Continuation

Recommended allocation: $56,000
Period of proposed aid: 1964/65
Technical approval: WHO

As the result of a tuberculosis prevalence survey carried out in West Pakistan in 1960/61, a pilot tuberculosis control project was established in the area of Rawalpindi. The objectives of the project are to train personnel in the diagnosis and treatment of tuberculosis, to study control methods under prevailing conditions and to establish simplified methods and procedures capable of being extended to other areas. A new tuberculosis centre was opened by the Government in early 1963 for which WHO has provided a laboratory technician and a radiologist. The centre is carrying a heavy work-load, but progress has been somewhat slow to date.

UNICEF is requested to provide drugs and x-ray films, some minor laboratory equipment, spare parts for the x-ray units and health education supplies to meet the needs of the programme to the end of 1965. WHO has assigned a team leader to the project. The Government's matching commitment for the continuation of the programme would be equivalent to US$ 84,000

PAKISTAN — SOCIAL SERVICES
Continuation

Recommended allocation: $57,400
Period of proposed aid: 1964/1965
Technical approval: United Nations Department of Economic and Social Affairs

In June 1962 the Board approved assistance for a three-year national training project for child welfare personnel and allocated funds to cover the requirements of the first two years. Social welfare departments have been established in both wings of the country, and three training courses (two in East Pakistan and one in West Pakistan) were held in 1963. A further six courses are planned

PAKISTAN (continued)

for 1964 and four during 1965. One-month courses are held for policy makers and administrators. Six-month courses are given to selected staff of government and private child care agencies. It is expected that a total of 42 persons engaged in child welfare work will have received training under this project. It is also planned to enrol some persons not presently employed in child welfare agencies but wishing to enter the field.

A sum of $7,700 additional to the outstanding commitment of $49,700 is requested to provide a small vehicle and additional training stipends and honoraria for the third year's training courses. The United Nations Department of Economic and Social Affairs has assigned a social welfare adviser to West Pakistan. In East Pakistan, the United Nations advisers in the urban community development programme also give advice on the social welfare work. The Government's expenditures for the year 1964/1965 are estimated at the equivalent of over US$1.4 million. The Government is expected to continue with its own resources in the period of the Third Five-Year Plan, beginning mid-1965.

PAKISTAN — MOTHERCRAFT AND HOMECRAFT
Continuation

Recommended allocation: $32,000
Period of proposed aid: 1964/1965
Technical approval: United Nations Department of Economic and Social Affairs

This community development project is being carried out in the principal urban areas of the country where severe social problems have been created by rapid urbanization. The project is based largely on the self-help principle, and an evaluation by two social welfare advisers has indicated enthusiastic acceptance of them by the communities. The emphasis is on the health and welfare of mothers and children. Community councils provide accommodation for women's centres, boys' clubs, MCH centres, centres for adult literacy and vocational training, school clinics and health centres. The project also includes women's needlecraft centres, at which approximately 15,000 women a week attend daily classes in sewing, embroidery and knitting. Nine vocational training centres and 77 recreation clubs for youths, with club membership varying from 50 to 300 are in operation. Women are given health education through MCH centres and instruction in 58 adult literacy centres.

UNICEF has previously provided assistance for 67 urban community development projects. Aid for 20 new projects is now recommended, ten each in West and East Pakistan. UNICEF would provide sewing machine, knitters, carpentry tools, typewriters, visual aids, educational toys, scooters and bicycles and simple equipment for sanitation, community laundries, kitchens and gardening. WHO extends advice on activities in the fields of health. The Bureau of Social Affairs of the United Nations Secretariat has had three advisers in Pakistan associated with this project, and it is expected that these posts will be continued. The Government's budget for urban community development projects in 1964/65 is equivalent to US$545,000, of which US$90,000 would be considered as matching the proposed allocation.

PAKISTAN — EDUCATION
First request for UNICEF aid

Recommended commitment: $344,000
Period of proposed aid: 1965-1967
Recommended allocation: $147,000
Technical approval: UNESCO

E/ICEF/P/L.424

This project would concentrate on science instruction in secondary schools; the diversification of elective courses in secondary schools; assistance to training colleges for secondary school teachers, with emphasis on the provision of teachers for science and diversified courses; and the establishment of supervisory teams in both wings of the country. At the end of 1962 there were 6,559 secondary schools with an enrolment of 1,559,247 students, or less than 1.7 per cent of the total population. The second five-year plan of the Government (1960-1965) includes provision for an additional enrolment in secondary schools of 230,000 students in West Pakistan and 200,000 in East Pakistan. It is proposed that general science and practical manual arts be introduced as compulsory subjects in classes VI-VIII of all secondary schools, and general science as a compulsory subject in classes IX and X of secondary schools. Advanced science and optional subjects, including practical manual arts, such as workshop courses in metalwork, woodwork, applied electricity, engineering, agricultural courses, commercial courses and home economics for girls would also be made available to classes IX and X.

With the assistance of a UNESCO consultant, who visited the country for four months, the Government has made detailed plans to implement these objectives and has asked UNICEF to provide imported equipment for the introduction of specified courses into the secondary schools. UNICEF would also assist in the plan for improving existing teacher-training facilities through the provision of additional kits to fourteen training colleges in West Pakistan. To augment the existing supervisory services, and initiate supervision by specialist staff, twenty-two supervisory teams would be established

PAKISTAN (continued)

(each consisting of five specialists: one each in the fields of science, industrial arts, agriculture, home economics and commerce) to assist the regular inspector of schools, provide in-service training of headmasters and teachers, organize seminars of teachers and keep close liaison with the educational centres. UNICEF would provide two vehicles for each team. For the two teams to be established in the first year, UNICEF would pay salaries and travel expenses for a period of one year until the Government includes this new aspect of supervision in the third five-year plan, i.e. beginning July 1965.

UNICEF would provide standard science and diversified subject kits for 100 schools in East Pakistan and 99 schools in West Pakistan, teacher-training kits for 14 institutions in West Pakistan, transport for 22 supervisory teams and salaries for two supervisory teams for one year.

The proposed allocation would help to equip 26 schools in West Pakistan, 68 schools in East Pakistan and the 14 teacher-training institutions in West Pakistan and to provide salaries and transport for two supervisory teams. Subject to progress in the implementation of the plan, it is foreseen that the Board will be asked to approve a second allocation against the proposed commitment in the amount of $197,000 in 1966. Subject to the decisions of the General Conference of UNESCO and to the availability of funds under the Expanded Programme of Technical Assistance, UNESCO would provide the services of two advisers to work with the two supervisory teams in 1965 and 1966, in addition to the provision of technical guidance through the UNESCO regional office. The Government's matching for the proposed allocation would be equivalent to US$441,000.

PHILIPPINES — BASIC HEALTH — Continuation

Recommended allocation: $372,000
Period of proposed aid: 1965-1966
Technical approval : WHO

The Government is engaged in a comprehensive programme for the improvement and extension of basic health services, many facets of which are being assisted by UNICEF. Maternal and child health is a major element of these services. A pattern of rural health units was established in 1954 and there are now 1,329 such units as against 1,381 required by mid-1965. During the next five years the Government plans to add 52 rural health units and 500 barrio health stations each year. There is also an extensive school health service.

UNICEF has previously assisted the virology centre of the Bureau of Research and Laboratories to strengthen facilities for diagnosis of viral diseases as an integral part of basic health service. Assistance has also been given to the central health laboratory of the Department of Health to enable it to provide effective diagnostic services for the entire country. It is now planned that three new regional laboratories will be established and five existing regional laboratories will be strengthened. UNICEF has also assisted, through the provision of equipment and stipends, in the establishment of a central school for training in physiotherapy and occupational therapy. The school offers a four-year course leading to a degree of Bachelor of Science in physical therapy. The first such course began in November 1962 and is reported to be progressing satisfactorily.

The Government plans to expand mass smallpox immunization, with special emphasis on children under one year of age. In order to provide sufficient quantities of freeze-dried smallpox vaccine, supplementary equipment is required by the Alabang Laboratories which manufacture the vaccine. UNICEF would provide: (a) equipment and supplies for 52 new rural health units, 500 barrio health stations, 500 school clinics, rural health and regional hospitals, and midwifery kits and training stipends for indigenous midwives; (b) additional equipment for the regional public health laboratories; (c) equipment and stipends for training in physiotherapy and occupational therapy; and (d) laboratory equipment and supplies for increasesed production of freeze-dried smallpox vaccine. The Government matching expenditure would be the equivalent of US$1.1 million.

PHILIPPINES — TUBERCULOSIS CONTROL — Continuation

Recommended allocation: $28,500
Period of proposed aid: 1964-1965
Technical approval: WHO

In order to assist the Government in reaching as many tuberculosis cases as possible, the Executive Board in December 1961 approved a three-year plan under which UNICEF would provide $100,000 for the purchase of isoniazid tablets and the Government would provide as matching either Pesos 300,000 or a minimum of 60 million tablets depending upon the price. A total of $71,500 has been allocated. The present recommendation is for allocation of the balance required for the three years and would provide INH for the third year of the commitment, October 1964 through September 1965. The Government has allocated for the first two years and pledged for the third year a total of Pesos 350,000, against which approximately 90 million tablets will be purchased. At the end of 1963, over 37,000 patients were reported under treatment and it is believed that the figure will be 46,000 when all of the reports are available. The number of patients is expected to increase to approximately 68,000 in 1964.

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PHILIPPINES

BCG VACCINATION: CONSOLIDATION
Continuation

Recommended commitment: $95,000
Period of proposed aid: 1965-1967
Recommended allocation for 1965: $30,000
Technical approval : WHO

E/ICEF/P/L.384

By the end of 1957, the mass campaign had achieved the original objective of eight million tests. Thereafter BCG work was integrated into the regular health services, with 20 teams training rural health personnel in BCG testing and vaccination. From then until the end of 1961 a further 2.5 million tests were accomplished, of which almost 70 per cent were carried out by the personnel of the rural health units. Since 1962 the BCG work has been decentralized to the eight health regions with ten teams assigned to these regions for assessment work and ten for the training of personnel. An estimated 967,000 tests and 610,000 vaccinations were accomplished in 1963, somewhat short of the target. The pace was accelerated in the second half of the year when the rate of accomplishment was in fact higher than the targeted rate.

For 1964 through 1967 the annual target has been further increased to 1,426,000 tests and 841,000 vaccinations. With additional personnel now being trained, it is believed that these new targets can be achieved. Other factors which are expected to contribute to increased performance are: (a) intensification of BCG work through rural health units, maternity houses, nurseries and through practising paediatricians; (b) gradual inclusion of personnel of the Philippines Tuberculosis Society; and (c) possible national application of simultaneous vaccination of BCG and smallpox for infants under one year of age. The proposed allocation is to cover requirements of vaccine, field supplies and transport in 1965. It is foreseen that the Board will be asked to approve subsequent allocations against the proposed commitment in the amounts of $22,000 in 1965 and $43,000 in 1966.

WHO would continue to give technical advice on the objectives and operation of the project and the WHO Tuberculosis Advisory Team will assist in evaluation at regular intervals. The Government matching expenditure against the proposed allocation would amount to the equivalent of approximately US$78,000.

PHILIPPINES

EDUCATION
Continuation

Recommended allocation: $116,000
Period of proposed aid: 1965
Technical approval: UNESCO

In June 1963 the Board approved a first allocation to this project with the objective of improving the general level of instruction in the primary grades, providing vocational training for youths at trade schools, and strengthening the training of teachers at the University of Mindanao and through in-service refresher training. The Government is preparing long-term plans for education, and trainees have been sent abroad to study educational planning. Meanwhile, it proposes to continue to pursue the over-all objective of expanding and improving the educational facilities by up-grading teacher-training institutions and improving the teaching of science in the secondary schools. The teaching areas of the seven regional teacher-training institutions would be enlarged by the addition of 1,000 classes for practice teaching in co-operating schools.

The teaching of biological sciences is considered to be a major factor in the national programme for socio-economic development. To help up-grade the teaching of secondary school biology and develop the competency of high school teachers in the subject, eleven selected high schools would be provided with biological science equipment. UNICEF would provide instruction kits and equipment for 1,000 elementary classes; home economics equipment for 300 selected elementary schools; primer typewriters and duplicators for 200 selected elementary schools; biological science equipment for eleven high schools; and 4 vehicles for the supervision of teacher-training activities in the 7 regional teacher-training institutions, their laboratory schools and their co-operating elementary schools covered by the practice-teaching areas. The Government's matching expenditure would be the equivalent of US$348,000.

PHILIPPINES

EDUCATION OF BLIND CHILDREN
First request for UNICEF aid

Recommended allocation: $18,000
Period of proposed aid: 1964-66
Techincal approval: UNESCO

E/ICEF/P/L.398

The Government, through its Department of Education, is embarking on a demonstration and training project over a five-year period to up-grade educational facilities for blind children. The plan calls for the training of teachers of the blind and for developinga techniquesfor educating blind children in regular public schools. A residential school for blind children serving 330 and a printing house for braille books would be established; in addition approximately 1,500 blind children would be educated in schools serving sighted children.

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The demonstration project consists of two phases. The first phase comprises a teacher-training programme including training abroad for two teacher-educators who will assume responsibility for the integrated programme; a scheme to orient the school administration to this type of programme; establishment of a printing house; diagnosis, screening and placement of blind children through the offices of the provincial superintendents; and careful screening and recruitment of teachers. Thirteen pilot elementary school units and one secondary school unit would be established for blind children in their own neighbourhood schools. In the second phase, the project would be expanded to twelve more elementary school classes throughout the Philippines, and the new residential school would come into operation.

UNICEF would provide equipment for the printing house and for the integrated programme and one vehicle. In 1963, at the Government's request, the American Foundation for the Overseas Blind provided a consultant to survey requirements in the field of education of blind children. This consultant assisted in planning the current proposal. The Co-operative for American Relief Everywhere (CARE) is providing certain supplies and equipment and other agencies are assisting with fellowships. The Government's expenditures during the two-year period would amount to the equivalent of US$135,000 of which US$54,000 would be considered as matching.

REPUBLIC OF VIET-NAM	BASIC HEALTH: LABORATORY SERVICES Continuation	Recommended allocation: $45,000 Period of proposed aid: 1965-1966 Technical approval: WHO

Since 1953 UNICEF has assisted the expanding programme for the strengthening of provincial health services through the up-grading of the maternity, paediatrics and MCH out-patient facilities of provincial hospitals, district maternities and MCH centres, and through the development of training school for rural midwives and other health personnel. It has provided equipment to improve the facilities of twelve provincial hospital laboratories. In order to render direct laboratory services to the provincial health network, and to give technical support to the preventive medicine services of the country, the Government proposes to establish a central health laboratory and five regional laboratories, to strengthen the laboratories of provincial hospitals and to promote co-ordination of all laboratory units. The central health laboratory would serve as a national diagnostic and reference centre. An integral part of the plan is the training of laboratory assistants and laboratory technicians.

UNICEF would provide supplies and equipment to assist in the establishment of the central laboratory and the first two of the regional laboratories. WHO has for four years provided the services of an epidemiologist, who assisted in developing the proposed plan and, in direct connexion with this project, would provide a bacteriologist in 1964 and a pathologist in 1966. The Government's matching expenditure would be the equivalent of US$135,000.

REPUBLIC OF VIET-NAM	LEPROSY CONTROL First request for UNICEF aid	Recommended allocation: $21,000 Period of proposed aid: 1965 Technical approval : WHO

E/ICEF/P/L.395

In 1959, following a survey of the leprosy problem, a central department was established to co-ordinate and strengthen leprosy control activities and train staff. Some 19,500 patients are registered for domiciliary treatment through 23 treatment centres, provincial departments of health and a few leprosy out-patient clinics. The treatment centres which perform case finding in the vicinity and apply preventive and educative measures also provide hospitalization for about 2,500 infectious cases. (There are an estimated 50,000 cases in the country.)

It is proposed to establish three mobile teams for case finding, and to reorganize the supervision of domiciliary treatment. Village "first-aid workers", who were given some elementary training under an earlier programme aided by the United States Agency for International Development, would be in charge of issuing drugs and supervising the treatment of cases identified in their villages. These workers would be supervised by personnel from leprosy centres, clinics, or provincial hospitals. The work in each province would be organized by the provincial medical officer, and the over-all organization and planning would be the responsibility of the existing central leprosy department, which would be given formal status as a division of the Department of Preventive Medicine in the Ministry of Health. UNICEF would provide field and diagnostic equipment for 3 mobile teams; laboratory and health education equipment, drugs for domiciliary treatment, 3 vehicles and 20 motorized bicycles. This project has been planned with the assistance of the WHO regional adviser in communicable diseases. The Government's matching against the proposed allocation is estimated at the equivalent of US$63,000.

REPUBLIC OF VIET-NAM

APPLIED NUTRITION
First request for UNICEF aid

Recommended allocation: $23,000
Period of proposed aid: 1964-1967
Technical approval: FAO and WHO

E/ICEF/P/L.399

As a preliminary step towards the eventual establishment of an applied nutrition programme, the Government plans an expansion of nutrition training. Nutrition training courses which have been conducted by the Nutrition Service of the Ministry of Health over the past three years would be expanded to include one four-month course in applied nutrition each year for 25 trainees who would be recruited from the staffs of MCH and other health services, community development workers, community teachers, and other personnel connected with agricultural and fisheries services. The trainees would be nominated by the departments they serve and would return to field work on completion of the course. The training would qualify these personnel to disseminate nutrition education, to organize food supplies in the collectives, to participate in investigations of nutritional status and to organize, where possible, supplementary feeding at meternal and child health centres, in schools or in other community centres. The curriculum, the composition of teaching and other details would be determined by the Ministry of Health, in consultation with FAO and WHO. UNICEF would provide teaching materials, equipment for production of teaching materials, textbooks and periodicals, two vehicles and stipends and honoraria for 25 trainees per year for four years. WHO would continue to provide advice and guidance. FAO would be consulted as necessary. The Government's matching cost would be equivalent to US$69,000.

THAILAND

TRACHOMA CONTROL PILOT PROJECT
Continuation

Recommended allocation: $37,000
Period of proposed aid: 1964/65
Technical approval: WHO

At the end of 1961, with UNICEF and WHO assistance, the Government began a small pilot project in trachoma control through schools. Intermittent treatment with antibiotic ointment yielded a 70 per cent cure rate, but follow-up investigation revealed a high incidence of infection in home contacts, which showed that a community approach would be essential if trachoma were to be controlled. Other investigations conducted during this period led to an estimate that prevalence of the disease in the north-eastern provinces of Thailand was more than 40 per cent, with a total of perhaps 1.5 million cases in these provinces. A test study of a community approach among 24,000 people in 50 villages promised 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. The Government Pharmaceutical Works was successful in preparing locally antibiotic ointment which can be sold at a price low enough to be within the means of 90 per cent of village populations (according to evidence so far collected). An expanded pilot project which was organized on this basis has proved largely successful.

A second expansion of this pilot project is now planned to begin in October 1964. Total coverage will then reach about 308,000 population with an estimated caseload of 50,000 cases in 1965. UNICEF would provide antibiotic ointment, field equipment and transport. Government matching against the proposed allocation would be the equivalent of approximately $US70,000. WHO has provided a trachomatologist to the programme since 1961, and has budgeted for his services up to the end of 1965.

THAILAND

APPLIED NUTRITION
(PILOT PROJECT)
Continuation

Recommended allocation: $15,000
Period of proposed aid: 1965-1966
Technical approval: FAO, WHO

The demonstration project for the improvement of village nutrition in the province of Ubol covers thirteen villages at present. It includes on a small scale all phases of a nutrition programme: a preliminary dietary survey, training of field staff, nutrition education of the public, production of protective foods through school, community and home gardens, and poultry and fish production. Some of the food produced is distributed to children through health centres and schools. It is now planned to expand the project to 29 additional villages. The total population of the expanded pilot area would be approximately 25,000 of whom about 9,000 are under the age of fifteen. Particular attention would be given to co-ordinating the work of field staff and to encouraging the formation and participation in the project of clubs for farmers, women and youths.

UNICEF would provide supplies for gardening, poultry raising and fisheries, transport, teaching aids and training stipends, as well as additional equipment for expansion of the nutrition laboratory in Bangkok. FAO would provide the services of a home economist/nutritionist and WHO those of a medical nutritionist. The estimated Government expenditure would be the equivalent of US$158,000 of which $45,000 is considered as matching the proposed allocation.

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THAILAND

URBAN PILOT PROJECT
(Self-help housing and community services)
First request for UNICEF aid

Recommended allocation: $72,000
Period of proposed aid: 1965/1966
Technical approval: United Nations Department of Economic and Social Affairs

E/ICEF/P/L.447

The proposed pilot project is part of a comprehensive plan of the Municipality of Bangkok for the redevelopment of slum areas. In the pilot area community development and self-help techniques will be used for housing improvement. In addition health, education, vocational training and social services will be provided, especially directed to mothers, children and young people in the area. A project area has been selected and surveyed in consultation with a special representative committee. The selected area (55 acres in the Prakanong District of Bangkok) has a population of approximately 12,000, of whom about 4,700 are children under 14 years and about 2,600 are mothers. There are about 1,500 family homes of which 17 per cent are in good condition; 33 per cent are in need of major repairs and 50 per cent need to be replaced. Project staff would be briefed in the objectives, principles and techniques of self-help and community development through a seminar in which a United Nations adviser in self-help housing would participate. A survey of the area is to be made, including interviews with each family. The major activities of the project would include:

a) Improvement of existing houses and construction of new houses through self-help and mutual help activities, neighbourhood municipal co-ordinators working with the people in making their plans, and a central workshop producing low cost materials for housing improvement or construction. Mobile teams of carpenters, plumbers, masons, bricklayers, electricians and metal workers from the workshop would work with the householder.

b) Construction and maintenance of public utilities and roads serving the area, filling of low land, and provision of water, drainage and electricity.

c) Establishment of community facilities: A special centre for vocational training and guidance of youth would be established, staffed with qualified instructors in construction, blacksmithing, welding, carpentry, electricity and home economics. A health centre, staffed by doctors, nurses and midwives, would provide clinical and preventive care, with particular facilities for mothers and children, and would have a direct referral arrangement with the neighbouring hospital. The Municipality would also provide a school, a playground primarily for pre-school children, a community centre with facilities for homecraft/motherecraft groups for women, and a youth centre.

UNICEF is requested to provide equipment for the central workshop, for planning and laying out sites and for self-help construction, to be used initially in the pilot project and subsequently in other similar projects which would be developed on the basis of this experience. For the pilot project alone, UNICEF would provide equipment for vocational training, home economics, community recreation facilities and for the health community and youth centres. The United Nations Department of Economic and Social Affairs would continue to advise on the project and would provide the services of an adviser in self-help housing to help with the seminar. The ILO, FAO and WHO would be consulted on aspects of the project within their fields of competence. Approximately the equivalent of US$216,000 would be considered as matching for the recommended allocation.

THAILAND

EDUCATION
Continuation

Recommended allocation: $302,000
Period of proposed aid: 1964/65
Technical approval: UNESCO

In December 1962 the Board approved assistance for a five-year programme covering four phases: (a) the activation of a pilot project in a selected province to expand, through "extension schools", the period of compulsory primary education from four to seven years; (b) the improvement of secondary school facilities in 104 secondary schools in selected areas which had up to then not had access to such facilities; (c) the improvement of vocational training in 75 training schools for girls; and (d) the continued improvement of teachers' training through the up-grading of the 26 primary teacher training colleges with facilities for science, home economics, and agricultural laboratories and equipping of the 180 village practice schools attached to the colleges. The proposed allocation would provide for the continuing requirements in the second year of the project. In addition to the original plan, assistance is recommended for a pilot project to train specialized teachers for the integration of blind children in schools for the sighted. UNICEF would provide a small amount of equipment, stipends and a vehicle (to a total value of $11,000) for this teacher-training course which would be implemented under the supervision of a qualified consultant of the American Foundation for Overseas Blind. The Government's matching expenditure is estimated at the equivalent of approximately US$1 million.

WESTERN SAMOA

FILARIASIS CONTROL (PILOT PROJECT)
First request for UNICEF aid

Recommended allocation: $28,000
Period of proposed aid: 1965
Technical approval: WHO

E/ICEF/P/L.397

The aims of the proposed project are: (a) to determine the most suitable method or methods for controlling filariasis in Western Samoa; (b) on the basis of the results, to prepare a nationwide control programme; and (c) to train staff in filariasis survey and control techniques. The disease is one of the country's most serious public health problems, affecting children as well as adults. Of a total population of 120,000, it is estimated that at least 75,000 persons carry active filarial infections and suffer from periodic attacks of filarial fever and/or some of the major crippling manifestations of the disease.

Technical methods and procedures recommended by the WHO Expert Committee on Filariasis would be employed, including chemotherapy of the entire population above the age of two, parasitological examination of approximately 10 per cent of the total population, determination or confirmation of mosquito vectors, entomological evaluation, trials of vector control and control and chemotherapy of all immigrants from neighbouring infected areas. A medical officer would be appointed by the Government as counterpart to the WHO medical officer, and would work directly under the Director of Health Services. Teams for parasitology and entomology work would be established.. Local village women's committees would organize drug distribution and supervision.

UNICEF would provide 6.8 million tablets of diethylcarbamazine and 50,000 tablets of antihistamine. WHO has budgeted to provide the services of a medical officer for 1965. The Philipps Bequest of New Zealand will finance the services of a medical officer who will start a small-scale field survey and experiment in four to six villages and train the national filariasis staff. The Philipps Bequest will also provide laboratory supplies and additional drugs. The Government's matching expenditure would amount to the equivalent of approximately US$22,000.

ASIA REGION

NUTRITION MANUAL
First request for UNICEF aid

Recommended allocation: $15,000
Period of proposed aid: 1964
Technical approval: FAO and WHO

E/ICEF/P/L.409

WHO has proposed that UNICEF assist in the production of a Manual of Nutrition for use in countries in the Western Pacific region and in other countries with a similar ethnological background. The Manual would be approached from the health point of view and would complement other manuals which have an agricultural emphasis. It would be used in training programmes involving nutrition and would also be available for use in community projects, women's clubs and schools where the group method of education is in use. A fact-finding survey would be conducted by a short-term WHO consultant, who would visit the countries within the region. A group of experts would define the content of the manual and supervise its preparation. The group would include a medical nutritionist, a nutritionist with experience in teaching and training in nutrition work and an educator with experience in nutrition education techniques at the village level within the region. UNICEF would provide funds to cover the cost of publication and printing of 23,000 manuals and of the services of 3 experts for 3 months. WHO would provide a consultant for three months to visit the countries in the region.

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ASIA REGION

REGIONAL SEMINAR - PLANNING FOR CHILDREN AND YOUTH
Continuation

Recommended allocation: $35,000
Period of proposed aid: 1965
Previous assistance: $25,000

E/ICEF/P/L.411

This recommendation is submitted in order to supplement the sum of $25,000 approved by the Executive Board in January 1964 as an initial allocation to cover the cost of preparation of a regional seminar in Asia on planning for children. The seminar, to be sponsored jointly by UNICEF, ECAFE and the Asian Institute, would be organized in close co-operation with the United Nations Department of Economic and Social Affairs and the specialized agencies concerned. The purposes of the seminar would be as follows:

a) To study the present situation in Asia with regard to the welfare and development of children and youth;

b) To examine the present approach to the needs of children and youth within the context of the national development plans of a representative group of countries in the region;

c) To consider means for improving procedures for planning those aspects of national development in Asia affecting children and youth;

d) To provide an opportunity for an exchange of information and experience among the countries of the region in respect of development of children and youth within the framework of national development;

e) To stimulate further studies and research on the needs of children in the development of the countries of the region, and the formulation of appropriate policies and programmes for the welfare and development of children and youth.

Participants in the seminar would be drawn from planning and policy levels of agencies and departments of Asian countries concerned with the problems of children, and universities, research institutes and prominent non-governmental organizations. A few experts from outside the region may be invited to contribute papers and participate in the seminar. In addition, representatives of the Department of Economic and Social Affairs of the United Nations, the ILO, FAO, UNESCO and WHO would be invited to participate. The number of participants is estimated at thirty-five. It is expected that the seminar will take place in the early summer of 1965. UNICEF would be responsible for organizing the seminar, and it is proposed that UNICEF provide the following: travel and living costs for 35 participants, the preparation of documents, the running costs of the seminar and the cost of publication of the seminar report. It is hoped that the host country would provide for local expenses for the seminar.

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EASTERN MEDITERRANEAN

ADEN

BASIC MATERNAL AND CHILD HEALTH
Continuation

Recommended allocation: $22,000
Period of proposed aid: 1964-1965
Technical approval: WHO

During the period 1951-1960 the Aden rural health services underwent a rapid and steady expansion orientated toward preventive medicine. By 1960, the infra-structure was completed in all participating 24 States, and attention was focused increasingly on problems of epidemiology and changing social, political and administrative conditions. A revision of priority needs on basis of morbidity reports and epidemiological surveys was undertaken; a revised health unit concept based on the higher educational level and improved skills of auxiliary health workers emerged. The reorganization then foreseen suffered certain delays following administrative and financial changes in the Federation of South Arabia in 1963. The existing plan was not abandoned, however; a new district hospital has been inaugurated at Lodar, hospitals are under construction at Said and Azzan, and four additional health centres are beginning to function, bringing the total number of such centres to 104.

The proposed plan of action for 1964-1965 envisages the establishment of six new health units and the continuation of the training programme. A reassessment of the training facilities for which WHO guidance would be sought, is scheduled for the beginning of 1965. Special attention will be paid to the recruitment level, the availability of suitable instructors, curriculum, placement after graduation and salary levels. UNICEF would provide in 1964-1965 basic supplies and equipment for the six new health units, stipends for 100 health assistant trainees and expendable supplies for 110 MCH centres. The estimated cost to the Government would be equivalent to US$62,000.

ADEN

PRIMARY EDUCATION:
TEACHER TRAINING
First request for
UNICEF aid

Recommended commitment: $83,000
Period of proposed aid: 1964-1966
Recommended allocation, 1964/1965:
$43,000
Technical approval: UNESCO

E/ICEF/P/L.413

The objective of the proposed project is to improve the general level of instruction in the primary schools and to expand primary education. A special effort would be made to increase the enrolment of girls. At present, only one third of the children of school age are enrolled in school. The rural areas have generally the problems of inadequate teacher training, low educational standards, uneven distribution of school facilities and a low enrolment of girls.

The aim of the Federation's three-year plan (1963-1966) is to double primary enrolment. From 1964 to 1966 it is proposed to increase the number of primary teachers through emergency training in a newly established teacher-training centre at Al-Ittihad in one-year courses and through six-week refresher courses for teachers who have had no professional training. In order to increase the number of available teachers for girls, a women's teacher-training centre would be set up in 1965 in Mukalla under special conditions to safeguard the girl trainees. To improve efficiency, all school inspectors would take refresher courses in the administrative aspects of education as well as methods of teaching. Practical training in such subjects as carpentry, metalwork, sewing and typing has been introduced in selected schools (six in the Federation and eight in Qa'iti and Kathiri) and, in some cases, special youth clubs have been formed to pursue these activities under active guidance of school teachers. As a means of encouraging the general application of practical education in all schools, the introduction of practical education in all schools, the introduction of practical courses into the teacher-training curriculum is envisaged.

UNICEF would provide materials and books for teacher-training centres, tools, sewing machines, handicraft materials, typewriters and reference books for practical training in schools and youth clubs, eight vehicles for school inspection and training purposes and $56,400 for training stipends. Subject to progress made in implementing the plan, it is foreseen that a second allocation against the proposed commitment will be recommended in 1965. UNESCO would provide two Arabic-speaking instructors for the women's teacher-training centre in Mukalla. The Government of the United Kingdom would, through the Colonial Welfare and Development Fund, provide financial assistance, particularly for capital investment. The estimated cost to the Government for the two-year period would be equivalent to US$662,500.

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CYPRUS

EDUCATION (MANUAL ARTS)
First request for UNICEF aid

Recommended commitment: $156,000
Period of proposed aid: 1964-1967
Recommended allocation, 1964/1965: $52,000
Technical approval: UNESCO

E/ICEF/P/L.434

The basic aim of this project is to provide school children with the experience of practical work within the framework of the Greek and Turkish school systems and to provide the type of basic practical training which would be helpful as a step toward more specialized training. Approximately 5,200 school children would benefit from the development of simple manual skills in the academic year 1964/1965; by 1966/1967 the number of children receiving practical training would be about 15,700. The proposed project is part of the development plans of the Government through the Greek and Turkish Education Offices.

It is proposed that practical training in wood and metalwork be introduced into 60 Greek and 15 Turkish regular elementary schools, 12 Greek and 12 Turkish eight-grade schools, in 15 Turkish junior high schools and 12 Greek gymnasia, in six Greek two-year vocational training schools leading to a full four-year course. One third of these schools would be ready with workshop facilities for metal and woodwork by the beginning of each of the academic years 1964/1965, 1965/1966 and 1966/1967. Practical training will be offered for four to eight hours a week in elementary school, eight-grade school, gymnasium and junior high school; and for 18 hours weekly in the six two-year vocational training schools. Extra-curricular activities in workshops will be encouraged. Each school will have trained teachers who have had additional training in wood and metalwork; in some cases, experienced craftsmen or technicians will be employed. Schools with wood and metal workshop facilities will be visited by inspectors from the Education Offices to advise and make suggestions to teachers concerning teaching methods and curriculum. UNICEF would provide woodwork and metalwork equipment for 75 elementary schools, 24 eight-grade schools, six two-year vocational training schools, 12 gymnasia and 15 junior high schools. Subject to progress made in the implementation of the plan it is foreseen that the Board would be asked to approve subsequent allocations of $53,000 in 1965, and $51,000 in 1966. UNESCO will be consulted by the Government on technical problems. The ILO has given technical guidance in the choice of suitable training equipment. Recurring costs for the project for three years would amount to approximately the equivalent of US$496,000, which would be considered as matching for the proposed allocation.

ETHIOPIA

BASIC HEALTH SERVICES
Continuation

Recommended allocation: $140,000
Period of proposed aid: 1964/1965
Technical approval: WHO

Further progress has been made towards the objective of establishing decentralized basic health services with emphasis on training staff for maternal and child health work. After Eritrea's integration in 1963, all 14 provinces assumed a uniform pattern of public health administration. Seven provinces will have comprehensive health organizations in the near future; the others are only partly staffed as yet. It is expected that all provinces will have a minimum infra-structure for supervision by the end of 1964. There are now 56 health centres, including 4 training centres, and continuing efforts are being made to correlate with these the activities of the 250 subsidiary health stations. Five provincial referral hospitals have been built recently, and a sixth is nearing completion. Maternal and child health work continues to progress and expand through 120 MCH centres of various capacities, including a mobile MCH service in the capital. The gradual strengthening of the medical faculty at the new University in Addis Ababa will be of great importance to the entire programme. The Gondar Public Health College is now integrated with the university; its training standards have been raised and a bachelor of public health degree has been instituted. Technicians in laboratory, radiography and pharmaceutical fields are trained at the Menelik Medical Auxiliary School in Addis Ababa.

The Government intends to continue the training programme and to strengthen supervision at all levels. Project developments generally are being consolidated. In Eritrea, two health centres have recently been established and six new centres are to be staffed by mid-1964. Several communities have pledged financial participation in water-supply improvement schemes, as soon as these are planned and initiated by the staff of the health centres. Disease control work is being gradually integrated with the health network. UNICEF would provide supplementary teaching aids for the Gondar Public Health College; a mobile health education unit; automotive workshop equipment and two mobile workshop units to serve all motor vehicles used by the health services, equipment for ten health centres; expendables for 170 centres; supplementary equipment for environmental sanitation and transport for training and the supervision of services; and stipends for the continued training of 405 health officers, community nurses, sanitarians and technicians. The Government's matching costs would be equivalent to about US$600,000.

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ETHIOPIA

TUBERCULOSIS CONTROL
Continuation

Recommended allocation: $65,000
Period of proposed aid: 1964/1965
Technical approval: WHO

As the result of a review of the tuberculosis control programme by the Government and WHO, it is proposed that the Addis Ababa pilot project be extended to include the rural area adjacent to the city. A second pilot area in Eritrea has been established as planned, and it is proposed that the statistical aspects of the work there be strengthened by the addition of a statistician, whose salary supplement UNICEF would pay for the year 1964/1965. As anticipated, UNICEF would also supply basic laboratory equipment and supplies for the Asmara centre and supplementary supplies for the Addis Ababa centre, supplies for field surveys and mass vaccination campaigns, drugs, seven vehicles, stipends for 50 trainees and a salary supplement for a doctor to direct the Eritrea pilot project. Responsibility for the two salary supplements would be assumed by the Government beginning in July 1965. If the proposed allocation is approved, there will remain a balance of US$8,100 in commitments previously approved by the Board. The costs to the Government for the year 1964/1965 are calculated at the equivalent of US$246,400.

ETHIOPIA

CONTROL OF TRACHOMA AND RELATED EYE DISEASES
Continuation

Recommended commitment: $117,000
Period of proposed aid: 1964-1966
Allocation recommended, 1964-1965: $59,000
Technical approval: WHO

E/ICEF/P/L.387

A review undertaken by WHO in 1962 showed that the prevalence of trachoma among school children had dropped, owing to combined group and mass treatment, from 93 per cent at the outset of the project to less than 20 per cent. A supporting mass campaign employing the blanket treatment method was initiated in 1961, and has so far reached 480,000 persons in two of the administrative districts of Eritrea. The Government intends to integrate trachoma control into the regular provincial public health services, as it has done in other parts of Ethiopia, but it appears that it may be another two years before services in Eritrea are ready to assume full responsibility. Meanwhile, the Government would continue the campaign in its present form, partly by regular examination and treatment of active cases among the 58,000 children enrolled in schools, and partly by further extending mass treatment to a population of about 500,000.

All children in public and private schools in Eritrea will be clinically examined by doctors of the Haile Selassie Ophthalmological Centre, and individual treatment and follow-up will be provided for trachoma cases. Health staff of the project supervise 375 trained teachers. It is estimated that 8,000 school children may require treatment during each of the two years. The field organization for the mass campaign includes seven home-visiting supervisers and thirty-eight home visitors, who demonstrate the application of antibiotics and undertake regular supervision of self-treatment. An estimated 300,000 persons would be treated in 1964 and 1965 and another 200,000 in 1966. Post-treatment surveys would be undertaken by members of the staff of the Ophthalmological Centre in Asmara. UNICEF would provide 558,000 vials of antibiotics for 1964-1966. The proposed allocation would provide the requirements for 1964 and 1965. It is foreseen that the Board would be asked to approve the balance of the proposed commitment ($58,000) in 1965. WHO made a comprehensive assessment of the project in 1962; a further evaluation would be undertaken in 1965. WHO would also provide continuing technical guidance, including support, as necessary, for the processing of statistical data. The Government's matching costs for the proposed project would be equivalent to about US$150,000 for the two-year period.

ETHIOPIA

MILK CONSERVATION
Continuation

Recommended allocation: $19,200

E/ICEF/P/L.471

UNICEF would finance the assignment of a dairy development expert to assist this project in 1965.

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ETHIOPIA

SOCIAL SERVICES AND COMMUNITY DEVELOPMENT

Social services training - continuation
Community development - first request for UNICEF aid

Recommended allocation: $55,000
Period of proposed aid: 1964/1965
Technical approval: United Nations Department of Economic and Social Affairs

E/ICEF/P/L.466

The purpose of this project is to promote social development, with particular reference to the needs of children, in both urban and rural areas through local participation in self-help and mutual-aid schemes on a neighborhood basis. The schemes would be carried out under the general guidance of the Ministry of National Community Development and the Municipality of Addis Ababa. At the community level the activities would be co-ordinated by the provincial governments with the aid of advisory councils representing the specialized fields of social services, health, education, housing and agriculture.

In the two-year period 1964-1966, it is proposed that the neighbourhood self-help approach be tested on a pilot basis in five major cities and eleven rural areas which are typical of the country as a whole, particularly with respect to the needs of families, children and youth. Efforts would be made to create neighbourhood councils covering approximately 3,000 families, further subdivided into four to six local community councils on a geographic basis. Initially, small self-help projects would be undertaken but, in the course of time, active involvement of these community associations in activities such as housing and literacy is envisaged. Community centres, to be established in each neighbourhood, would have as a primary function to reach and assist the women in the area. The staff for these centres, to be selected on the basis of professional skill, practical experience, maturity and leadership ability, will be recruited mainly from social workers and village-level workers. The UNICEF-aided School of Social Work at the Haile Selassie I University, which so far has turned out 22 graduates, including ten girls, will continue its training programme. The Awasa Community Development Centre, which will have trained 120 village-level workers by July 1964, will give a one-year course to 40 men and 15 women starting in September 1964. This will be the first time women village-level workers are being trained, and the course will stress home economics and women's welfare. Both training centres will be strengthened with respect to staff, improved curriculum, field placements and supervision. UNICEF assistance would provide stipends for 85 students and would enable a woman instructor to be employed at Awasa. A National Social Welfare Council will be established to co-ordinate and promote social welfare activities and to strengthen voluntary welfare leadership throughout the country.

UNICEF would provide stipends for 30 students and honoraria for part-time lecturers at the School of Social Work. For the community development project UNICEF is asked to provide teaching aids, reference books, mothercraft/homecraft equipment and a filmstrip production unit for the Awasa Centre as well as stipends for 55 students and a reimbursement of a woman instructor's salary. UNICEF would also provide mothercraft/homecraft, recreational, duplicating and audio-visual equipment and books for five urban and six rural centres, support for a seminar, including some travel costs and the cost of printing materials, and 4 motor vehicles and 90 bicycles. The Bureau of Social Affairs of the United Nations Secretariat has been instrumental in developing this project and would continue to participate actively through its resident social welfare adviser in the country. The Social Affairs Section of the Economic Commission for Africa would also provide guidance when required and would help to evaluate the programme. FAO, UNESCO and WHO would provide consultation as required on those aspects of the programme which fall within their respective fields of interest. The total cost to the Government would be equivalent to US$434,000 of which approximately US$200,000 would be considered as matching for the proposed UNICEF aid.

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ETHIOPIA

EDUCATION: PRIMARY TEACHER TRAINING
First request for UNICEF aid

Recommended commitment: $562,000
Period of proposed aid: 1964-1967
Recommended allocation, 1964/1965: $242,000
Technical approval: UNESCO

E/ICEF/P/L.446

In order to alleviate the acute shortage of primary school teachers, it is planned to institute certain emergency training measures while improving and expanding the regular teacher-training activities. The annual output of teachers falls very short of meeting the needs of the projected minimum expansion programme which aims at doubling the enrolment in grades one through six and achieving a teacher-pupil ratio of 1:40 by 1967. At the current training rate, there would be a deficit of more than 5,000 teachers in 1967. An additional problem is that almost 3,000 of the 7,000 primary school teachers presently in service have had no professional training. To solve these problems, the following measures will be taken during the period 1964-1967: the existing four primary teacher-training institutes will be strengthened financially, materially and academically; a new primary teacher-training institute will be established in the Addis Ababa area. As an emergency measure, a one-year training course will be given for 500 eleventh-grade students each year for at least three years. When permanent premises for the Institute have been completed, by 1966 or 1967, the enrolment will be increased to 1,000 students and, as finances and staffing permit, the course will be extended to two years. In order to raise the standards of primary teachers who have had no formal training, in-service courses will be conducted at the teacher-training centres.

UNICEF would provide teaching aids and demonstration equipment for three teacher-training institutes, and production costs and materials for teaching guides and in-service training; four microbuses and a light vehicle for field training; funds to pay two expatriate senior lecturers and 24 national teacher-training instructors (UNICEF paying 100 per cent in the first year, three quarters in the second and half in the third year); honoraria for in-service instructors for two months of each year (52 in the first two years and 42 in the third year); and training grants and travel costs for teachers in in-service training (900 in each of the first two years and 600 in the third). Subject to progress in the implementation of the plan, it is foreseen that the Board will be asked to approve subsequent allocations in the amount of $193,000 in 1965 and $127,000 in 1966. UNESCO was closely involved in the preparation of this project and would continue to provide technical consultation as required. UNESCO would also provide a senior adviser on primary teacher training in 1965/66. The Government's budget for primary and secondary education for the three-year period is estimated at the equivalent of US$83.5 million, of which US$2 million can be considered as matching for the proposed UNICEF aid.

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IRAN

MALARIA ERADICATION
Continuation

Recommended allocation: $985,000
Period of proposed aid: 1965
Technical approval: WHO

There was a considerable resurgence of malaria in southern Iran in 1963 in the zone where the usual anti-malaria eradication measures cannot be applied because the main carrier is resistant or highly tolerant to the chlorinated hydro carbon insecticides. The epidemic was finally brought under control through larviciding, mass screening, drug distribution and limited spraying with DDT. It is expected that complete geographical reconnaissance of this zone will be achieved by the end of 1964. In the northern eradication zone (Zone I), operations were successful although not all the foci of infection in the consolidation area could be eradicated. The over-all parasite rate in the different phases of eradication is at a satisfactory level. The 1964 operational plan has been adjusted in accordance with the epidemiological results of 1963.

The plan of action for 1965 takes into consideration the recommendations of an independent assessment team which visited Iran in November 1963. These recommendations will be implemented to the extent possible, operationally and financially. Attack and consolidation measures will continue in Zone I, and the foothill areas of Guilan and Mazandaran, where endemic foci still persist, will be brought under spraying. Surveillance operations will be extended. A limited eradication zone will be established in the problem area in southern Iran, and one in the A. stephensi area, where larvicieding will be introduced as an additional weapon. About 4.5 million will be protected in the attack phase and 7 million in the consolidation areas. 1.7 million remain at risk in areas where eradication cannot yet be achieved, and where control measures are being carried out by the Government. UNICEF would provide 2.9 million pounds of 75 per cent DDT, 25 pick-up trucks, 158 utility vehicles and 200 bicycles. WHO would continue to assist in assessment and evaluation and has budgeted $32,522 for a malariologist and a sanitary engineer. The Government budget for the malaria eradication operations in 1965, including the budget of the Institute of Parasitology and Malariology and funds for the provision of imported supplies, is estimated at US$10million.

IRAN

SOCIAL SERVICES (TRAINING)
Continuation

Recommended allocation: $31,000
Period of proposed aid: 1964-1966
Technical approval: United Nations Department of Economic and Social Affairs

With the continuing support of the Government, the Teheran School of Social Work has made significant strides towards the goal of creating a well-qualified professional corps to staff, guide and promote the social services of the different ministries and voluntary organizations. A new school building has been completed, accommodating a larger number of students. At present 67 students are in training, double the number enrolled in the past two years. A third year of training, leading to a bachelor's degree, was initiated in the academic year 1962/1963. Refresher courses for graduates are a continuing part of the school's educational programme. Nearly all graduates have been placed in the existing services or institutions.

During the period 1964-1966 an enrolment of 30 to 35 students is foreseen for each of the first two-year courses and of 12 students for the third-year course. It is anticipated that the School will train sub-district community development officers for a government programme geared to implement land reform, operate the first community centre in one of the poor districts of Teheran and provide a new type of training for supervisory personnel of social welfare organizations in the provinces and in the capital. UNICEF would provide teaching aids, transport, honoraria and stipends, and the Bureau of Social Affairs would continue to provide four experts in social work training and some fellowships for advanced training of national personnel abroad. The costs to the Government for the two-year period would be equivalent to US$570,000 of which US$90,000 would be considered as matching for the proposed allocation.

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IRAQ

MALARIA ERADICATION
Continuation

Recommended allocation: $297,000
Period of proposed aid: 1965
Technical approval: WHO

Firm plans for 1964 have been made with the assistance of the WHO team. The National Malaria Service has been strengthened and staffing will be completed by April. With the end of civil unrest in the northern provinces, the prospects are good for successful re-attack operations. In the central provinces, where four foci of infection developed towards the end of 1963, efforts are being made to arrest reinfection through intensified surveillance and epidemiological follow-up. An epidemic in a southern sector has been brought under control, and epidemiological follow-up in this area will follow the recommendations of the WHO regional epidemiologist. Operations in 1964 include residual spraying of the three southern provinces (rural population 1.1 million), plus special epidemiological measures, including mass drug distribution.

The plan for 1965 will follow the same pattern. The northern provinces, with a population of one million at risk, will receive the standard treatment for a second-year attack phase. Operations in the central provinces will feature follow-up measures designed to consolidate the liquidation of focal reinfection and to maintain the general interruption of transmission. The plan for the southern provinces involves intensified epidemiological surveys and surveillance operations, possibly coupled with mass drug distribution. Depending on the results of entomological surveys and epidemiological assessment to be carried out towards the end of 1964, residual spraying may also be applied in these provinces. UNICEF would provide one million pounds of 75 per cent DDT required for the first spraying cycle in the northern and southern provinces, the Government providing an equal amount for the second cycle plus 200,000 pounds of DDT for focal spraying. UNICEF would also provide replacement parts for insecticide sprayers, anti-malaria drugs and 30 utility vehicles for replacement of transport for surveillance teams. WHO would maintain an advisory team comprising two malariologists and a sanitarian. The costs to the Government, including costs of imported insecticides and drugs, are estimated at the equivalent of US$1.5 million.

IRAQ

EDUCATION (TEACHER TRAINING)
Continuation

Recommended allocation: $234,000
Period of proposed aid: 1964-1966
Technical approval: UNESCO

E/ICEF/P/L.433

The Government has as its objective the provision within ten years of free compulsory primary education for all children, and improvement of the practical content of the education through a shift in emphasis in the curriculum and in teaching methods to give greater emphasis to practical arts and crafts, rural studies, science, civic responsibilities, personal health and elementary sanitation. To promote practical instruction, advisory teams have conducted in-service training in the schools and re-orientation courses for teachers and inspectors, and an extensive school gardening project has been successfully begun. The co-ordination among the ministries involved is satisfactory. At present, out of 1,216,000 children of school age, 800,000 are attending school. Taking into account the increase of population, an increased enrolment of half a million is envisaged. Qualitative development of the curriculum and teaching methods will continue.

The plan for the next period has the following main features:

a) Accelerated teacher training: To achieve a ratio of 30 students per teacher approximately 17,000 additional teachers will be needed. In addition to 3,660 teacher-students under the regular programme, 4,750 will be trained annually under a double-shift system in 28 training colleges beginning in September 1964.

b) In-service training: A permanent advisory and supervisory service will conduct a comprehensive in-service training programme to secure the necessary re-orientation in the curriculum and methods of teaching in the teacher-training establishments and the primary schools. In-service training will be conducted by two mobile advisory groups, one for men's and one for women's teacher-training colleges. At the same time fourteen mobile teams will serve at the primary school level.

c) Facilities: An adequate number of school buildings will be established with proper sanitary facilities and with a plot of suitable land for gardening purposes.

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A Department of Practical Arts will be established within the College of Education in Baghdad to train instructors for teacher-training institutions and three pilot training classes in practical arts will be initiated in the teacher-training institutions at Baghdad, Basra and Mosul.

UNICEF would provide audio-visual aids, teaching materials and garden tools for 28 teacher-training institutions; handicraft tools and equipment for Department of Practical Arts and three pilot practical arts courses; supplementary equipment and paper for printing unit; tools and supplies for 80 school gardens; 28 station wagons for field work at training institutions, 4 for mobile advisory units and 1 for over-all supervision; and honoraria for 15 educators in mobile refresher teams. UNESCO would provide two experts in teacher training to head the mobile advisory teams. The Government's matching costs would be equivalent to US$700,000.

JORDAN

MALARIA ERADICATION
Continuation

Recommended allocation: $15,000
Period of proposed aid: 1965
Technical approval: WHO

All of West Jordan, which has a population of about 838,700, was placed in the maintenance phase at the beginning of 1964. Responsibility for maintaining the malaria eradication already achieved in this part of the country is vested in a network of ninety health establishments, including government hospitals, clinics, dispensaries and health units operated by the United Nations Relief and Works Agency for Palestine Refugees and by voluntary agencies. The rest of the country is in the consolidation phase, except for certain pockets of infection where focal larviciding measures are being carried out. The population at risk is being protected by extensive active surveillance operations supplemented by mass drug distribution. Passive surveillance has been strengthened through the co-operation of community development, agricultural extension and other services.

Subject to results obtained during the current operational year, the plan for 1965 is to bring further areas into the maintenance phase, specifically the northern and central districts of East Jordan. In the remaining areas, larviciding operations would be continued where malaria foci exist, and both active and passive surveillance would be further pursued. It is expected that 1965 would be the last year for which UNICEF assistance to this project would be required. UNICEF would provide anti-malaria drugs, microscopes, objectives and slides, as well as spare parts, accessories and tools for the maintenance and repair of the vehicle fleet. WHO would make available the services of a malariologist and some supplies. The WHO Inter-Country Malaria Evaluation Team would continue to serve the project. The cost to the Government is estimated at the equivalent of US$215,000 including $75,000 from the United States Agency for International Development, which would also provide advisory services.

JORDAN

NUTRITION: HOME ECONOMICS TRAINING
First request for UNICEF aid

Recommended allocation: $55,000
Period of proposed aid: 1964-1966
Technical approval: FAO and UNESCO

E/ICEF/P/L.443 and E/ICEF/P/L.471

The aim of this project is to raise the level of nutrition and home economics in rural areas, particularly through the training of women school teachers in these subjects. Some 42,000 girls receive home economics lessons at present in 474 Government primary, preparatory and secondary schools. Most of the teachers do not have proper training in home economics and are especially weak in nutrition education. In addition to five Government teacher-training colleges, a rural teacher-training school for men was established during 1961, training school teachers who would also work with villagers and teach them agricultural improvement methods and home industries.

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JORDAN (Continued)

The Government plans to establish a college at Ajloun for the training of women along the same lines as the rural teacher-training school for men. A two-year course would be given to some 80 women students with special emphasis on home economics and nutrition, including child care, the production and preservation of protective foods and general methods of teaching these topics in the classroom and in the village communities. Practical field work would be offered in two village centres which would be developed as pilot rural communities, where the girls would be taught the basic principles of vegetable growing and poultry breeding. Groups of women school teachers working in rural areas would be given one month of in-service training with emphasis on home economics skills, nutrition and child care. In addition to the available training staff, two senior home economics teachers would be recruited either in Jordan or from a neighbouring country. UNICEF would provide the salaries of these teachers for three years, after which the Government would assume this responsibility. UNICEF would also provide demonstration and training equipment for the Ajloun college and two village centres; equipment for vegetable growing and poultry raising; and transport for field training. FAO would continue to give technical advice as required and would provide three eighteen-month fellowships in home economics and nutrition which would be financed by UNICEF. The Bureau of Social Affairs of the United Nations Secretariat, UNESCO and WHO would be consulted on aspects of the project related to their respective fields of interest. The Government's matching costs would be equivalent to about US$120,000.

JORDAN

E/ICEF/P/L.400/Add.4

SOCIAL SERVICES

Recommended allocation out of commitment previously approved: $30,000

LEBANON

BASIC HEALTH SERVICES AND TRAINING
First request for UNICEF aid

Recommended commitment: $100,000
Period of proposed aid: 1964-1967
Recommended allocation, 1964/1965: $33,000
Technical approval: WHO

E/ICEF/P/L.423

The aim of this project is to improve the rural health services, particularly through the training of sanitarians an community nurse/midwives. Various health establishments would be strengthened to provide better health services in the district of North Lebanon, especially with regard to maternal and child welfare and environmental sanitation. With the development of the training programmes, the Government would gradually be able to raise the level of rural health services in the twenty-four qadas (sub-districts) of the country. The Government plans to open two schools, one for the training of sanitarians, sanitary aides and inspectors to staff rural health establishments and to help in the maintenance phase of the malaria eradication campaign, the other to train community nurse/midwives who will be assigned to rural areas to provide improved maternal and child health services. Each school would recruit twenty new trainees per year. On successful completion of the training, the sanitarians and community nurse-midwives would be assigned to the rural health centres of the Ministry of Public Health. In conjunction with the two training schools, the Ministry of Public Health will establish a new 50-bed paediatric ward and a 60-bed maternity ward in the main Government Hospital of Tripoli. The rural health unit, established with WHO assistance in 1959, will be further strengthened and a pilot area project will be set up around the centre with a view to providing comprehensive health services for the rural population. As trained staff becomes available, existing health centres would be up-graded. New health centres would be established in the district of North Lebanon.

UNICEF would provide demonstration equipment for the two schools, midwifery kits, and paediatric and maternity ward equipment for the Tripoli hospital; basic equipment for 10 existing and 10 new health centres, 4 light vehicles for field training; and stipends for trainees. Subject to progress in the implementation of this plan, it is foreseen that the Board will be asked to approve subsequent allocations against the proposed commitment in the amount of $32,000 in 1965 and $35,000 in 1966. WHO is providing a sanitary engineer and a sanitarian-tutor in 1964 and 1965 as well as some supplies and equipment. The Bureau of Social Affairs of the United Nations Secretariat would be consulted on the social welfare aspects of the training programme. An amount of US$156,000 would be considered as Government matching for the three-year period.

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LIBYA

SOCIAL SERVICES
First request for UNICEF aid

Recommended allocation: $47,000
Period of proposed aid: 1964-1966
Technical approval: United Nations Department of Economic and Social Affairs

E/ICEF/P/L.388

The main aim of this project is to develop and improve community social welfare services for women and children by establishing a network of family and child welfare centres throughout the country, upgrading residential institutions for children deprived of family life, providing instruction in child care and family life for mothers and girls of marriageable age, and training various levels of workers in the field of social services.

The Government would establish a department of family and child welfare, and a training department. Four urban family and child welfare centres, each serving about 600 families, would be created in 1964 and 1965. Each centre would provide day-care services for 200 children of pre-school age and community activities for mothers and young girls, including instruction in homemaking, nutrition and hygiene, also counselling in child welfare and family life. The Government plans also to initiate an in-service training programme, including lectures, seminars and field training for senior staff of the Ministry of Labour and Social Affairs, university graduates recently appointed to the Ministry, volunteer workers, directors and assistant directors of residential institutions, and child-care workers. Approximately 375 welfare personnel would be trained during the years 1964 and 1965. In-service training courses would also be provided for child-care workers and instructors of seven residential institutions, which will be equipped with demonstration and training material. An advisory committee will be created to co-ordinate the project, comprising representatives of the participating ministries and private agencies as well as persons with special qualifications in the field of family and child welfare.

UNICEF would provide demonstration and training equipment, audio-visual equipment, duplicating equipment and books and publications for four family and child welfare centres, demonstration and training equipment for seven residential institutions and two microbuses for field training and supervision as well as salaries for two assistant directors of training for two years and honoraria for lecturers. The United Nations Department of Economic and Social Affairs would provide, under funds-in-trust, an adviser in family and child welfare for a period of two years. FAO and WHO would be consulted on relevant technical aspects during the implementation of this plan. The cost to the Government would be equivalent to US$742,000.

LIBYA

EDUCATION
Continuation

Recommended allocation: $42,000
Period of proposed aid: 1964-1965
Technical approval: UNESCO

E/ICEF/P/L.414

The Government's original plan, for which the UNICEF assistance was approved, included a scheme to improve the standards of fundamental education by training rural primary school teachers to function as community leaders outside of school hours. Following a review of the fundamental education programme, the Government has decided to convert the Fuchat Fundamental Education Centre into a centre for the training of community development workers, with emphasis on adult education. As this reorientation involves fields of activities to some extent outside the scope of UNICEF assistance policies, the Government has advised UNICEF that alternative means would be sought to finance training grants and salary supplements for graduates of the centre, and approximately $33,600 of the previous allocation is being returned to the general resources of the Fund.

As the majority of Libyans receive only primary education, it seemed particularly important to introduce basic science training into the primary school curriculum. With the assistance of UNICEF and UNESCO, practical science teaching was introduced experimentally into ten selected schools in 1962. The Government now proposes to extend this programme to additional schools. Science laboratories would be set up in some 40 selected primary schools, each of which has an enrolment of at least 800 students, and with adequately trained science teachers. In the first four grades, instruction would be given in such subjects as plant and animal life, simple general science and elementary hygiene. In the fifth and sixth grades hygiene, agriculture, living creatures, plant life, heat, electricity and chemistry would be taught. On the advice of a UNESCO science teaching expert, the Government proposes to strengthen the teaching by showing selected films geared to the science curriculum. Educational film libraries would be established in Benghazi and Tripoli, each serving about 100 schools. Technical supervision of teachers will be strengthened at all levels. UNICEF would provide supplies and equipment for science teaching in 40 primary schools, 2 station wagons equipped for film projection and thirty 16-mm films for educational film libraries and 10 station wagons for school supervision. UNESCO would continue to provide technical advice and guidance as required. The matching cost to the Government would be equivalent to US$126,000.

SOMALIA

TUBERCULOSIS CONTROL
(PILOT PROJECT)
Continuation

Recommended allocation: $53.000
Period of proposed aid: 1964/1965
Technical approval: WHO

Somalia has one of the highest tuberculosis infection rates in the world, and the Government gives high priority to developing economic and effective methods for the control of this disease in the context of the development of the general health services of the country. A tuberculosis control centre was opened in Mogadiscio in March 1961. By December 1963, 56,000 people had been routinely examined and 15,000 were reporting with varying degrees of regularity for ambulatory treatment. An additional 18,000 had been vaccinated with BCG, including 4,000 negative reactors out of the 10,000 school children tested in neighbouring rural areas.

The work at Mogadiscio Centre will continue for the next two years, with increased emphasis on the training of public health staff of various categories. A prevalence survey, begun in 1964 and based on a random sampling of the city's population, would be completed and the results tabulated and analysed. It is proposed that a pilot project be established in the adjacent rural area of Benedir province in order to find inexpensive and practical tuberculosis control measures. More than one tenth of the total population of Somalia lives in this region. An intensive BCG vaccination programme would be carried out including a house-to-house campaign of the settled population and a vaccination campaign among the nomadic population. While it is recognized that BCG vaccination may be the only practical measure for control of tuberculosis in Somalia for many years to come, it is also proposed that a case-finding scheme be carried out in the rural area, based on sputum examinations and combined tuberculin testing and X-ray investigation. It is also proposed to carry out ambulatory treatment of infectious cases and some chemoprophylaxis on a trial basis. As this area overlaps the area of the Balad rural health project, the integration of tuberculosis control methods with the general public health services would be facilitated. During 1964/1965 UNICEF would provide two vehicles, basic laboratory equipment and field supplies for the rural extension area; expendable supplies and three vehicles for the Mogadiscio centre; vaccines; and stipends for fifty trainees. A mobile mass X-ray unit, obtained from Italian bilateral aid, would be used in the project. The Government has budgeted the equivalent of US$140,000 for the year 1964/1965.

SOMALIA

E/ICEF/P/L.453

PRIMARY EDUCATION
AND TEACHER TRAINING
First request for
UNICEF aid

Recommended commitment: $320,000
Period of proposed aid: 1964-1967
Recommended allocation, 1964-1965: $124.000
Technical approval: UNESCO

As a first step in a long-term plan to expand primary education, with emphasis on teacher-training, special measures are proposed to strengthen the present teaching staff and to strengthen the school inspection service. At present only 25,000 children of primary-school age (5 to 6 per cent of the total) attend school, and many drop out before completing the primary grades. Enrolment of girls is particularly low. Books and other teaching materials are lacking, teachers are inadequately prepared and inspection is infrequent. Because of financial restrictions, the Government must take emergency measures, while the plan drawn up with UNESCO's assistance emphasizes long-term requirements (particularly the preparation of a cadre of fully-trained teachers to gradually replace the present untrained teaching staff).

The immediate proposal involves interim measures. During the next three school years, efforts will be made to improve the quality of staff and facilities; later the emphasis will shift towards the expansion of enrolment. In order to train primary and intermediate teachers, two emergency one-year courses will be held, each for 40 trainees. Also, to up-grade the qualifications of teachers, eight-week refresher courses will be organized each year for 260 participants. Evening courses will be held in five cities in the South to help teachers cope with the basic difficulty of the language of teaching at the elementary level. A brief seminar for senior education officers will be held in Mogadiscio during the mid-year vacation. The Scuola Domestica in Mogadiscio will be completely reorganized in order to prepare women for elementary and intermediate teaching with emphasis on home economics. In the first year six-month refresher training courses will be offered for existing teachers. The Ministry of Education has revised the school inspection service during the past year. At the regional level, qualified inspectors are now available who require transport for frequent inspection visits, which would ensure improved teaching standards, especially in isolated schools.

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SOMALIA (Continued)

UNICEF would provide teaching and demonstration equipment, supplies for production of local teaching material, teaching aids and books for four teacher-training institutes; nineteen vehicles for school inspection, field training and supervision of training; stipends for participants in refresher, emergency and evening courses (825 in the first year, and 955 in each of the two last years); and honoraria for their instructors. Subject to progress in the implementation of the plan, the Board would be asked to approve subsequent allocations against the proposed commitment in the amount of $100,000 in 1965 and $96,000 in 1966. The resident UNESCO mission, which includes specialists in educational planning, teacher training and curriculum development, will continue at least through 1966. UNESCO is also providing an expert beginning in 1965 to assist in the development of a women's teacher-training programme. A visiting FAO home economics adviser has also taken part in developing this programme. Instructors for the teacher-training centres are provided under various bilateral aid arrangements with the United States Peace Corps and the Governments of Italy and of the United Arab Republic. The Government's matching for the proposed UNICEF allocation for the first year is estimated at the equivalent of US$210,000.

SUDAN

BASIC MATERNAL AND CHILD HEALTH
Continuation

Recommended allocation: $23,000
Period of proposed aid: 1965-1966
Technical approval: WHO

The broad objectives of the plan are to expand MCH services, to expand and improve training through the opening of new schools for auxiliary health personnel, and to improve the supervision of MCH activities in the provinces. The Government has already opened 49 health centres, and plans to open new centres at the rate of eight a year in the next two years, in addition to six health centres in the Wadi Halfa resettlement area at Khashm el Girba in Kassala Province. Two new midwifery schools and three new schools for health visitors are also to be opened during the next two years. The Ministry of Health has opened a new type of school for female nurses attached to Khartoum hospital, for which eight years of education are required instead of the usual four for auxiliary nurses. Paediatric and maternity services will be improved in five of its province-level hospitals and the supervision of MCH services will be expanded by posting superintendent nursing officers to the four provinces where no such staff exists. An extra superintendent nursing officer will be posted to the Wadi Halfa resettlement area.

UNICEF has previously given equipment for 49 health centres; equipment and transport to 4 schools for auxiliary health personnel, 12 schools of nursing and 9 midwifery training schools; and transport for the supervision of MCH work in seven of the eleven provinces. It is now recommended that UNICEF provide equipment for the new centres, teaching and training equipment for two new midwifery training schools, for the new intermediate nursing school and for three new health visitors' schools; technical equipment and instruments for the paediatric and maternity services in the provincial hospitals at Atbara, El Obeid, Wad Medani, the Omdurman Maternity Hospital and the paediatric department of the Civil Hospital in Omdurman, 5 light vehicles for MCH supervision and 5 small buses for training of health visitors and midwives; and vitamins, soap and drugs for distribution through the established and new health centres. The matching cost to the Government for the two-year period would be equivalent to about US$160,500.

SUDAN

TRACHOMA CONTROL: PILOT PROJECT
Continuation

Recommended allocation: $11,000
Period of proposed aid: 1964-1966
Technical approval: WHO

The proposed pilot project would test whether mass treatment of trachoma and conjunctivitis can be carried out successfully by non-medical and para-medical personnel under the administration and supervision of the regular public health staff. The over-all objective is to reduce the prevalence of communicable eye diseases primarily affecting children, to a level at which further control could be handled by the permanent health services. With the arrival of a WHO adviser, the pilot project started in 1963 in an area of high prevalence in Northern Sudan. Following an initial survey and staff training, treatment by the intermittent method was given to some 11,200 persons during a six-month cycle starting in September 1963. Antibiotic eye drops were administered by part-time volunteers, para-medical personnel and older school children. Training of public health staff from other parts of Sudan was initiated. A first assessment, undertaken with WHO assistance in January 1964, indicated that the method has so far been successful.

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SUDAN (Continued)

During the second part of 1964, the plan is to re-examine the group already treated and to provide an additional six-month cycle of treatment for those requiring it. The Government intends to test the organization further under conditions of gradual expansion, involving the examination and treatment of a new group of about 10,000 beginning in September 1964, and a third group of 15,000 beginning in September 1965. Training of staff would be continued and expanded through courses and seminars. UNICEF would provide antibiotics for the three cycles of treatment and a small amount of health education equipment. WHO would continue to provide the services of a communicable eye diseases adviser and a public health nurse. The cost to the Government for the next phase of the project is estimated at the equivalent to US$157,300.

SYRIA

MALARIA ERADICATION
Continuation

Recommended allocation: $31,000
Period of proposed aid: 1965
Technical approval: WHO

The campaign, which is in its ninth year of operation, has progressed satisfactorily. However, residual spraying activities that were expected to be terminated in 1963 have had to be continued because of the appearance at the end of 1963 of some 550 malaria cases, mainly in border areas. Consequently, spraying is currently being carried out in 799 villages with a total population of approximately 209,000. Surveillance activities are protecting some 600,000 persons living in the interior of the country.

In 1965, spraying will be limited to the foci where malaria cases were found in 1962 and 1963: 219 villages with a population of 45,000 persons will be protected with a double round of spraying, and another 103,300 persons living in 560 villages will be protected by a single round. Surveillance activities, both active and passive, will be consolidated and eventually integrated into the health infra-structure being built up under the Rural Health Department. UNICEF would provide insecticides for use in focal and emergency spraying, spare parts and accessories for the transport fleet, and tools and equipment for a central workshop and for four mobile maintenance units to be set up to strengthen the transport organization. WHO would continue to provide the services of a malariologist and a sanitarian, as well as its inter-country malaria evaluation team. The cost to the Government during 1965 is estimated at the equivalent of US$203,000.

TURKEY

MALARIA ERADICATION
Continuation

Recommended allocation: $296,000
Period of proposed aid: 1965
Technical approval: WHO

During the 1963 campaign, spraying operations gave direct protection to 5.6 million persons, 96 per cent of the planned objective. Surveillance operations employing an increased number of agents, covered 16.7 million people. An experiment in training eradication personnel for general public health work, which was carried out in two provinces, has begun very satisfactorily. The training of health education personnel has also been developed. Although 26 foci have been wiped out or are in the process of regression, a number of others are still active; the number of positive cases has risen to 3,914. An effort will be made in 1964 to improve the quality of the spraying operations and to intensify surveillance. In 1964 protection will be afforded to 6.1 million people living in regions in the attack phase, and 19.3 million in regions in the consolidation phase.

Subject to the results of the evaluation of 1964 operations, the plans for 1965 call for the protection of 5.3 million people in the attack zone and 20.9 million people in the consolidation zone. Training and health education activities will be continued, as well as the experiment in integrating malaria eradication with general public health work. WHO would provide a team of seven consultants. UNICEF would furnish 36 vehicles with spare parts, in order to keep the fleet at its present level of efficiency, 523,800 pounds of DDT and 1,500 tons of larvicide, anti-malarial drugs, laboratory equipment and spare parts for the spraying equipment, as well as supplementary stipends and honoraria for the training of personnel. The Government's expenditures in 1964/1965 would be equivalent to US$5,017,000, of which US$283,000 are earmarked for the purchase of supplementary DDT.

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TURKEY

TUBERCULOSIS CONTROL
Continuation

Recommended commitment: $128,000
Period of proposed aid: 1965-1967
Recommended allocation, 1965: $81,000
Technical approval: WHO

E/ICEF/P/L.439

This project is being carried out in three stages: a BCG vaccination campaign, a prevalence survey and the establishment of pilot areas. A first round of BCG vaccination was completed in May 1959; a second round is to be completed in October 1964, and a pilot project was established in the central district of Yozgat in October 1962.

During the period 1965-1967, the BCG campaign is to be reorganized on a regional basis in all eight regions of Turkey. The number of teams at work will be increased from 80 to 95 by the end of 1964 and to 107 in 1965 and subsequent years. The Yozgat pilot project will be completed in July 1965, and in July 1964 a second pilot project will be initiated in the Etimesgut area, already selected as one of two pilot zones for the nationalization of health services. In addition to the general objectives of the Yozgat project, the Etimesgut pilot project will have two aims: to study ways of integrating tuberculosis control work into the normal health service activities and to provide practical training for health personnel. Using the methods found successful in the pilot zone, the Government plans to undertake case-finding and treatment projects in all eight regions of the country. UNICEF would provide standard kits, syringes, needles, refrigerated containers, public address system, BCG freeze-dried vaccine, PPD solution and drugs and 59 vehicles for the BCG campaign and supplementary laboratory and field equipment for the School of Public Health. Subject to progress in the implementation of the plan, it is foreseen that the Board will be asked to allocate the balance of the commitment, in the amount of $47,000 in 1965. WHO would furnish a consultant and fellowships. The Government's expenditures for tuberculosis control are estimated at the equivalent of US$3 million in 1964/65 and US$5.5 million in 1965/66, of which US$400,000 may be considered as matching for the proposed UNICEF aid.

TURKEY

TRACHOMA CONTROL

Recommended allocation out of commitment previously approved: $74,000

E/ICEF/P/L.400/Add.4

TURKEY

APPLIED NUTRITION
Continuation

Recommended allocation: $95,200
Period of proposed aid: 1964/1965
Technical approval: FAO

E/ICEF/P/L.471

The nutrition programme of the Ministry of Education continued normally during the 1963/1964 school year, with CARE assisting in the school-feeding aspects and UNICEF and FAO helping with nutrition education. The nutrition education programme covered 30 provinces, and reached 1,298,500 children. Three hundred sixteen directors, inspectors and instructors participated in training seminars of from 10 to 25 days. Ninety-eight school gardens were established, bringing the total to 199 distributed among 20 provinces; 18 inspectors and 110 school directors were trained in 10 to 17-day seminars, and 91 school directors took refresher courses.

The nutrition education programme will be developed and intensified during the 1964/1965 school year, and a special effort will be made in the teacher-training schools. However, the geographic extension of the programme will remain limited to the 30 provinces now covered and to the pilot zone of Etimesgut/Ankara, with a total of about 1,300,000 beneficiaries. Twenty-one training or refresher courses of from 7 to 21 days will be held for 747 participants (including 35 professors from teacher-training schools). One hundred twenty-five new school gardens will be created in the 20 provinces presently covered by this aspect of the programme, as well as 30 demonstration gardens in teacher-training schools. UNESCO would be consulted about the courses for future teachers. UNICEF would provide supplementary teaching materials, tools and irrigation equipment for the gardens, eight light vehicles and three motorcycles for supervision of nutrition education and school garden activities, stipends and honoraria for the seminars. FAO would provide a consultant in nutrition planning and one in horticulture, the latter to be financed by UNICEF. WHO would continue to advise on those parts of the programme in its field of interest. The cost to the Government would be equivalent to US$340,000.

UNITED ARAB REPUBLIC

NUTRITION: HOME ECONOMICS TRAINING
Continuation

Recommended allocation: $34,400

E/ICEF/P/L.471

UNICEF would finance a fellowship in nutrition and one in rural home management, and the assignment of two home economists provided by FAO.

YEMEN

APPLIED NUTRITION
First request for UNICEF aid

Recommended allocation: $19,000
Period of proposed aid: 1964-1966
Technical approval: FAO and WHO

E/ICEF/P/L.405

To improve the general level of nutrition in the area around the capital city, Sana'a, through increasing the local production and home consumption of improved varieties of vegetables and fruits and disseminating sound nutritional information, the Government intends to train agricultural workers in practical extension work; to encourage progressive farmers to grow and eat vegetables and fruits; to improve the diet of school children and expectant and nursing mothers; to impart nutrition education to mothers, farm families, elementary school teachers and children in the schools; and, where possible, to establish school gardens. The immediate proposal involves the creation of a demonstration farm, the food produce of which would be used for free school meals and for nutrition demonstrations at an urban health centre. The project also calls for nutrition seminars for school teachers. The home economics/nutrition adviser will also hold simple seminars for the school teacher to inform them of modern nutritional ideas which they in turn will apply in their teaching. As the availability of land, water and staff permits, a central school garden will be established near Sana'a to familiarize school boys with the practical work of growing vegetables. A co-ordinating committee will be set up, consisting of the Directors of the Ministries of Agriculture, Education and Health.

UNICEF would provide tools and implements, four irrigation pumps and supplies, including seeds, for the farm and school gardens and demonstration equipment and supplies for home economics and nutrition education. FAO is providing for three years, beginning in 1964, an adviser in agricultural education and an adviser in home economics/nutrition, who would visit the schools periodically to supervise the use of the foods supplied by the farm and to introduce modern methods of hygienic food preparation to the school kitchen staff. WHO would continue to provide an advisory team for the Sana'a health centre. The equivalent of US$21,600 would be considered as matching for the proposed UNICEF allocation, not taking into account the value of the farm food products to be contributed for school feeding and nutrition demonstration work.

EUROPE

GREECE

BASIC HEALTH SERVICES
Continuation

Recommended commitment: $92,000
Period of proposed aid: 1965-1966
Recommended allocation: 1965: $64,000
Technical approval: WHO

E/ICEF/P/L.444

The Government, with assistance from UNICEF and WHO, has established a public health demonstration zone in the Thessaly region to determine the most efficient methods of strengthening and improving the rural health services in Greece, with particular attention to maternal and child health. A network of rural dispensaries has been established in the department of Larissa and equipped with sufficient transport to enable the staff to provide services to the entire rural population. The central services of the department, located in the city of Larissa, have been strengthened by the employment of a group of specialists (a paediatrician, a psychologist, a sanitary engineer, a district nursing supervisor and public health laboratory workers) who render referral services and by regular visits to the rural dispensaries. A school of rural health has been established in Farsala, where 500 doctors, nurses and other personnel from all over Greece have received public health orientation.

In 1965 and 1966 it is proposed that the pattern of integrated basic rural health services be extended to Epirus and to the northwestern part of the Peloponesus, where health developments will support other efforts undertaken by the Government with assistance from the United Nations Special Fund, FAO and the Organization for Economic Co-operation and Development (OECD). Central services for the regions (paediatric hospitals, public health laboratories, specialized staff) would be created or strengthened, and a network of rural dispensaries developed.

Twenth-four mobile units are currently operated by PIKPA (Patriotic Society for the Protection of Children and Maternity in Greece) in Thessaly, Western Macedonia and Western Greece. These are essentially MCH units, but provide also general medical care and health education. During 1965-1966 the activities of these mobile units will be transferred to the static dispensaries, so that the mobile units can move on into new areas. An additional eight units would be set up. The Public Health School in Farsala will continue its regular training activities with priority to the training of personnel to serve in the new project areas. A water supply scheme, to be implemented in Farsala by the town council, will serve as a demonstration project in rural hygiene for students at the school.

UNICEF would provide equipment for sixteen dispensaries, eight mobile laboratories and two mobile dental units; supplementary equipment for two public health nurses and midwives; equipment for the environmental sanitation pilot project of the Thessaly supervision and eight for mobile MCH units; and stipends for 150 trainees. Subject to progress in the implementation of the plan, it is foreseen that UNICEF would allocate the balance of the proposed commitment ($28,000) in 1965. WHO would provide short-term consultants throughout the project and would continue to do so. One nurse would be assigned to help organize a vital statistics section. The estimated annual budget of the Thessaly demonstration area is equivalent to US$184,250 while the cost to PIKPA for the operation of 24 mobile MCH units is equivalent to US$200,000 per year.

MALTA

VOCATIONAL TRAINING
First request for
UNICEF aid

Recommended allocation: $33,000
Period of proposed aid: 1964-1965
Technical approval: ILO and FAO

E/ICEF/P/L.455

The Government plans to expand the vocational training available to boys who leave school after they complete the primary grades, to improve the training of girls in home economics in the last year of primary school, to start a new programme of post-primary home economics training for girls and to improve the training of home economics teachers. The project, which would contribute to the objectives of the Government's current five-year plan involving the development of industry and tourism, has the following elements:

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MALTA (continued)

Training for boys: The facilities of six post-primary vocational technical schools would be brought together in the newly built Technical Institute of Paola which would offer training in crafts and technical courses, including metal and woodworking, and electrical and machine shop practice, leading to the City and Guilds of London Institute examinations. Admission to the Technical Institute is limited. In view of the steadily increasing demands for skilled workers in industry and in government service, the capacity of the Institute is to be increased by 150 places in the next three years as the first step towards doubling the capacity of the Institute. A post-primary pre-employment course would be given for 50 boys who fail the entrance examination of the Institute to give them some practical skills before they begin to train for employment.

Training for girls: Home economics training facilities would be provided in fifteen primary schools, each school to serve two or three neighbouring primary schools for girls, thus benefiting all forty primary schools for girls. The Housecraft Training School of Floriana would be enlarged and the range of its equipment completed to double the present capacity. At present only 25 girls may attend the one-day home economics courses; in future 50 girls would attend for four or five days in the last year of primary school. A supplementary training course for fifteen home economics teachers would be held at the teacher-training college "Mater admirabilis". A one-year post-primary course in cooking, homecraft and other domestic skills would be held at the Housecraft School of Floriana for forty girls between fourteen and fifteen years of age. This scheme is viewed as a first step in preparing girls for employment or for homemaking.

POLAND

MILK CONSERVATION
(WARSAW AND KRAKOW)
Continuation and expansion

Recommended commitment: $600,000
Period of proposed aid: 1964-1968
Recommended allocation, 1964-65: $208,000
Technical approval: FAO

E/ICEF/P/L.420

The Government has, over the past fifteen years, systematically expanded the milk supply of the country and organized the distribution to the large industrial areas. Under appropriate legislation, milk quality has been improved and the heat-treated milk and milk products have been marketed to meet the needs of the average consumer. UNICEF-assisted milk plants are currently being installed at Sosnowiec, Poznan and Lodz, and the Wola plant at Warsaw is being expanded. The dairy industry as a whole operates with a very high degree of efficiency and maintenance of equipment is excellent, but the shortage of processing and bottling equipment results in an overtaxing of the plants with consequent heavy wear on the machinery. Unhygienic milk handling in urban areas continues to be a serious public health problem; considerable quantities of milk, heat-treated and untreated, are distributed in bulk with a constant danger of contamination.

An FAO/UNICEF team visited Poland in 1963 and reviewed the Government plans for what is foreseen to be the last major phase of the country's milk conservation development for which UNICEF assistance is required. UNICEF aid would be limited to essential items and equipment for which manufacturing facilities do not yet exist in Poland. The proposed project, which would be administered by the Central Association of Dairy Co-operatives, is in three parts:

Warsaw Milk Scheme: The Government proposes to increase the milk-intake in the two existing milk plants and to add two new plants (at Praga and Bielany) in other sectors of the city, increasing the milk-intake in Warsaw from 380,000 to 900,000 litres daily. Of the total intake, 670,000 litres would be pasteurized for liquid distribution, 80 per cent of it bottled, providing 0.44 litres daily per person for an estimated 1.5 million inhabitants.

Krakow Milk Scheme: UNICEF assistance is requested with a view to increasing the capacity of the Nowa Huta milk plant from 100,000 to 120,000 litres daily and adding facilities to permit the bottling of 96,000 litres.

Rural Demonstration Area: It is proposed that a rural demonstration area be developed, the site to be selected jointly by the Central Association of Dairy Co-operatives, FAO and UNICEF. The Central Association of Dairy Co-operatives will continue to encourage increased milk production and to improve the methods of milk collection and milk handling. The Government will gradually expand the free distribution of milk in quarter-litre bottles in order to benefit 321,000 children of pre-school and primary-school age.

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POLAND (continued)

Subject to progress in the implementation of the plan, it is foreseen that the Board will be asked to approve the following allocations against the proposed commitment: in 1965, $172,000; in 1966 $118,000; and in 1967 $102,000. FAO would continue to provide technical guidance as required. The Government's matching for the proposed total commitment over the next four years would be equivalent to approximately US$3.6 million.

YUGOSLAVIA — MYCOSIS CONTROL — Continuation with new plan

Recommended allocation: $23,000
Period of proposed aid: 1964/1965
Technical approval: WHO

E/ICEF/P/L.406

The Government with UNICEF help launched a campaign against ringworm of the scalp in the endemic areas of Bosnia and Herzegovina and Serbia in 1950. UNICEF provided X-ray equipment and transport. Up to the end of 1959, 1,782,000 persons had been systematically examined and over 90,000 cases (5.3 per cent) had been detected and treated. The methods employed during this period were, however, impractical for mass treatment and involved the risk of radiation damage. Meanwhile, a new antibiotic - griseofulvin - has become available, and the Government has used it since 1959 in a number of hospital and field trials. WHO has assisted in an assessment of the value of griseofulvin, and the favourable results obtained by oral administration of the drug have established that it is safe and effective in controlling the disease.

The proposed project, which includes health education, would be carried out in three phases - mass examination and treatment; re-survey; and consolidation and surveillance.

- Mass examination would be organized in 80 communes with a total population of 3.28 million, of whom 1.35 million are vulnerable to the disease. Mobile units, each consisting of four specially trained technicians working under the supervision of mycologists, would examine all children under 15 years of age and all female adults. Two units would operate in 1964 and would subsequently be increased to four. The initial survey would cover at least 80 per cent of the population at risk and diagnosis would be based on clinical findings substantiated by microscopic examination. Following mass examination, one team member would remain in the village to supervise treatment until it was completed. Wherever possible personnel of local health services and local teachers would assist in supervision of treatment.

- Re-surveys and subsequent treatment would be carried out until the prevalence rate of infection was found to be below 0.5 per cent of the population at risk.

- Consolidation and surveillance: When re-surveys covering at least 80 per cent of the population at risk show that the infection rate is below 0.5 per cent, control would be converted to consolidation and surveillance measures.

Health education would be an important part of the campaign from the outset. It is believed that even a slight improvement of the hygienic conditions in endemic areas would contribute to reducing the incidence of the disease.

UNICEF would provide 150,000 tablets of griseofulvin, five vehicles for field teams and supervision and laboratory equipment. WHO would continue to provide technical advice and guidance as required. The cost to the Government is estimated at the equivalent of US$71,000 for the first year, including the cost of a quantity of griseofulvin equal to that requested from UNICEF.

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YUGOSLAVIA

FOOD MIXTURES FOR INFANTS AND CHILDREN
First request for UNICEF aid

Recommended allocation: $152,000
Period of proposed aid: 1964/1965
Technical approval: FAO and WHO

E/ICEF/P/L.448

The object of the proposed project is to extend the availability of milk protein for infants and children and to lower the cost to the consumer by making use of suitable vegetable proteins in mixtures with milk. New low-cost cereal-based dry-food mixtures would be produced, including vegetable or fruit extracts and milk, after adequate technological and clinical tests of the cereal formulations have been made. The project would be carried out by the Federal Government of Yugoslavia in collaboration with the Jugodietetika factory in Zagreb, the Kalnik factory in Varaszdin, 70 kilometres from Zagreb, and the UNICEF-equipped plant at Zupanja which produces milk powder. UNICEF is asked to provide equipment for these three plants and for the Institute of Food Technology in Zagreb which would provide over-all technical direction and assume responsibility for the scientific analysis and quality control of the products.

It is foreseen that regular and full-scale distribution of each type of food mixture would be achieved within a period of two to three years after the initial development of formulas. A target of 1,125 tons per year is planned, and most of the products would be for sale through regular trade channels. Use of the products would be promoted by the public health services, particularly in areas where fresh milk is scarce, and in urban agglomerations where an increasing number of working mothers need a safe and quickly prepared food of adequate nutritional value for their children. The new food mixtures would be available free of charge for infants on the basis of doctors' prescriptions through a system established under the national health services. The Government would subsidize distribution through the maternal and child health services to low-income families in nutritionally critical rural areas and to urban families with with serious problems of infant and child nutrition.

FAO would endeavour to provide short-term consultants in food technology and three short-term fellowships to enable senior personnel to study the technology of manufacturing dry infant foods. During the period of a seven-year plan for the development of the country's production facilities for infants' and children's foods, the Government would meet the costs of buildings, locally available equipment and services for the project in the following amounts: $375,000 for Jugodietetika, $345,000 for Kalnik, $460,000 for Zupanja, and $30,000 for the Food Technology Institute at Zagreb. In addition, an amount of approximately $250,000 would be budgeted to cover the costs for subsidized distribution of the food mixtures over a five-year period.

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THE AMERICAS

ARGENTINA

BASIC HEALTH SERVICES INCLUDING ENVIRONMENTAL SANITATION (Tucuman)
First request for UNICEF aid

Recommended allocation: $163,000
Period of proposed aid: 1964-1965
Technical approval: WHO

E/ICEF/P/L.416

This project is aimed at developing the health services of the Province of Tucuman, improving existing services and creating those necessary to ensure the harmonious development of protective, promotional and curative activities. With this objective in view, simultaneous and co-ordinated programmes will be developed gradually to achieve the following aims: technical and administrative reorganization of the Provincial Ministry of Health and the preparation of health legislation; strengthening of health services, with the co-ordination and co-operation of public institutions directly or indirectly concerned with community life; training of professional, technical and auxiliary personnel; provision of maternal and child care; intensification of the control of communicable diseases; supply of safe drinking water in co-operation with national, provincial and local institutions and with the municipalities; sewage and garbage disposal. The principal health problems of Tucuman (the smallest and most densely populated province in Argentina) arise from unfavourable environmental conditions which lead to high maternal and child morbidity and mortality rates and a high incidence of communicable and parasitic diseases. In addition, health services are limited: they lack a clearly defined health promotion and protection programme, trained personnel, proper administrative organization and suitable health legislation.

The proposed project will be carried out by the Provincial Ministry of Public Health under a Director who will supervise and co-ordinate all related activities, being developed gradually. Each region will have a public health doctor, responsible to the Provincial Ministry of Public Health, co-ordinating and supervising activities in that region. Existing hospitals will be transformed into hospital-health centres and health centres will have a minimum staff of a doctor, a nurse and nursing auxiliaries. Sub-centres in the smaller communities, staffed by a nursing auxiliary, will be visited under a regular schedule by the medical personnel of the health centres. Maternal and child services will be provided through pre-natal and post-natal care of pregnant women and infants. Nutritional studies will be made. The central and regional laboratory services will be reorganized and strengthened. A broad immunization campaign, mainly for children, will be developed systematically through the health centres, and dental care will be provided in the schools. A health education office, with a workshop to produce audio-visual aids, will be established to promote all health education activities through community participation. In addition to the general training programme for nurses and nursing auxiliaries, courses will be offered for sanitary inspectors, statistical aides, midwives and nurses. The training and supervision of traditional birth attendants will also be organized.

An environmental sanitation programme will be carried out through the health centres including water supply, sewage and garbage disposal, control of food, insects and rodents, home hygiene, and health education. A water supply demonstration programme will be undertaken in the rural sector. UNICEF would provide equipment for four hospital-health centres, fourteen health centres and twenty-two sub-centres; dental equipment and doctors' nurses' and midwives' kits; training and health education equipment; seven vehicles and bicycles for MCH work; stipends for sanitary inspectors, statistical aides, midwives, nursing auxiliaries; drilling equipment and accessories; hand and mechanical pumps, tubing and workshop equipment; and three vehicles and bicycles for the environmental sanitation project. WHO will provide advice through consultants in public health administration and public health nursing and a sanitary engineer and fellowships for the specialized training of professional personnel abroad. The federal Government's budget for this project as from 1965 is calculated at the equivalent of US$179,000 while the provincial Government's budget for 1964, including a special fund for operating costs of this project, is calculated at the equivalent of US$4,600,000.

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ARGENTINA — BASIC MCH TRAINING

Recommended allocation out of commitment previously approved: $43,000

E/ICEF/P/L.400/Add.4

ARGENTINA — MALARIA ERADICATION
Continuation

Recommended allocation: $172,000
Period of proposed aid: 1964/1965
Technical approval: WHO

Interruption of transmission has been achieved in large areas and 58 8 per cent of the population origirally at risk are in areas which are now in the consolidation or maintenance phase. These are principally in the northwest, and there is less progress in the north-east. Here the epidemiology of the disease is complex, focal sprayings were not adequate to contain the outbreaks in the Provinces of Chaco and Formosa which followed floods in 1962 and economic difficulties at that time prevented more extensive sprayings. Studies were made last year and revised plans for the campaign prepared which include the necessary extension of total coverage operations. The new areas, which cover 27.8 per cent of the population at risk, are now in the preparatory phase and are scheduled to enter the attack phase, which now covers 13.4 per cent of the population this year. UNICEF would provide insecticides, laboratory supplies, transport and spare parts and sprayer spares. The Government approved an increase in budget for the campaign in 1964 and a further increase is planned for 1965.

BOLIVIA — MALARIA ERADICATION
Continuation

Recommended allocation: $30,000
Period of proposed aid: 1964/65
Technical approval: WHO

As the Board would not meet until June 1965, this allocation was recommended to maintain the supply line for a further six months' operation.

BOLIVIA — PRIMARY TEACHER TRAINING

Recommended allocation: out of commitment previously approved: $219,000

E/ICEF/P/L.400/Add.4

BRAZIL — PAEDIATRIC TRAINING (RECIFE)

Recommended allocation: out of commitment previously approved: $15,000

E/ICEF/P/L.400/Add.4

BRAZIL — ENVIRONMENTAL SANITATION
Continuation

Recommended allocation, 1965: $1,129,000
Period of proposed aid: 1965-1967
Technical approval: WHO

E/ICEF/P/L.430

The aim of this programme, operating as a co-ordinated part of the integrated health programme, is to provide basic sanitation in rural communities. UNICEF assistance was extended to one state in 1958, three states in 1960, and in 1962 to a total of nine states where the sanitary environment and lack of safe water is one of the major threats to child health. The Government now plans to extend this coverage to all fifteen states in which integrated health services are being developed

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BRAZIL (continued)

with the assistance of UNICEF and WHO. The Technical Division of FSESP (Public Health Special Service Foundation) is responsible for the planning, technical direction and supervision of the programme and will co-ordinate activities in each state through seven regional offices. Sanitary inspectors and sanitation auxiliaries are assigned to the health centres and work in the communities, promoting the improvement of sanitary conditions as a permanent activity of the health services. The participation of the communities will be an important element of the programme, which will include: installation of public water supply and of centrally located hydrants (chafarizes); installation of laundries and baths for public use and of small water-storage tanks, simple showers and washing facilities in the homes. Latrines will be installed by householders under the supervision of sanitarians. Attention will be given to garbage disposal and other public sanitation works as required. Householders will be instructed by sanitarians with respect to garbage disposal and general hygiene in the home. Training will be continued for sanitarians (for whom UNICEF has provided stipends under the health services programme) and for well-drillers.

UNICEF would provide well-drilling equipment and accessories, workshop equipment, pumps, casing and equipment for wells, transport and stipends for trainees in the well-drillers course. Subject to progress in the implementation of the programme, it is foreseen that the Board will be asked to approve subsequent allocations against the proposed commitment in the amount of $797,000 in 1965 and $697,000 in 1966. WHO would continue to provide two sanitary engineers to assist the Government in the programme. The estimated cost of personnel and local materials for the three-year period is equivalent to approximately US$4,587,000 which would be met jointly by the federal and state governments, municipal authorities and through community participation.

BRAZIL

HEALTH SERVICES: TRAINING IN BRACE-MAKING
First request for UNICEF aid

Recommended commitment: $21,000
Period of proposed aid: 1964/1966
Recommended allocation: $8,000
Technical approval: WHO

E/ICEF/P/L.401

The purpose of this project is to train technicians in brace-making techniques and particularly in the assembling and fitting of braces, utilizing semi-finished components. During 1962, courses in orthopaedic brace-making were held at the Rehabilitation Institute and School for Crippled Children of the Associacao de Assistencia a Crianca Defeituosa (AACD) in Sao Paulo, with participants from Brazil and neighbouring contries. The courses were sponsored by the World Rehabilitation Fund and the Office of Vocational Rehabilitation. Arrangements are being made with a local manufacturer for the production of semi-finished brace parts and an initial quantity of prefabricated leg braces has been produced for the purpose of demonstration in training courses. However, many children with forms of physical disability that could be alleviated by an external support or brace are unable to obtain assistance because of the lack of inexpensive braces, and there are few technicians in the orthopaedic field.

It is proposed that further courses be held at the Rehabilitation Institute and School in Sao Paulo to provide training in brace-making techniques and in fitting, assembling and adjusting prefabricated braces for technicians from centres in the major cities of Brazil. Technicians from eight cities of Brazil would attend the four-month course scheduled in 1964. On completion of their training, these candidates would divide their time between public and private institutions in the eight cities. Similar courses are foreseen for 1964 and 1966. It is hoped that through the expansion of services and the increased use of braces the local production of inexpensive semi-finished brace parts will be further promoted.

UNICEF would provide semi-finished braces (100 sets per course),a vehicle and funds for stipends and travel for 8 participants in each course. Subject to the experience in connexion with the 1964 course, it is foreseen that the Board will be asked to approve subsequent allocations against the proposed commitment in the amount of $6,500 a year for courses to be given in 1965 and 1966. WHO would provide an expert in orthotics and, subject to the availability of funds, would provide fellowships for international participants to the course in 1964. The WHO Regional Adviser in Rehabilitation would continue to assist in thedevelopment of this project. Local costs for the project are estimated at the equivalent of US$28,000.

BRAZIL — APPLIED NUTRITION (Continuation) — Recommended allocation: $38,400

E/ICEF/P/L.471

UNICEF would finance a post in nutrition and one in agricultural extension (nutrition).

BRAZIL — SOCIAL SERVICES (State of Goias) First request for UNICEF aid — Recommended allocation: $11,000; Period of proposed aid: 1964-1965; Technical approval: United Nations Department of Economic and Social Affairs

E/ICEF/P/L.463

This project would provide assistance to the Section of Social Services for Minors of the Department of Education in the State of Goias to raise the present standards of care of children in residential institutions as an initial step in the Government's plan to develop a comprehensive state-wide programme of children's services, including staff training. The social welfare problems of children in the State of Goias have been aggravated in recent years by the considerable migratory movement from the North-East and by the rapid population increase due to the proximity of the new federal capital, Brasilia. The Government intends to develop a comprehensive programme to provide through the Social Service for Minors a nucleus for the planning of state-wide children's services; to promote the co-ordination of child welfare services with broader social welfare and educational programmes; to provide in-service training; to upgrade the facilities of children; to enrich the content of child welfare services through the introduction of more creative activities for children; and to provide suitable vocational training for children over 12 years old within the institutions and in vocational training centres.

In the first phase of the programme the Social Service for Minors intends to arrange refresher training of two months' duration for its supervisory staff of social workers using suitable training resources within the country; to provide a four-week training course for ten administrators and a two-week course for twenty child care workers in governmental and non-governmental institutions; and to improve the services and facilities of seven institutions from which the trainees would come. UNICEF would provide honoraria for the Director of the programme and for two visiting professors recruited in Brazil, stipends and travel costs for the courses, and supplies and equipment for seven institutions and for the Social Service for Minors and a vehicle for supervision. The Bureau of Social Affairs of the United Nations Secretariat would provide periodic consultant services and, subject to a Government request and the availability of funds, would provide a fellowship for the Director of the project to study abroad. The Government expenditure on the project would be equivalent to US$22,000.

BRAZIL — PRIMARY EDUCATION Extension to four additional states — No allocation recommended; Technical approval: UNESCO

E/ICEF/P/L.458

The UNICEF assisted project for the improvement of primary education and teacher training in Brazil was initially to be carried out in three states; its implementation in the State of Paraiba has been delayed, however, in order to ensure further co-ordination with a programme being developed with bilateral aid. Meanwhile, the Government has requested the extension of the project to four additional States in which one half to three fourths of the primary school teachers are untrained. As the rate of implementation of the project, as originally planned, has been slower than anticipated, sufficient funds remain from the funds allocated to cover the proposed extension for the period up to the end of June 1965. UNICEF would provide the same type of aid as originally approved, namely teaching materials, audio-visual equipment, books, vehicles and stipends for training supervisors and teachers in the new centres to be included in the programme. The Board's agreement is requested for the extension of UNICEF aid to the additional four States. Future assistance to these States would be considered when a recommendation is made to the Board for the continuation of the original programme. The Government's expenditure on the centres would be equivalent to US$484,000 in 1964.

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BRAZIL — PRIMARY EDUCATION: TEACHER TRAINING Continuation — Recommended allocation: $19,200

E/ICEF/P/L.471

UNICEF would finance the post of a teacher-training expert in 1965.

BRITISH GUIANA — MALARIA ERADICATION Continuation — Recommended allocation: $6,000; Period of proposed aid: 1964/65; Technical approval: WHO

During 1963 the third year of chloroquinized salt distribution was completed in the three districts of the interior of the country. The results in two of the districts where, under an adequate case-finding system, no positive cases have been discovered since 1961, remain satisfactory. In the Rupununi District, however, the situation has been complicated by the introduction of non-medicated salt, the occurence of a P. falciparum strain with increased tolerance to chloroquine and a country-wide general strike of three months' duration which prevented the production and distribution of chloroquinized salt. The area of this district in which malaria cases were discovered spread in 1963, and salt distribution was complemented by DDT sprayings and radical treatment of cases throughout the Rupununi District. A major reduction in positive cases has already been observed in the localities where a second spraying cycle has been completed. This combined attack is being continued. UNICEF will provide insecticides, laboratory supplies, transport and sprayer spares.

BRITISH GUIANA — MILK CONSERVATION First request for UNICEF aid — Recommended allocation: $50,000; Period of proposed aid: 1964/1965; Technical approval: FAO

E/ICEF/P/L.454

The aim of the project is to assist the Government in the improvement of the facilities and operation of the Georgetown milk pasteurization plant, which serves a community of approximately 120,000 persons, many of whom have relatively low incomes. The plant, which has been operated by the Ministry of Trade and Industry since the middle of 1957, has suffered from the lack of adequate technical advice and an unsound policy with respect to the price paid and the quality control of the milk accepted by the plant. As a result, the milk processed has been of poor quality and the plant operated at a loss.

At the request of the Government, a UNICEF dairy engineer went to Georgetown in 1963 to assess the condition of the plant and its operations. His study revealed that the dairy plant was in poor condition and operating on an unsound financial basis. He recommended that a qualified dairy manager be appointed; that a competent organization be formed to operate the plant; that qualified maintenance personnel be employed to service and maintain the equipment; that the price policy be modified and that the purchase price be established on the basis of the quality and butter-fat content of the milk; and that training of milk producers be undertaken to improve the quality of the raw milk reaching the plant. The UNICEF engineer also specified additional equipment needed to improve the plant. The Government has agreed to implement these recommendations. The Guiana Marketing Corporation, established with the guidance of an FAO marketing expert, will be responsible for the milk plant. An FAO dairy manager will be assigned to the plant and will submit his recommendations for the staffing of the plant to the Corporation. The milk price policy is being examined by the Corporation, and it is expected that a decision will be taken shortly on the pricing and subsidy policy with respect to raw milk. The Government has indicated that the new dairy manager, in collaboration with officials of the Ministry of Agriculture, Forests and Lands, will provide the necessary advice and training for producers at the dairy farm and at collecting point levels with a view to improving the quality of milk produced by farmers.

UNICEF would provide the additional equipment needed for the plant and equipment for the main collecting centre. The Government's matching costs, in terms of free or subsidized distribution of milk, would be equivalent to approximately US$75,000.

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BRITISH CARIBBEAN TERRITORIES

ST. KITTS — APPLIED NUTRITION
Continuation

Recommended allocation: $4,800

E/ICEF/P/L.471

UNICEF would finance a fellowship in nutrition for 1964.

CHILE — HEALTH SERVICES

Recommended allocation out of commitment previously approved: $64,000

E/ICEF/P/L.400/Add.4

CHILE — APPLIED NUTRITION
Continuation

Recommended allocation: $16,000
Period of proposed aid: 1965
Technical approval: FAO and WHO

An intensive attack on the malnutrition of children and mothers in three provinces has been underway over the past five years. The work of the participating technical departments is co-ordinated through special committees at the national and provincial levels. Nutrition education is conducted in schools, health centres and young people's clubs. Two hundred and forty teachers have received training in nutrition education, and 100 school gardens and a number of community gardens have been created. The school gardening is correlated with classroom work. Garden crops are used in school feeding. The local health centre personnel place great emphasis on nutrition education of the mother through individual counselling. Rural youth clubs are integrated into the programme. The National Health Service provides dried skim milk, part of which is produced by UNICEF-assisted dairy plants. All three provinces participate in the UNICEF-assisted maternal and child health and environmental sanitation projects.

In order to consolidate the gains already made and in order to extend the scope of the project, the Government proposes to extend the project to an additional fifty schools. UNICEF would provide for some garden tools for the new schools and supplementary tools for schools already covered as well as additional teaching materials, two vehicles for supervising field personnel and stipends for the refresher training in nutrition education for 100 teachers. The Government continues to give high priority to the project and is sending personnel abroad for advanced training in nutrition. For additional personnel, travel, vehicle maintenance, printing, operating costs, seminar costs and interral freight, the Government expects to spend the equivalent of US$32,000 in 1965, which would be considered as matching for the proposed UNICEF assistance.

CHILE — SOCIAL SERVICES: JUVENILE COURTS AND RELATED SERVICES
First request for UNICEF aid

Recommended allocation: $32,000
Period of proposed aid: 1964-1965
Technical approval: United Nations Department of Economic and Social Affairs

E/ICEF/P/L.437

The Government of Chile has established an Interdepartmental Committee whose principal function is to watch over the interests of neglected or maladjusted minors, and it is proposed that a comprehensive and integrated programme be carried out to meet the needs of the group. The Government attaches special priority to the development of services connected with juvenile courts, including preventive services and treatment for delinquent and pre-delinquent juveniles. The Government proposes to draw up a programme based on an integrated plan. In the first stage, the services connected with juvenile courts will be developed by means of staff training courses and a planned expansion of existing services. In order that it may participate in the preparation of the over-all plan and in the implementation of the initial programme, the Government has requested, through the Expanded Programme of Technical Assistance, a social welfare adviser and an adviser in prevention and treatment for delinquent and pre-delinquent juveniles. The Committee would appoint an official to co-ordinate the work of the participating services and agencies. UNICEF would provide the salary of this official, initially for one year. The following training courses would be held: a four-month course for 50 child care workers in public and private institutions for the protection of juveniles; three four-month courses for probation officers, with fourteen participants in each course; a four-month course for 20 specialized educators"; and three seminars for directors, professional and technical personnel and juvenile court judges, with 20 participants in each seminar.

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CHILE (continued)

The Government intends to embark on a programme of construction of institutions and when it is completed, would ask UNICEF for a selective supply of equipment and vehicles. The institutions would include three observation and diagnosis centres; three treatment centres for juvenile delinquents; three centres for the treatment of problem juveniles who are not delinquents; and a psychiatric treatment centre for children and adolescents. Conditions and services of the juvenile courts are to be improved. The Government will also intensify the co-ordination and strengthening of non-institutional protective services, in order to ensure a unified approach in the programme.

UNICEF would provide scholarships for the training of personnel of juvenile protection institutions, scholarships for participants in three seminars, salaries for teachers giving the courses, the salary for a co-ordinator at the national level for one year and funds to cover part of the cost of materials for textbooks. The Government has requested, under Category I of the Expanded Programme of Technical Assistance for 1965, two experts: a social welfare adviser and an adviser in the diagnosis and treatment of neglected and maladjusted children. Three fellowships of six months' duration would also be provided through the Expanded Programme to Chilean officials for specialized studies abroad. The costs to the Government are estimated at the equivalent of US$50,000.

COLOMBIA — BASIC HEALTH: MCH AND ENVIRONMENTAL SANITATION — Continuation

Recommended allocation: $375,000
Period of proposed aid: 1964/1965
Technical approval: WHO

F/ICEF/P/L.451

Since 1950 the Government has been developing a maternal and child health programme through the creation of integrated health districts in six departments. The Ten-Year Plan, initiated in 1962, calls for the continued establishment of integrated health districts as well as a complementary programme of environmental sanitation in six departments, which it is hoped will be extended to all health districts along with the maternal and child health programme. At present there are 47 integrated health districts in Colombia with a total of 324 rural health centres and 275 sub-centres. It is hoped that another six districts will begin functioning this year, and three more would be organized next year, with 23 rural centres and 16 sub-centres. In addition, 94 centres and 165 sub-centres in existing districts are to be up-graded. Beginning in 1964 a training programme will be carried out in Medellin and other training centres, which will include courses and seminars for all levels of health personnel, in order to be able to carry forward the programme of basic health services. In connexion with the related environmental sanitation work, more than 22,000 latrines were installed in 1962-1963 and 260 shallow wells constructed, 25 deep wells drilled and 5 captation systems completed. Moreover, national personnel were sent abroad for courses in drilling, and a course for drillers and assistant drillers was organized in the country. The programme will continue in the health districts and will cover about 450 communities in the coming year.

UNICEF would provide supplies and equipment for 207 health centres and sub-centres, training equipment, transport, stipends for participants in the training courses and seminars and honoraria for a public health nurse instructor. For the environmental sanitation programme UNICEF would furnish hand pumps, motor pumps and tubing, workshop equipment, laboratory equipment and replacements for drilling equipment, as well as transport. WHO would give assistance through its representative in Colombia and principal adviser on the project, a public health nurse, a medical consultant, two sanitary engineers and a statistician, as well as scholarships for training personnel abroad. The cost to the Government during the year 1964 would be equivalent to US$930,000.

COLOMBIA — MALARIA ERADICATION — Continuation

Recommended allocation: $252,000
Period of proposed aid: 1964/65
Technical approval: WHO

In October 1963 further areas with some 978,000 inhabitants were placed in the consolidation phase which now covers 286 municipalities and 58 per cent of the population originally at risk. A further 12.4 per cent of the population are in 133 municipalities where the data collected indicates interruption of transmission, annual sprayings are being carried out and epidemiological evaluation has been intensified in anticipation that the majority may pass into consolidation this year. Other areas in the attack phase include areas of civil strife where effective spraying operations have not been introduced. Rudimentary house construction, high increase of new houses in agricultural areas and habits of the people and the vectors favourable to outdoor biting are factors affecting continued high transmission in the major problem areas. Shorter spraying cycles have been introduced in some areas and studies introduced to determine specific causes and measures to be adopted in others. Recent changes in administration and the reorganization under study should strengthen operations and overcome weaknesses and cumbersome procedures which have hampered progress of the campaign. UNICEF will provide insecticides, laboratory supplies, transport and sprayer spares.

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COLOMBIA — APPLIED NUTRITION
Continuation

Recommended allocation: $77,000
Period of proposed aid: 1964/65
Technical approval: FAO and WHO

The Government of Colombia is developing integrated programmes of applied nutrition (IPAN) in the various Departments of the country under the supervision and guidance of the National Nutrition Institute, whose board of directors includes representatives of the Ministries of Agriculture, Education and Public Health and of the country's universities. Since 1960, UNICEF has participated in these programmes in the Departments of Caldas, Cauca and Norte de Santander. A basic feature of the programmes is the training of personnel and since 1962 various courses and seminars on nutrition have been held for doctors, nutritionists, primary-school teachers and other personnel taking part in the programme. Those aspects directly related to school gardens have also been developing. Food demonstration services have been organized in twenty-seven pilot schools and eighty selected primary schools in the Departments of Cauca and Norte de Santander, and eighty primary schools have started school gardens. In addition, a central farm has been established in each of the Departments and serves as a training and experimental centre and seedling nursery. It also serves as a poultry and rabbit-raising model farm for the poultry and rabbit-raising projects of the school and family gardens included in the programme.

The plan is to broaden the programme for 1964 and 1965 and to extend it to a total of 140 primary schools, sixty-five in the Department of Cauca and seventy-five in Norte de Santander. UNICEF would provide equipment and supplies for school gardens, food demonstration equipment and vehicles for supervision, as well as fellowships for the training of non-medical nutritionists at the university level. The proposed allocation of $77,000 would absorb the balance of previously approved commitments. FAO will continue to provide technical assistance and to that end will maintain the services of a nutritionist and an agricultural extension agent. WHO will give technical advice through the doctor nutritionist of the zone and, within its budgetary limitations, will continue to provide fellowships for study abroad by Colombian students. The cost to the Government for the year 1964 is estimated at the equivalent of US$123,000.

COLOMBIA — NUTRITION (SCHOOL OF HOME ECONOMICS OF THE UNIVERSITY OF CALDAS
First request for UNICEF aid

Recommended allocation: $60,000
Period of proposed aid: 1964/1966
Technical approval: FAO

E/ICEF/P/L.431 and E/ICEF/P/L.471

The purpose of this request is to help the University of Caldas develop its School of Home Economics in order to train competent personnel for teaching in this field and extension workers for responsible posts in mother and child welfare organizations in rural areas. Once the School has been up-graded, it would also be used to train specialists in home economics from other Latin American countries.

The curriculum is designed to be taught on two levels: a four-year course leading to a degree in home economics; and a two-year course leading to the degree of "home improver". At present only the first course is being given, but it is hoped to start the other as soon as the necessary instructors and equipment are available. UNICEF would provide demonstration equipment for sewing, cooking and textiles; educational and audio-visual materials; vehicles; and stipends. FAO would provide a home economics consultant and four fellowships to enable professors from the School to study abroad. The proposed UNICEF allocation includes funds to finance the expert in home economics for an 18 month period and the four fellowships. The cost to the Government would be equivalent to US$105,000.

COLOMBIA — SOCIAL SERVICES
Continuation

SESQUILE HOMES
First request for UNICEF aid

Recommended commitment: $131,000
Period of proposed aid: 1964-1966
Recommended allocation, 1964/1965: $83,000
Technical approval: United Nations Department of Economic and Social Affairs, UNESCO and WHO

E/ICEF/P/L.450

This recommendation is in two parts as described below:

Social Services: As part of the UNICEF-aided programme begun in July 1962, training courses have been held for 48 social workers and 350 auxiliary workers in child welfare programmes. A review has been made of the teaching content of the courses and of the results obtained. This programme has been carried out by the Ministry of Justice and Special District of Bogota. For a continuation of the training courses, UNICEF would provide honoraria for the programme co-ordinator and for two professors,

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COLOMBIA (continued)

as well as 157 stipends for trainees. The United Nations Department of Economic and Social Affairs would continue to participate in the programme through its adviser, and WHO would participate through its mission. The cost to the Government for the period of proposed aid would be equivalent to US$46,000.

Sesquile Homes: At the request of the Ministry of Justice, UNICEF, in co-operation with the Bureau of Social Affairs of the United Nations Secretariat, carried out a preliminary study of the characteristics of children affected by the phenomenon of collective anti-social conduct which is prevalent in certain parts of the country. As a result of their report, the Government will carry out a pilot project in the residential cottage-type institution Hogares Sesquile (Sesquile Homes). About 150 boys and girls between the ages of four and twelve will be selected, half of whom will have been exposed to this phenomenon. The children will receive comprehensive care, and emphasis will be placed on the prevention of aggressive, anti-social behaviour. An intensive in-service training programme will be undertaken for specially recruited staff. The methods used will be under continuous study to ascertain their effect on the personality and attitudes of the children. Once the soundness of the approach is established, this institution would serve as a centre for the training of personnel.

A study will be undertaken to determine the needs of the children in families displaced by the problem of collective anti-social conduct; the facilities available for the care of these children both in institutions and in their own environments; the types of new services required; and the qualifications of personnel who deal with these children, with a view to offering opportunities for training.

UNICEF would provide audio-visual and recreational equipment, materials for psychological tests, teaching materials and books, kitchen and laundry equipment, two vehicles, funds to cover the cost of two posts for two years, honoraria for the study personnel, and stipends to train personnel from other departments in this institution. The Government has requested that the Department of Economic and Social Affairs, under Category I of the Expanded Programme of Technical Assistance, furnish an adviser in the institutional treatment of children who would act as adviser to the Director of Hogares Sesquile. The family and child welfare adviser currently in Colombia would maintain close ties with this programme. UNESCO, through its mission in Colombia, would participate in the aspects of the programme related to teaching and the study. WHO would participate through its mission in the country and its regional and zone offices. The cost to the Government would be equivalent to US$150,000.

COLOMBIA — TEACHER TRAINING — Allocation postponed

E/ICEF/P/L.400/Add.4

See paragraph 34 of this report.

COSTA RICA — MALARIA ERADICATION, Continuation

Recommended allocation: $ 42,000
Period of proposed aid: 1964/1965
Technical approval: WHO

In 1963 further areas passed into the consolidation phase which now covers the Atlantic Coast and part of the Pacific Coast and includes 78 per cent of the malarious area and 70 per cent of the population at risk. A few local outbreaks in the consolidation area during 1963 were promptly controlled with spraying and radical treatment. In the Pacific Coast attack phase area studies indicate irritability of the vectors toward DDT as a main cause of persistent transmission. To overcome this a change to dieldrin, a non-irritating insecticide, was made earlier this year. The PAHO supported mass chemotherapy project to complement sprayings in the major problem area, Puntarenas, resulted in a reduction in positive cases last year and is being continued. UNICEF would provide insecticides, laboratory supplies, transport and spare parts and sprayer spares.

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CUBA — MALARIA ERADICATION
First request for UNICEF aid

Recommended allocation: $125,000
Period of proposed aid: 1964/1966
Technical approval: WHO

E/ICEF/P/L.464

The malaria eradication programme entered into the attack phase in 1962 after one year of preparation and geographical reconnaissance. The country is divided into four regions, and mass spraying operations are carried out in Region I, covering the Province of Oriente and an area of 37,502 square kilometres with a population of approximately 2,239,000 inhabitants. In the other three regions there is an intensive epidemiological vigilance with the treatment of any cases discovered in the region. Spraying operations, involving domiciliary spraying of some 438,000 houses in six monthly cycles using DDT, are organized through fifteen sectors. There are 74 spraying teams of four to six spraymen, some operating with motor transport, others using mules and others operating on foot. Evaluation operations cover the entire country. All health services participate in the search for malaria cases and the network of organized notification posts, both official and voluntary, now comprises some 1,200 posts. Since the start of the attack phase a marked reduction in the number of malaria cases has been observed; however in Oriente there is continuing transmission. The campaign, which has developed satisfactorily, is now experiencing serious difficulties with the operational vehicle fleet, the greater part of which is over five years of age and no longer suitable for intensive field operations. The Government has requested UNICEF assistance, as a one-time allocation, to replace the obsolete vehicles, to provide parts to maintain spraying equipment and to provide laboratory equipment and supplies for expanding evaluation operations. This request is in accordance with the policy on assistance to additional malaria eradication projects which was adopted by the Board in January 1964. The Government has given high priority to this campaign to overcome the malaria problem and has made provision to finance the local costs and the insecticide requirements.

UNICEF provide 52 vehicles and spare parts, laboratory equipment and supplies and spare parts for spraying equipment. WHO is providing the services of a malariologist, a sanitary engineer and t two sanitarians and anti-malarial drugs for this campaign. The Government's expenditures for 1964 are calculated at the equivalent of US$1,778,000.

DOMINICAN REPUBLIC — BASIC MCH/ ENVIRONMENTAL SANITATION

Recommended allocation out of commitment previously approved: $39,000

E/ICEF/P/L.400/Add.4

DOMINICAN REPUBLIC — MALARIA ERADICATION
Continuation

Recommended allocation: $152,000
Period of proposed aid: 1964/1965
Technical approval: WHO

Difficulties which delayed the full-scale operation of this campaign have been overcome. The Government has given high priority to the campaign and approved the new administrative structure and increased budget under which the campaign is now operating. Spraying operations, maintained during 1963 only in parts of the malarious area, have been developed this year and will be at total coverage level by May. Strengthening of the evaluation service is in progress and case-finding activities of the health services and voluntary collaborators intensified. UNICEF will provide insecticide, laboratory supplies, transport and spare parts and sprayer spares.

ECUADOR — BASIC HEALTH/MCH/ ENVIRONMENTAL SANITATION AND APPLIED NUTRITION
Continuation

Recommended allocation: $26,000
Period of proposed aid: 1964-1965
Technical approval: ILO, FAO and WHO

The purpose of this project has been to improve living conditions of the native population in the Ecuadorian highlands through the Andean Action programme. A training course for auxiliary nurses was held in 1963 and courses in handicrafts, horticulture, and small animal raising were offered for young Indians. The health centres and their corresponding mobile units serve various communities which had already constructed buildings for use as sub-centres. Both the health centres and the schools have participated in the nutrition education activities.

Training will be continued in 1964 through courses for auxiliary nurses, health inspectors and agricultural extensionists; public health orientation and applied nutrition courses for doctors and nurses; a basic course in health education and applied nutrition for rural school teachers; and a course in handicrafts. UNICEF would provide stipends for training. The ILO, FAO and WHO would continue to assist the project through the services of their consultants. The cost to the Government would be equivalent to US$530,000.

ECUADOR — MALARIA ERADICATION (Continuation)

Recommended allocation: $80,000
Period of proposed aid: 1964/65
Technical approval: WHO

As the Board would not meet until June 1965, this allocation was recommended to maintain the supply line for a further six months' operation.

ECUADOR — APPLIED NUTRITION (Continuation)

Recommended allocation: $19,200

E/ICEF/P/L.471

UNICEF would finance the post of an expert in home economics in 1965.

EL SALVADOR — MCH/TUBERCULOSIS CONTROL IN A PILOT ZONE (First request for UNICEF aid)

Recommended allocation: $120,000
Period of proposed aid: 1964-1966
Technical approval: WHO

E/ICEF/P/L.412

The Government recently completed a ten-year health plan (1963-1973) which calls for the expansion of basic health services. A restructuring of services in the four health regions of the country has been undertaken in order to permit the extension of services to rural zones. During the next two years the Government proposes to equip 40 health centres and 44 sub-centres and to construct three hospitals with a total capacity of 500 beds. A broad programme of training will be carried out to provide personnel for the new services, and in-service training will be given to staff of the existing centres.

The national plan gives high priority to tuberculosis control. A national pilot zone for tuberculosis control will be established in the Usultan area, which has a population of 183,000 people and well-developed health services. Prevalence surveys will be made, personnel trained and control methods established which are suitable to local conditions. All cases discovered will be given ambulatory treatment and contacts will receive preventive treatment.

UNICEF would provide basic equipment for fifteen health centres, vehicles for supervision and training, equipment for two training centres, stipends for nurses and nutrition aids and honoraria for teaching personnel. For tuberculosis control UNICEF would provide radiological equipment, laboratory equipment, film, field equipment, transport and stipends. WHO would furnish the services of a medical consultant, two sanitary engineers and, through its zone office, a tuberculosis consultant. The cost to the Government would be equivalent to US$300,000.

EL SALVADOR — MALARIA ERADICATION (Continuation)

Recommended allocation: $153,000
Period of proposed aid: 1964/1965
Technical approval: WHO

As the Board would not meet until June 1965, this allocation was recommended to maintain the supply line for a further six months' operation.

GUATEMALA — BASIC MCH (Continuation)

Recommended allocation: $64,000
Period of proposed aid: 1964/1965
Technical approval: WHO

The Government of Guatemala is intensifying the maternal and child health services in the rural areas of the country, as well as the training of personnel for these services. After some initial delays, the network of health centres is being created. Of the 36 health centres and sub-centres which the Government planned to establish, 30 were in operation by the end of 1963 and the others are in the process of being developed. A national health plan, which gives priority to the continuing development of health centres in the rural zones, is being proposed. In 1964 the Government plans to construct eighteen health centres and four sub-centres, as well as to up-grade seven centres which

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GUATEMALA (continued)

already possessadequate buildings. In order to provide personnel for the development of these services, the training programme will continue, including a seven-month course in public health for nurses, a six-month course for midwives, five-month courses for auxiliary nurses and ten-month courses for health inspectors and laboratory technicians.

UNICEF would provide equipment for 28 health centres and stipends for 85 trainees. WHO would continue to provide a medical consultant, a sanitary engineer and a public health nurse. In addition to the budget of the Ministry of Public Health for the project, the budget of the Ministry of Public Works for the construction of health centres would be equivalent to US$711,000.

GUATEMALA — MALARIA ERADICATION
Continuation

Recommended allocation: $407,000
Period of proposed aid: 1964/1965
Technical approval: WHO

In this campaign the first areas were placed in the consolidation phase in January 1962. Subsequently additional areas entered the consolidation phase which by mid-1963 covered 68 per cent of the population at risk. During the second semester of 1963 an explosive rise in malaria occurred, particularly in the Pacific coastal plain. WHO provided an evaluation team which completed its studies in February and prepared a comprehensive plan for the continuation of the campaign. The studies showed that continued increases in cotton cultivation and agricultural re-development in the Pacific Coast had a relation to the rise in malaria in 1963. Permanent residents and migrant workers in high risk areas have increased. Vector resistance to DDT has been increasing in degree and extending to areas where cotton cultivation has been introduced. Evaluation operations in the consolidation phase areas have not been adequate, and there have been some delays in the application of control measures after discovery of focal outbreaks. Larviciding, as a supplementary attack measure in some problem areas, and the pilot project of mass chemotherapy have been effective. Under the revised programme some areas would return to the attack phase leaving areas with approximately 52 per cent of the population at risk in the consolidation phase. Mass drug administration would be extended to all the problem areas of the Pacific Coast and Alta Verapaz, as a supplementary attack method, and cover the permanent population of approximately 194,000 and temporary residents estimated at 154,000. Cotton planters would collaborate in the distribution programme in these estates. In the central plateau where there is high vector resistance to DDT and mosquito breeding is limited to river valleys, larviciding would be used. Evaluation services and the surveillance system would be reorganized and expanded. UNICEF would provide insecticides, laboratory supplies, transport and spare parts, sprayer spares and anti-malarial drugs. The local costs are estimated at the equivalent of US$1,606,000 an increase of $666,000. The Government is currently examining its possibilities of providing the campaign with the necessary additional funds for the revised programme.

GUATEMALA — PRIMARY EDUCATION
First request for UNICEF aid

Recommended allocation: $72,000
Period of proposed aid: 1964-1966
Technical approval: UNESCO

E/ICEF/P/L.452

The Government of Guatemala is activating its programmes to increase school enrolment, especially at the primary level. There is a high percentage of illiteracy in the country. Of the 788,714 children of school age, approximately 55 per cent do not attend school. There is a major problem of school drop-outs and the quality of teaching is low, owing chiefly to inadequate training and inadequate primary-school supervision. The Government is developing a plan which aims at the re-structuring and improvement of services at all levels of education and especially at the primary level. The main goals are as follows:

a) revision of plans and curricula at the primary and secondary levels;

b) enactment of a national education law;

c) development of a national school construction plan;

d) provision of necessary school furnishings;

e) improvement of nutrition in the primary schools;

f) successive increases in the national budget for primary education;

g) an increase, from 1964/1965 on, of one thousand new jobs per year for trained teachers; and

h) the re-structuring of supervision at the primary and secondary levels.

GUATEMALA (continued)

UNICEF assistance has been requested for the improvement of school supervision. UNICEF would provide stipends, honoraria, travel expensesand teaching materials for two one-month training courses for 94 primary school supervisors already in service. UNICEF would also furnish equipment and teaching materials for 22 departmental supervisory offices and 12 vehicles for supervisory activities. UNESCO, through its primary education expert, would be responsible for the organization and conduct of the in-service training courses relating to the extension and qualitative improvement of primary education. The Government has increased its budget in this field 8 per cent annually since 1961. The cost to the Government for this programme is estimated at the equivalent of US$144,000 for 1964.

HAITI — MALARIA ERADICATION — Continuation

Recommended allocation: $228,000
Period of proposed aid: 1964-1965
Technical approval: WHO

As the Board would not meet until June 1965, this allocation was recommended to maintain the supply line for a further six months' operation.

HAITI — YOUTH VOCATIONAL TRAINING — Continuation

Recommended allocation: $46,000
Period of proposed aid: 1964-1965
Technical approval: ILO

As part of its effort to promote rural social and economic development, the Government has encouraged rural communities to establish community centres, on a co-operative basis, in which workshops would be included. The first three centres were established with the assistance of the ILO in 1962, and in 1963 five additional centres were equipped with UNICEF aid. In these centres boys and girls received full-time training in manual, mechanical, horticultural and homemaking skills. The workshops manufacture, repair and maintain agricultural implements and common domestic items, utilizing indigenous materials. The aim of the Government is to organize a network of eighteen such centres and to have them functioning by 1966. It is expected that the centres will become self-supporting as they are further developed and are able to sell their products. The original plan to attach a social worker to each of the training centres has not been implemented owing to the lack of funds for these positions.

During the next two years the establishment of five new centres is envisaged. In addition, it is proposed that a training course be organized for the directors or leaders of the centres who will be fully responsible for their operation when the foreign experts are withdrawn. This course would supplement the on-the-job training now being given by the ILO experts, and the curriculum would include organization of the centre and the related co-operative, administration of the centre and co-ordination of activities among centres. UNICEF would furnish supplies and equipment for the five new centres, three vehicles for the use of supervisory personnel and the transportation of materials, and stipends and honoraria for training course instructors. The ILO already has eight experts working exclusively on this project, and the number may be increased later under the Expanded Programme of Technical Assistance. The Government budget for 1964 includes an amount equivalent to US$13,250 for materials for the construction of three new centres, plus funds for the salaries of directing personnel at the national level and directors of the centres. It is the Government's intention to include sufficient funds in the 1964-1965 budget for the continuation and expansion of this programme.

HONDURAS — MALARIA ERADICATION — Continuation

Recommended allocation: $49,000
Period of proposed aid: 1964-1965
Technical approval: WHO

As the Board would not meet until June 1965, this allocation was recommended to maintain the supply line for a further six months' operation.

MEXICO — MALARIA ERADICATION — Continuation

Recommended allocation: $899,000
Period of proposed aid: 1964-1965
Technical approval: WHO

As the Board would not meet until June 1965, this allocation was recommended to maintain the supply line for a further six months' operation.

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MEXICO — TUBERCULOSIS CONTROL (Continuation)

Recommended allocation: $55,000
Period of proposed aid: 1964-1966
Technical approval: WHO

A tuberculosis control pilot project will be developed in Queretaro, where the National Tuberculosis Control Campaign has carried out studies of the prevalence of this disease. Queretaro has been selected as the pilot zone for all of Mexico except the coastal areas which have special characteristics. In this pilot zone, which includes a rural and urban population of approximately 212,000 inhabitants, studies of the prevalence of the disease will continue, personnel will be trained and control methods will be established which are simple, economical and easily applied under local conditions. The personnel of the health centres in the zone will be trained in control methods and will co-operate in the project. All cases diagnosed will be given ambulatory treatment, and preventive treatment will be administered to contacts. The pilot project will provide experience for the planning of tuberculosis control in other areas. The National Tuberculosis Control Campaign is also developing a BCG vaccination programme for pre-school and school age children, the goal of which is 1,800,000 vaccinations this year. Liquid vaccine produced in a Mexican laboratory will be used.

To supplement previous assistance, UNICEF would provide drugs, vaccine, film, laboratory equipment, transportation for the pilot project and dried vaccine for the vaccination programme, in order to facilitate operations in the rural areas. WHO would continue participating in this project through the tuberculosis consultant in the zone. The Government's budget for the National Tuberculosis Control Campaign is estimated at the equivalent of US$200,000.

NICARAGUA — MCH/TUBERCULOSIS CONTROL IN A PILOT ZONE (First request for UNICEF aid)

Recommended allocation: $164,000
Period of proposed aid: 1964-1965
Technical approval: WHO

E/ICEF/P/L.440

The Government is in the process of developing a long-range national health plan which will include the reorganization of the Ministry of Public Health, the expansion of public health services in rural zones and the training of personnel. As a first step, ten health centres will be established in the Department of Leon; a training centre will be organized in Managua; and the training programme will be initiated. In addition, a pilot zone for tuberculosis control will be created to obtain epidemiological information and develop simple, effective control methods adapted to local conditions. The zone selected, which includes the Department of Leon and two municipalities adjacent to the Department of Chinandega, has demographic, socio-economic and health conditions representative of the country as a whole.

UNICEF would provide equipment for the health centres, vehicles, teaching materials, stipends for 205 trainees and honoraria. For tuberculosis control UNICEF would provide radiological, laboratory and field equipment, film, drugs and transport. WHO would furnish the services of a medical consultant, a sanitary engineer, a nurse and a tuberculosis consultant, as well as fellowships. The cost to the Government would be equivalent to US$200,000.

NICARAGUA — MALARIA ERADICATION (Continuation)

Recommended allocation: $467,000
Period of proposed aid: 1964-1965
Technical approval: WHO

Approximately half of the population at risk are in areas which are now in the consolidation phase. Some of these areas have been in consolidation since July 1962, and others were placed in consolidation following a joint evaluation of the campaign made in February. The malaria problem continues in the Departments of the Pacific Coast and to the North where there was an early development of vector resistance to dieldrin and to DDT. Various methods of attack have been applied in selected areas of these Departments. Mass drug distribution was initiated in a small pilot area of approximately 6,000 inhabitants in 1962 and in a further area of approximately 57,000 inhabitants in mid-1963. The latter was made possible by release of staff and funds when spraying was suspended in high resistance areas where there was no longer either a lethal or a repellent effect from DDT spraying. A control area was maintained with DDT spraying. Domiciliary sprayings using organo-phosphorous insecticide have been carried out in areas covering approximately 35,000 inhabitants and larvicides used in some localities. Progress from these methods and up-to-date data from studies and evaluation were reviewed in February in preparing plans for the continuation of operations. The boundary of the consolidation area was redefined and some localities returned to the attack phase. Operations in the problem area would involve more extended application of mass drug distribution, spraying with organo-phosphorous

NICARAGUA (continued)

insecticides and larviciding and, in some localities, a combination of these attack methods. UNICEF would provide insecticides, laboratory supplies, transport and spare parts, sprayer spares and anti-malarial drugs. The Government is currently considering possible methods to provide the necessary additional funds for the campaign. Local costs of these operations are estimated at the equivalent of US$1,000,000 for 1965.

PANAMA	MALARIA ERADICATION Continuation	Recommended allocation: $56,000 Period of proposed aid: 1964/65 Technical approval: WHO

E/ICEF/P/L.471

As the Board would not meet until June 1965, this allocation was recommended to maintain the supply line for a further six months' operation.

PANAMA	APPLIED NUTRITION Continuation	Recommended allocation: $4,800

E/ICEF/P/L.471

UNICEF would finance a fellowship in poultry science for 1964.

PARAGUAY	BASIC HEALTH SERVICES, ENVIRONMENTAL SANITATION TUBERCULOSIS CONTROL IN A PILOT ZONE Health Services and Sanitation - continuation Tuberculosis Control - first request for UNICEF aid	Recommended allocation: $172,000 Period of proposed aid: 1964/1965 Technical approval: WHO

E/ICEF/P/L.419

Integrated health services, including environmental sanitation, have been developed in four decentralized health regions. Personnel has been trained and a network of services established, including 115 health centres whose activities extend into the rural zones of the community providing maternal and child health services, sanitation services and nutrition education. Under the programme of environmental sanitation more than 1,000 wells have been constructed and latrines and public baths installed.

In 1964/1965 a demonstration programme will be carried out in a selected zone in order to incorporate the control of communicable diseases in the regular activities of the health centres. The programme includes in-service training of personnel, establishment of methods of work, case finding, improvement of statistics and health education. In the same area a pilot tuberculosis control zone will be established in order to study the prevalence of the disease, train personnel and establish control methods. The environmental sanitation programme will continue in the rural areas of all four health regions.

UNICEF would provide for the MCH programme: supplementary equipment, laboratory equipment, drugs, transport and training stipends; for the sanitation programme: drilling equipment, pumps, accessories and replacement parts; for tuberculosis control: a mobile X-ray unit, drugs, film and chemical products. WHO would lend assistance through its advisory team, as well as provide fellowships. Government costs would be equivalent to US$450,000.

PARAGUAY	BASIC HEALTH/ SOCIAL SERVICES	Recommended allocation out of commitment previously approved: $72,000

E/ICEF/P/L.400/Add.4

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PERU

BASIC HEALTH/MCH (Junin)
Continuation

Recommended allocation: $32,000
Period of proposed aid: 1965-1966
Technical approval: WHO

The first phase of the programme of basic health services in the Department of Junin has been completed. The integration of health services in Junin has been achieved through the organization of three regional units in Huancayo, Tarma and Jauja, decentralized technically and administratively and directed by doctors specialized in public health and hospital administration. These units are based in various regional hospital-health centres which have been supplied with the necessary trained personnel, materials and equipment. Each regional unit includes health centres and sub-centres, of which twenty have received basic equipment. During courses held in 1962 and 1963, 53 auxiliary nurses were trained in the school at Huancayo and 16 nurses in the school which functions in the regional hospital-health centre at Tarma. Health promotion and the protective and rehabilitative services have been increased, with special programmes oriented principally to mothers and children. An attempt is being made to reach 20 per cent of the maternal population. In 1963, 20 per cent of the child population was checked, with special attention to children under one year of age. At the same time a successful programme of environmental sanitation is being developed with assistance from UNICEF and WHO.

In order to complete the Five-Year Plan it is intended to up-grade the Jauja hospital, to create 6 health centres and 28 sub-centres and to convert 28 dispensaries into health centres. The number of personnel would be increased and training courses continued. UNICEF would provide equipment for 55 health centres, nurses' kits, bicycles and 6 vehicles for supervision. WHO would continue providing technical assistance through the services of a medical adviser, a sanitary engineer and a nurse. The Government's budget for the project is equivalent to US$92,000 for 1964.

PERU

MALARIA ERADICATION
Continuation

Recommended allocation: $278,000
Period of proposed aid: 1964/65
Technical approval: WHO

The West Coast region, where the campaign began, is in the consolidation phase except for seven small foci in upper river valleys where there are population movements from the east. Radical treatment of positive cases have almost eliminated four of these foci. In the east almost one third of the population of the Eastern Andean slope region are in areas in the consolidation phase. The attack phase continues in other areas of this region and in the Amazon Region. Special attention will be given to localities with positive cases and radical treatment of cases made. The number of positive cases in the east further decreased in 1963, and it is anticipated that further areas may pass into the consolidation phase in 1965. UNICEF would provide insecticides, laboratory supplies, transport and spare parts and sprayer spares. Administrative changes will shortly be affected which should overcome some organizational and administrative weaknesses which have affected the campaign.

PERU

APPLIED NUTRITION
Continuation and extension

Recommended allocation: $66,000
Period of proposed aid: 1964-1966
Technical approval: FAO, WHO

E/IECF/P/L.428

Since 1964 UNICEF has assisted an applied nutrition programme in the areas of the Andean Indian Programme. The Government now proposes to establish a similar programme in the Departments of Junin and Pasco with the purpose of improving the nutritional level through the use of participating primary schools as community centres. Fifty schools would be selected for student and community activities; in each a school garden, a poultry centre and a unit for the breeding of small animals would be established. The products obtained from the garden would be used for school feeding, for home economics demonstrations, or would be sold in the event of surplus production. A campaign of nutrition education would be instituted in the community, and mothers' clubs would be organized to demonstrate the preparation and handling of food, also sewing and cooking classes in the school centres. In the Conocorchi Centre courses for the training of personnel would be initiated for a total of 350 participants.

UNICEF would furnish supplies and equipment for 50 school gardens, equipment for the raising of poultry and small animals, sewing and kitchen equipment for 50 school centres, carpentry tools, teaching materials, transport and stipends for training. FAO would provide consultants in nutrition, agricultural extension, home economics, horticulture and aviculture. WHO would provide technical consultants. The Government's expenditure for the three years is estimated at the equivalent of US$658,000, of which US$396,000 would be considered as matching for the proposed allocation.

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PERU — PRIMARY EDUCATION

E/ICEF/P/L.400/Add.4

Recommended allocation out of commitment previously approved: $37,000

SURINAM — MALARIA ERADICATION
Continuation

Recommended allocation: $7,000
Period of proposed aid: 1964
Technical approval: WHO

As the Board would not meet until June 1965, this allocation was recommended to maintain the supply line for a further six months' operation.

THE AMERICAS REGION — HEALTH SERVICES: TRAINING (WEST INDIES AND CARIBBEAN AREA)
Continuation

Recommended allocation: $40,000
Period of proposed aid: 1964-1965
Technical approval: WHO

To provide additional training for the staffs of environmental sanitation and maternal and child care projects of the health services in the West Indies and Caribbean Area (some of them assisted by UNICEF), two courses have been held for sanitary inspectors and one for district nurses in Barbados. A course for sanitary inspectors, to be held in Jamaica this year, will include participants from several territories.

The following area courses would be given in 1964-1965:

a) District nurses: A nine-week course, the second course for district nurses to be held in Barbados, will be designed to give the district nurses a greater understanding of public health work, with emphasis on health education, supervision and local staff education. The participants will include 30 district nurses from eight territories and superintendents of public health nurses from three territories.

b) Paediatrics nurses: None of the West Indies territories has nurses trained in paediatrics nursing. Two six-month courses would be held at the University of the West Indies in Jamaica. Seven nurses, currently working in children's wards, would participate in each course.

c) Medical laboratory technologist: Senior technicians from four territories would attend an eight-month course in public health laboratory techniques at the University of the West Indies in Jamaica.

UNICEF would provide funds to cover stipends and costs of travel of participants to the courses and training materials for the district nurses' course. WHO would assist in organizing the courses and would provide instructors. The Government of Barbados would provide facilities for the course for district nurses. The courses to be held in Jamaica would be organized as a co-operative effort of the University of the West Indies and WHO.

THE AMERICAS REGION — TRAINING: SOCIAL PAEDIATRICS
First request for UNICEF aid

Total recommended assistance: $83,000
Period of proposed aid: 1965-1967
Recommended allocation, 1965: $21,000
Technical approval: WHO

E/ICEF/P/L.429

The purpose of this project is to orient paediatric teachers, clinicians and administrators in Latin America to the preventive and social aspects of paediatrics and child nutrition through the establishment of a series of permanent regional paediatric training centres. Training would be geared to Latin American problems and needs, and it is hoped that the paediatricians thus trained would exert their influence to improve undergraduate and post-graduate medical education and the child health services in their own countries. The project would be co-ordinated with the WHO medical education programme for Latin America, which aims to establish a series of regional centres to train medical educators for the teaching of basic and clinical sciences as well as preventive medicine. Medical education in Latin America has hitherto neglected the comprehensive care of children and families. Field practice is lacking with the result that there is an acute shortage of paediatric teachers with broad social perspective, and a lack of paediatric doctors with an understanding of public health.

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Under the aegis of WHO/PAHO, it is proposed that a series of regional courses would be given annually in selected paediatric centres in Latin America. The centres will be selected with a view to available staff, facilities and field practice possibilities, the ability of the centre to organize and sustain a course of the type proposed; the ability to transmit concepts of social paediatrics, and to teach the principles of organization and interdisciplinary teamwork. Negotiations are already in progress with centres in Chile, Mexico and Venezuela, and centres in other countries are under consideration. It is anticipated that two or three of the projected five centres will be ready to initiate courses in 1965.

The courses, each of three months' duration, would include discussion of a common core of subject matter for about half the period and field work in the individual participant's speciality for the remainder. A group of sixteen would be trained in each course, four from the host country and twelve from other parts of the region. Candidates selected would be required to have a minimum of five years' experience, following graduation including work in paediatrics or child-care services and to hold a responsible position in paediatrics teaching, paediatrics services or health-care services for children. At the end of each course the staff of the training centre would systematically question the participants, discuss their experience and prepare a report. Continuing assessment would be provided by visits to the centres of international agency staff and through the eventual development of national training programmes. UNICEF would provide fellowships for regional participants, equivalent to the number of fellowships provided by WHO/PAHO up to a total of 12 fellowships in 1965, 18 in 1966, and 18 in 1967. Subject to progress in the implementation of the plan, it is foreseen that the Board will be asked to approve subsequent allocations against the proposed commitment in the amount of US$31,000 in 1965 and the same amount in 1966. WHO/PAHO would be responsible for the administration of the programme, including the selection and recruitment of all participants, and would provide fellowships for 12 participants in 1965 and for 18 per year in 1966 and 1967.

THE AMERICAS REGION	SEMINAR ON IODIZATION OF SALT First request for UNICEF aid	Recommended allocation: $20,000 Period of proposed aid: 1964 Technical approval: WHO

E/ICEF/P/L.426

Endemic goitre is one of the serious public health problems in the Americas today, affecting more than 10 per cent of the population in some areas. The prophylaxis of endemic goitre by salt iodization is relatively simple; however, for a variety of administrative, economic and, occasionally, technical reasons the production of iodized salt has been undertaken in only three countries. Although the majority of health ministers in the region are entirely convinced of the importance of this procedure, the decision to adopt and apply such measures rests with other technical or administrative agencies within the Government, and it is at this point that negotiations to put these measures into practice break down.

In order to bridge the gap between health agencies and the agencies responsible for salt production and iodization, it is proposed to hold a seminar under the auspices of WHO/PAHO in the fall of 1964 for representatives of those Latin American countries where endemic goitre constitutes a health problem of considerable proportions. A high-level technical representative from the health service and the governmental person responsible for the final decision on iodization in each country would be invited. It is hoped that through such a meeting, common problems would be defined and specific recommendations made for their solution. It is believed that the very discussion of these problems should serve to stimulate local action. UNICEF would provide stipends and travel expenses for 30 participants, as well as local costs. WHO/PAHO would provide a consultant for the preparation and conduct of the seminar.

THE AMERICAS REGION	AGRICULTURAL EXTENSION Continuation	Recommended allocation: $38,400

E/ICEF/P/L.471

An expert in agricultural extension would be financedby UNICEF to serve in connexion with approved project in Costa Rica, El Salvador, Honduras, Nicaragua and Panama, also an expert in poultry to assist in a number of approved projects in the Americas Region.

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THE AMERICAS
REGION

LATIN AMERICAN PLANNING INSTITUTE
Continuation

Recommended allocation: $93,000
Period of proposed aid: 1964/1965

E/ICEF/P/L.456

With funds provided by UNICEF in January 1964, the Latin American Planning Institute appointed a specialist in social development planning to its faculty. It also provided fellowships to seven post-graduate students to enable them to carry out studies and to work as assistants to professors in the social field, and to eight government officials engaged in social programmes, so that they could participate in the basic planning course. Initial discussions were held with UNICEF and the Economic Commission for Latin America with a view to making plans for the Latin American seminar on planning for the needs of children and youth, to be held in 1965.

It is requested at this session of the Board that UNICEF provide funds for continuing the post of the social development planning expert for eighteen months; eleven fellowships for officials from the social field who will participate in the basic planning course, and post-graduate who will take part in studies and work as members of advisory groups which the Institute will send to countries in the region to help in the preparation of national development plans; and duplicating equipment for the publication of manuals and educational materials for students.

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INTERREGIONAL

INTERNATIONAL CHILDREN'S CENTRE, PARIS
Continuation

Recommended allocation: $400,000
Period of proposed aid: 1965
Technical approval: WHO

E/ICEF/P/L.432

The Executive Board, at its June 1961 session, gave its approval in principle for the continuation of assistance to the International Children's Centre for the five-year period 1962-1966. The proposed programme and budget for the Centre for 1965 are submitted in the annex to E/ICEF/P/L. 432. The proposed 1965 budget totals 4,210,500 francs, of which 290,500 francs will be covered by miscellaneous income and funds not utilized in 1964. The balance of the 1965 budget would be shared on a 50/50 basis by the French Government and UNICEF. The proposed allocation is requested in accordance with the Board's understanding that UNICEF would share in the cost of the programme up to a ceiling of $400,000 per year (E/ICEF/431, annex I). In spite of the expanding scope of the programme and the increased operating costs, the size of the budget has not changed significantly nor have the growing number of courses occasioned an increase in staff.

The larger part of the programme presented to the January 1964 session of the Board is being implemented at present in accordance with the plans. However, the social paediatrics course, scheduled to be held in Tokyo-Kyoto (Japan), will probably not be held in 1964. Plans are under way for a similar course for doctors to be held in Bangkok (Thailand) in 1965.

The proposed programme for 1965 includes three courses in Africa, one in Latin America and six in Europe for a total of 246 participants. The European social paediatrics course will include a period of study in Spain at the invitation of the Spanish Government. A course on public health problems as applied to children will be held in North Africa, while the medico-social problems of children will be discussed in a course for doctors in Guatemala. Nine seminars are planned including one in Asia, three in Africa, one in the Near East and four in Europe. The seminar on tuberculosis in children to be held in Saigon (Republic of Viet-Nam) and that proposed for teaching staff in Tunis merit special attention. Also of particular interest to the Board will be the seminar to be held at the Centre itself, on the problems of children in connexion with the establishment of national development plans. It will be based on the report of a working group which will meet in the autumn of 1964, and will take into account the recommendations of the UNICEF-sponsored seminar held at Lake Como in April.

INTERREGIONAL

PAEDIATRIC TRAINING (LONDON)

Recommended allocation out of commitment previously approved: $50,000

E/ICEF/P/L.400/Add.4

INTERREGIONAL

ADVANCED TRAINING IN NUTRITION AND FOOD SCIENCE (LONDON AND IBADAN)

Recommended allocation out of commitment previously approved: $148,000

E/ICEF/P/L.400/Add.4

INTERREGIONAL

WHOLE MILK FOR HEALTH SERVICES AND CHILD FEEDING PROJECTS

Recommended allocation: $145,507

E/ICEF/P/L.383

In 1963, milk-fund drives in various countries (Austria, Ireland and the United Kingdom) resulted in the availability of funds for the purchase and delivery to country destinations of 327,155 pounds of dry whole milk. The funds thus collected have been recorded in UNICEF 1963 accounts as "private contributions" and thus form part of the general resources. Consequently, allocations made against these collections do not absorb other resources of UNICEF. The Government of Switzerland donated 317

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tons of dry whole milk, with packing and ancillary charges to be borne by UNICEF. The proposed allocation has been calculated as follows:

	US dollars
a) Value of whole milk available from private milk-fund drives	113,286.72
b) Cost of packing and ancillary charges on milk donated by the Swiss Government	37,469.80
Total a) and b)	150,756.52
Less funds remaining from previous allocations	5,249.63
Recommended allocation	145,506.89

INTERREGIONAL — COUNTRY PLANNING AND PROJECT PREPARATION — Continuation

Recommended allocation: $200,000
Period of proposed aid: 1964/1965

In 1962 the Executive Board established a fund "for country planning and programme development" consolidating allocations made in 1960 and 1961 for surveys, planning and project preparation. The fund was established in recognition of the fact that countries would approach the tasks of rational planning for children and the preparation of projects in a variety of ways, and that UNICEF should be able to respond flexibly to each situation as it arose.

The fund was created at a time when UNICEF assistance had been made available for a wider range of activities than previously and when the Board was addressing itself particularly to the importance of planning for children. The fund has proved to be of great value during the past four years in accelerating the preparation of projects and in improving the quality of project preparation. In the main it has been used for the preparation of projects which have been presented to the Board for UNICEF assistance. Only a few limited requests for country planning have been supported from the fund. All categories of programmes have benefited, but the greater emphasis has been on education, vocational training and nutrition. Among geographical regions, Africa has had the most help from this planning fund; but all regions have been assisted.

Among the recommendations currently before the Board, the preparation of the projects has been assisted through this fund in one way or another in the following cases:

Americas region	Latin American Planning Institute
Basutoland	Nutrition education
Brazil	Social services (State of Goias)
Chad	MCH/sanitation
Chile	Social services
Colombia	Social services
Congo (Brazzaville)	Mothercraft/homecraft
East Africa	Paediatric training
Ethiopia	Social services, community development
Iran	Social services (training)
India	Applied nutrition (All India)
Jordan	Nutrition: home economics training
Kenya	Mothercraft/homecraft and community development
Libya	Social services
Nigeria	Education (Northern Region)
Nigeria	Nutrition (agricultural extension training)
Northern Rhodesia	Social welfare and community development
Pakistan	Social services
Pakistan	Education
Peru	Applied nutrition
Tanganyika	Mothercraft/homecraft and community development
Tunisia	Urban pilot project
Uganda	Basic health services
Viet-Nam, Republic of	Leprosy control

The allocations previously made for this purpose are almost entirely committed. On the basis of estimates from UNICEF field offices, it is recommended that a further allocation of $200,000 be made to facilitate country planning and project preparation during the next twelve months.

INTERREGIONAL	ALLOCATION TO COVER OVER-EXPENDITURES	Recommended allocation:	$46,980

E/ICEF/P/L.465. para.3

Over expenditures have been incurred in the course of fulfilment of four projects. An allocation is recommended to cover the resulting deficits. (Document E/ICEF/P/L.465 contains also a report on savings and returns to the general resources of UNICEF totalling $217,627.)

INTERREGIONAL	UNFORESEEN COSTS OF TECHNICAL ASSISTANCE IN 1965	Recommended allocation:	$60,000

E/ICEF/P/L.471

This contingency allocation is recommended to finance unforeseen technical assistance costs which may arise before the Board meets in 1965.

INTERREGIONAL	FREIGHT	Recommended additional commitment:	$2,400,000
E/ICEF/P/L.400/ Rev.1, para.22		Recommended allocation, 1964/65:	$3,000,000

The allocation recommended includes $500,000 for the shipment of milk and $2,500,000 for other shipments. Taking into account the balance of allocations previously approved for freight, this would leave an outstanding commitment of approximately $1.7 million, to which the additional commitment of $2.4 million would be added to provide the $4.1 million required to ship all assistance for which commitments would be outstanding at the close of this meeting if all recommendations are approved.

UNITED NATIONS

CORRIGENDUM

Suppl. 3B
(E/3931)
(E/ICEF/500)

ECONOMIC AND SOCIAL COUNCIL
Thirty-seventh Session
OFFICIAL RECORDS

3 August 1964

NEW YORK

REPORT OF THE UNICEF EXECUTIVE BOARD AT ITS SESSION JUNE 1964

Insert after page 124:

INTERREGIONAL	ADVANCED TRAINING IN APPLIED NUTRITION AND FOOD ECONOMICS (France/Senegal) First request for UNICEF aid	Recommended commitment: $283,700 Period of proposed aid: 1964–1967 Recommended allocation for 1964–1965: $104,000 Technical approval: FAO and WHO

E/ICEF/P/L.470

In order to meet the need in French-speaking developing countries for qualified personnel in the field of nutrition, advanced courses in applied nutrition and food economics will be organized in France and Senegal beginning in November 1964. Each annual course would train a minimum of 20 participants who have had previous training at the post-graduate or equivalent level and who would subsequently assume functions such as adviser to a ministry of health on nutrition problems, director of a national nutrition service or adviser on the planning of agricultural production and the use of foods. The training programme would be organized and administered by the Institute for the Study of Economic and Social Development at the University of Paris, under the leadership of a Training Council (Conseil de perfectionnement) comprising representatives of the interested ministries of the Government of France and the participating educational institutions and international organizations. The selection of participants would be made by a committee headed by the director of the training programme and including representatives of the international organizations involved in the project. The training would be divided into three parts: a) a four-month course in France; b) a three-month course in Senegal; and c) three to four months of individual supervised field work in a developing country. Nutrition courses directly related to specific disciplines would also be offered enabling participants to specialize according to their individual interests. Stress would be laid on training fellows in those aspects of nutrition not sufficiently emphasized in their earlier professional studies. However, the training would place emphasis on the subjects of public health, economics and agriculture from the standpoint of their bearing on nutrition.

The Government of France would provide seven fellowships per year, the salaries of the director and the administrative assistant, the services of professors both in Paris and Dakar, facilities for the courses in France, part of the cost of the secretariat and of administrative services for the first two years and all such costs in the third year. The Government of Senegal and the OCCGE (Organization for Co-ordination and Co-operation for the Control of Major Endemic Diseases) would provide facilities and personnel for both the theoretical and practical aspects of the training in Senegal. UNICEF would provide ten fellowships per year, salaries for the faculty director and a tutor, honoraria and travel costs for the teaching staff, equipment for field training and two vehicles, as well as part of the administrative costs for the first two years. The Board would be asked to approve further allocations against the proposed commitment of $93,900 in 1965 and $86,000 in 1966. Headquarters staff from FAO and WHO would participate in the courses in France, and field staff and experts would provide advice and guidance during the training in Senegal and the period of individual supervised field work. FAO and WHO would also provide a certain number of fellowships each year.

E/3931/Corr.1
E/ICEF/500/Corr.1
(English only)

Litho in U.N.
16396—August 1964—2,925

ANNEX III

COMMITMENTS AND ALLOCATIONS APPROVED
BY THE EXECUTIVE BOARD IN JUNE 1964

ANNEX III

Table 1

Allocations approved by the Executive Board in June 1964, and returns, by country
(in US dollars)

		Action taken by Board		
		Allocations approved	Redistribution of freight a/	Allocations returned b/
I.	AFRICA	4,650,161	(70,251)	7,212
II.	EAST ASIA AND PAKISTAN	4,888,767	231,591	464
III.	SOUTH CENTRAL ASIA	5,900,700	(208,248)	-
IV.	EASTERN MEDITERRANEAN	3,325,879	(57,869)	58,123
V.	EUROPE	480,000	(67,426)	-
VI.	THE AMERICAS	7,059,280	(260,179)	151,828
VII.	ASSISTANCE BENEFITING MORE THAN ONE REGION	3,962,000	432,382	-
	TOTAL (I-VII)	30,266,787	-	217,627
VIII.	OTHER ASSISTANCE: Operational services	4,501,650		179,598
IX.	ADMINISTRATION	2,309,350		125,358
	TOTAL (VII-IX)	6,811,000		304,956
	GRAND TOTAL	37,077,787		522,583
I.	AFRICA			
	Algeria	341,000	15,343	5,734
	Basutoland	71,200	5,698	-
	Burundi	50,000	1,155	-
	Cameroon	33,000	(6,500)	-
	Central Africa Republic	43,200	5,138	-
	Chad	82,200	4,992	-
	Comoro Islands	34,000	(697)	-
	Congo (Brazzaville)	157,600	2,091	-
	Congo (Leopoldville)	96,000	2,801	-

Table 1 (Continued)

	Action taken by Board		
	Allocations approved	Redistribution of freight a/	Allocations returned b/
AFRICA (continued)			
Dahomey	-	1,262	-
Gabon	110,100	1,566	-
Gambia	-	106	-
Ghana	214,000	(16,008)	-
Guinea	-	(11,783)	-
Ivory Coast	20,132	(17,180)	-
Kenya	623,500	9,294	-
Liberia	-	(2,946)	-
Madagascar	236,000	(4,124)	-
Mali	221,187	(4,614)	-
Mauritania	55,387	(5,522)	-
Mauritius	73,000	2,449	-
Morocco	514,000	(11,048)	1,478
Niger	122,207	(512)	-
Nigeria	600,600	(48,599)	-
Northern Rhodesia, Nyasaland c/ Southern Rhodesia	60,000	(199)	-
Nyasaland c/	48,000	851	-
Rwanda	54,000	1,364	-
St. Helena	-	(200)	-
Senegal	47,600	513	-
Seychelles	11,000	1,543	-
Sierra Leone	-	(3,536)	-
Swaziland	19,200	(2,723)	-
Tanganyika	154,000	13,827	-
Togo	542	(2,144)	-
Tunisia	158,200	(13,708)	-
Uganda	136,000	7,990	-
Upper Volta	906	(4,984)	-
Zanzibar	36,000	6,286	-
Regional:			
Emergency drugs for cerebrospinal meningitis	-	1,234	-
FAO project personnel	86,400	-	-
Paediatric training (East Africa)	47,000	445	-
Post-basic nursing	34,000	-	-
Public health seminar (Dakar)	20,000	-	-
Rural extension training	39,000	-	-
Training in nutrition, agriculture and home economics	-	828	-
TOTAL	4,650,161	(70,251)	7,212

ANNEX III (Continued)

Table 1 (Continued)

		Action taken by Board		
		Allocations approved	Redistribution of freight a/	Allocations returned b/
II.	EAST ASIA AND PAKISTAN			
	Burma	250,476	28,692	-
	Cambodia	175,974	2,267	-
	China	601,955	(20,625)	-
	Hong Kong	-	(1,338)	-
	Indonesia	929,685	213,591	-
	Japan	-	15,573	-
	Laos	33,244	(650)	-
	Malaysia	144,000	(1,901)	-
	Pakistan	1,572,861	(80,004)	-
	Philippines	575,379	88,212	464
	Republic of Korea	-	3,956	-
	Republic of Viet-Nam	92,032	11,602	-
	Solomon Islands	-	79	-
	Thailand	435,161	(21,439)	-
	Tonga	-	(433)	-
	Western Samoa	28,000	(72)	-
	Regional:			
	Nutrition manual	15,000	-	-
	Seminar-Planning for children and youth	35,000	-	-
	Pacific Islands Territories	-	(5,919)	-
	TOTAL	4,888,767	231,591	464
III.	SOUTH CENTRAL ASIA			
	Afghanistan	385,500	29,979	-
	Ceylon	128,000	(11,509)	-
	India	5,387,200	(226,718)	-
	TOTAL	5,900,700	(208,248)	-
IV.	EASTERN MEDITERRANEAN			
	Aden	65,000	(1,671)	-
	Cyprus	52,000	540	-
	Ethiopia	590,495	4,450	15,064
	Iran	1,016,000	(40,933)	-
	Iraq	531,000	18,247	-
	Israel	-	(5,502)	-
	Jordan	105,381	1,230	-
	Lebanon	33,000	(661)	-

Table 1 (Continued)

	Action taken by Board		
	Allocations approved	Redistribution of freight a/	Allocations returned b/
EASTERN MEDITERRANEAN (continued)			
Libya	89,608	(9,988)	33,616
Saudi Arabia	-	270	-
Somalia	178,388	(4,224)	-
Sudan	34,000	(1,323)	-
Syria	31,000	(6,549)	-
Turkey	546,200	12,110	9,443
United Arab Republic	34,400	(21,862)	-
Yemen	19,407	(2,003)	-
TOTAL	3,325,879	(57,869)	58,123
V. EUROPE			
Greece	64,000	(16,854)	-
Italy	-	1,065	-
Malta	33,000	-	-
Poland	208,000	(6,196)	-
Spain	-	(9,154)	-
Yugoslavia	175,000	(36,287)	-
TOTAL	480,000	(67,426)	-
VI. THE AMERICAS			
Argentina	378,000	(5,675)	-
Bolivia	149,000	(8,578)	-
Brazil	1,366,600	(64,321)	18,160
British Guiana	56,000	(992)	7,384
British Honduras	-	(2,038)	-
Chile	112,000	(34,634)	120,000
Colombia	847,000	(5,926)	-
Costa Rica	42,000	3,212	-
Cuba	125,000	(4,149)	-
Dominican Republic	191,000	(316)	-
Ecuador	125,200	(8,138)	-
El Salvador	281,000	634	-
Guatemala	544,480	(16,829)	-
Haiti	274,000	(3,329)	-
Honduras	48,000	(10,068)	-
Jamaica	-	(8,025)	-
Mexico	945,000	(47,331)	-

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ANNEX III (Continued)

Table 1 (Continued)

	Action taken by Board		
	Allocations approved	Redistribution of freight a/	Allocations returned b/
THE AMERICAS (continued)			
Nicaragua	631,000	3,981	-
Panama	62,800	(5,907)	-
Paraguay	244,000	(20,844)	-
Peru	413,000	(36,515)	6,284
Surinam	7,000	7,169	-
Trinidad and Tobago	-	(4,517)	-
Uruguay	-	1,526	-
Venezuela	-	1,739	-
British Caribbean Territories:	-		-
Antigua	-	2,418	-
Barbados	-	(2,348)	-
Dominica	-	(1,621)	-
Grenada	-	1,894	-
Montserrat	-	(2,838)	-
St. Kitts	4,800	4,943	-
St. Lucia	-	4,226	-
St. Vincent	-	1,686	-
Turks and Caicos Islands	-	1,229	-
Regional:			
FAO project personnel	38,400	-	-
Health services training (West Indies & Caribbean)	40,000	-	-
Latin American Institute for Economic and Social Planning	93,000	-	-
Nutrition training: Institute of Nutrition of Central America and Panama (INCAP)	-	(118)	-
Nutrition training: agronomists	-	132	-
Nutrition training: home economics (Santiago)	-	(70)	-
Paediatric training	21,000	-	-
Salt iodization seminar	20,000	-	-
Training: sanitary inspectors	-	159	-
TOTAL	7,059,280	(260,179)	151,828

ANNEX III (Continued)

Table 1 (Continued)

	Action taken by Board		
	Allocations approved	Redistribution of freight a/	Allocations returned b/
VII. ASSISTANCE BENEFITING MORE THAN ONE REGION			
Advanced training in applied nutrition and food economics (France/Senegal)	104,000	-	-
Advance training in nutrition and food science (London/Ibadan)	148,000	-	-
Country planning and project preparation	200,000	-	-
International Children's Centre	400,000	-	-
Paediatric training (London)	50,000	-	-
Global allocations:			
International project personnel, contingency	60,000	-	-
Freight	3,000,000	432,382	-
TOTAL	3,962,000	432,382	-

a/ For details, see document E/ICEF/P/L.385.

b/ Consists of returns from previous allocations (see E/ICEF/P/L.465):

Unspent balances from previously approved country allocations	$217,627
Operational services and administrative costs for 1963	$304,956
	$522,583

c/ Nyasaland became independent, as Malawi, on 6 July 1964.

ANNEX III (Continued)

Table 2

Commitments[a] approved by the Executive Board in June 1964
by country and by type of programme
(in US dollars)

	HEALTH SERVICES[b]	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE[d]	EDUCATION	VOCATIONAL TRAINING	OTHER[e]	GRAND TOTAL
		Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other[c]	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food	Other Nutrition	Sub-total					
I AFRICA	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Algeria	236,000	-	-	45,000	-	-	45,000	-	-	-	-	-	-	-	60,000	-	-	341,000
Basutoland	-	-	14,000	-	-	-	14,000	-	19,200	-	-	-	19,200	-	-	-	-	33,200
Burundi	50,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000
Cameroon	33,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,000
Central African Republic	21,000	-	-	-	28,000 *	-	28,000	-	19,200	-	-	-	19,200	-	-	-	-	68,200
Chad	55,000	-	-	-	29,000 *	-	29,000	-	19,200	-	-	-	19,200	-	-	-	-	103,200
Comoro Islands	-	-	-	-	-	-	-	-	34,000	-	-	-	34,000	-	-	-	-	34,000
Congo (Brazzaville)	-	-	-	-	13,000 *	-	13,000	-	-	-	-	-	-	55,000	307,600 *	-	-	375,600
Congo (Leopoldville)	59,000	-	-	-	-	-	-	-	-	-	-	-	-	37,000	-	-	-	96,000
Gabon	-	-	-	-	17,000 *	-	17,000	-	58,200	-	-	-	58,200	-	49,400	-	-	124,600
Ghana	37,000	-	-	-	36,000 *	-	36,000	-	148,000 *	-	-	-	148,000	-	358,000 *	-	-	579,000
Ivory Coast	-	-	-	-	-	-	-	-	19,200	-	-	-	19,200	932	-	-	-	20,132
Kenya	71,000	-	-	-	-	-	-	-	-	12,500	-	-	12,500	69,000	-	-	-	152,500
Madagascar	65,000	-	-	-	48,000 *	-	48,000	-	164,000 *	-	-	-	164,000	-	-	-	-	277,000
Mali	1,187	-	-	-	-	-	-	-	-	-	-	-	-	-	220,000	-	-	221,187
Mauritania	184,387 *	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	184,387
Mauritius	38,000	-	-	-	-	-	-	-	35,000	-	-	-	35,000	-	-	-	-	73,000
Morocco	158,700	-	-	-	-	-	-	-	72,000	-	-	-	72,000	-	-	-	-	230,700
Niger	30,607	-	-	-	-	-	-	-	57,600	-	-	-	57,600	-	34,000	-	-	122,207
Nigeria	-	-	-	-	141,000 *	-	141,000	-	19,200	-	-	-	19,200	-	2,481,000 *	-	-	2,641,200
Northern Rhodesia, Nyasaland, Southern Rhodesia[f]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nyasaland[f]	-	-	-	-	-	-	-	-	48,000	-	-	-	48,000	-	-	-	-	48,000
Rwanda	107,000 *	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	107,000
Senegal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Seychelles	11,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,000
Swaziland	-	-	-	-	-	-	-	-	19,200	-	-	-	19,200	-	-	-	-	19,200
Tanganyika[f]	74,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	74,000
Togo	542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	542
Tunisia	100,000	-	-	-	-	-	-	-	-	-	-	-	-	39,000	-	19,200	-	158,200
Uganda	120,000	-	-	-	27,000 *	-	27,000	-	-	-	-	-	-	-	-	-	-	147,000
Upper Volta	906	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	906
Zanzibar[f]	36,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	36,000
Regional:																		
FAO Project Personnel	-	-	-	-	-	-	-	-	86,400	-	-	-	86,400	-	-	-	-	86,400
Paediatric training (East Africa)	47,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47,000
Post-basic nursing	311,000 *	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	311,000
Public health seminar (University of Dakar/Senegal)	20,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,000
Rural extension training (East Africa)	-	-	-	-	-	-	-	-	169,000 *	-	-	-	169,000	-	-	-	-	169,000
Area Total	1,870,329	-	14,000	45,000	333,000	-	392,000	-	987,400	12,500	-	-	999,900	200,932	3,510,000	19,200	-	6,992,361

ANNEX III (Continued)

Table 2 (Continued)

	HEALTH SERVICES b/	DISEASE CONTROL					NUTRITION						FAMILY & CHILD WELFARE d/	EDUCATION	VOCATIONAL TRAINING	OTHER e/	GRAND TOTAL
		Malaria Eradication	TB/BCG Trachoma Control	Leprosy Control	Other c/	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
	(1)	(2)	(3) (4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
II EAST ASIA & PACIFIC																	
Burma	51,476	-	30,000 -	419,000 *	-	449,000	-	-	-	-	-	-	-	-	-	-	500,476
Cambodia	59,974	-	- -	-	-	-	-	-	-	-	-	-	-	116,000	-	-	175,974
China	130,955	-	13,000 -	-	-	13,000	-	-	-	-	80,000	80,000	37,000	-	-	-	260,955
Indonesia	770,685	53,000	106,000 -	-	-	159,000	-	-	-	-	-	-	-	-	-	-	929,685
Laos	33,2ᵘᵘ	-	- -	-	-	-	-	-	-	-	-	-	-	-	-	-	33,2ᵘᵘ
Malaysia	68,000 *	96,000 *	- -	-	-	96,000	-	-	-	-	-	-	-	-	-	-	164,000
Pakistan	395,461	351,000	56,000 -	-	-	407,000	-	-	-	-	-	-	39,700	344,000 *	-	-	1,186,161
Philippines	372,000	-	123,500 * -	-	-	123,500	10,879	-	-	-	-	10,879	-	134,000	-	-	640,379
Republic of Viet-Nam	48,032	-	- -	21,000	-	21,000	-	23,000	-	-	-	23,000	-	-	-	-	92,032
Thailand	9,161	-	- 37,000	-	-	37,000	-	15,000	-	-	-	15,000	72,000	-	-	-	133,161
Western Samoa	-	-	- -	-	28,000	28,000	-	-	-	-	-	-	-	-	-	-	28,000
Regional:																	
Nutrition manual	-	-	- -	-	-	-	-	15,000	-	-	-	15,000	-	-	-	-	15,000
Seminar-Planning for children and youth	-	-	- -	-	-	-	-	-	-	-	-	-	-	-	-	35,000	35,000
Area Total	1,938,988	500,000	328,500 37,000	440,000	28,000	1,333,500	10,879	53,000	-	-	80,000	143,879	148,700	594,000	-	35,000	4,194,067
III SOUTH CENTRAL ASIA																	
Afghanistan	67,000	148,000	- -	-	-	148,000	-	-	-	-	-	-	-	208,000 *	-	-	423,000
Ceylon	64,000	-	27,000 -	-	-	27,000	-	37,000	-	-	-	37,000	-	-	-	-	128,000
India	2,157,000	-	951,000 * -	180,600 *	-	1,131,600	-	3,815,200 *	170,000	-	100,000	4,085,200	-	-	-	-	7,373,800
Area Total	2,288,000	148,000	978,000 -	180,600	-	1,306,600	-	3,852,200	170,000	-	100,000	4,122,200	-	208,000	-	-	7,924,800
IV EASTERN MEDITERRANEAN																	
Aden	22,000	-	- -	-	-	-	-	-	-	-	-	-	-	83,000 *	-	-	105,000
Cyprus	-	-	- -	-	-	-	-	-	-	-	-	-	-	156,000 *	-	-	156,000
Ethiopia	150,295	-	- 117,000 *	-	-	117,300	-	-	19,200	-	-	19,200	55,000	562,000 *	-	-	903,495
Iran	-	985,000	- -	-	-	985,000	-	-	-	-	-	-	31,000	-	-	-	1,016,000
Iraq	-	297,000	- -	-	-	297,000	-	-	-	-	-	-	-	234,000	-	-	531,000
Jordan	5,381	15,000	- -	-	-	15,000	-	55,000	-	-	-	55,000	-	-	-	-	75,381
Lebanon	100,000 *	-	- -	-	-	-	-	-	-	-	-	-	-	-	-	-	100,000
Libya	609	-	- -	-	-	-	-	-	-	-	-	-	47,000	42,000	-	-	89,609
Somalia	1,385	-	53,000 -	-	-	53,000	-	-	-	-	-	-	-	320,000 *	-	-	374,385
Sudan	23,000	-	- 11,000	-	-	11,000	-	-	-	-	-	-	-	-	-	-	34,000
Syria	-	31,000	- -	-	-	31,000	-	-	-	-	-	-	-	-	-	-	31,000
Turkey	-	296,000	128,000 * -	-	-	424,000	-	95,200	-	-	-	95,200	-	-	-	-	519,200
United Arab Republic	-	-	- -	-	-	-	-	38,400	-	-	-	38,400	-	-	-	-	38,400
Yemen	407	-	- -	-	-	-	-	19,000	-	-	-	19,000	-	-	-	-	19,407
Area Total	303,079	1,624,000	191,000 128,000	-	-	1,933,000	-	203,600	19,200	-	-	272,800	133,000	1,347,000	-	-	3,988,879

ANNEX III (Continued)

Table 2 (Continued)

	HEALTH SERVICES [b]	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE [d]	EDUCATION	VOCATIONAL TRAINING	OTHER [e]	GRAND TOTAL
		Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other [c]	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
V EUROPE																		
Greece	92,000 *	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	92,000
Malta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,000	-	33,000
Poland	-	-	-	-	-	-	-	-	-	600,000 *	-	-	600,000	-	-	-	-	600,000
Yugoslavia	-	-	-	-	-	23,000	23,000	-	-	-	152,000	-	152,000	-	-	-	-	175,000
Area Total	92,000	-	-	-	-	23,000	23,000	-	-	600,000	152,000	-	752,000	-	-	33,000	-	900,000
VI THE AMERICAS																		
Argentina	163,000	172,000	-	-	-	-	172,000	-	-	-	-	-	-	-	-	-	-	335,000
Bolivia	-	30,000	-	-	-	-	30,000	-	-	-	-	-	-	-	-	-	-	30,000
Brazil	2,447,000 *	-	-	-	-	-	-	-	38,400	25,000	-	-	63,400	11,000	19,200	-	-	2,540,600
British Guiana	-	6,000	-	-	-	-	6,000	-	-	56,000	-	-	56,000	-	-	-	-	56,000
Chile	-	-	-	-	-	-	-	-	16,000	-	-	-	16,000	32,000	-	-	-	48,000
Colombia	375,000	252,000	-	-	-	-	252,000	-	74,800	-	-	-	74,800	131,000 *	-	-	-	832,800
Costa Rica	-	42,000	-	-	-	-	42,000	-	-	-	-	-	-	-	-	-	-	42,000
Cuba	-	125,000	-	-	-	-	125,000	-	-	-	-	-	-	-	-	-	-	125,000
Dominican Republic	-	152,000	-	-	-	-	152,000	-	-	-	-	-	-	-	-	-	-	152,000
Ecuador	21,500	80,000	-	-	-	-	80,000	-	23,700	-	-	-	23,700	-	-	-	-	125,200
El Salvador	67,000	153,000	61,000	-	-	-	214,000	-	-	-	-	-	-	-	-	-	-	281,000
Guatemala	64,000	407,000	1,480	-	-	-	408,480	-	-	-	-	-	-	-	72,000	-	-	544,480
Haiti	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	46,000	-	46,000
Honduras	-	48,000	-	-	-	-	48,000	-	-	-	-	-	-	-	-	-	-	48,000
Mexico	-	890,000	55,000	-	-	-	945,000	-	-	-	-	-	-	-	-	-	-	945,000
Nicaragua	80,800	467,000	83,200	-	-	-	550,200	-	-	-	-	-	-	-	-	-	-	631,000
Panama	-	58,000	-	-	-	-	58,000	-	4,800	-	-	-	4,800	-	-	-	-	62,800
Paraguay	122,000	-	50,000	-	-	-	50,000	-	-	-	-	-	-	-	-	-	-	172,000
Peru	32,000	278,000	-	-	-	-	278,000	-	66,000	-	-	-	66,000	-	-	-	-	376,000
Surinam	-	7,000	-	-	-	-	7,000	-	-	-	-	-	-	-	-	-	-	7,000
British Caribbean Territories:																		
St. Kitts	-	-	-	-	-	-	-	-	4,800	-	-	-	4,800	-	-	-	-	4,800
Regional:																		
FAO Project Personnel	-	-	-	-	-	-	-	-	38,400	-	-	-	38,400	-	-	-	-	38,400
Health services training (West Indies & Caribbean Area)	40,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40,000
Latin American Institute for Economic and Social Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	93,000	93,000
Seminar on salt iodization	-	-	-	-	-	-	-	-	-	-	-	20,000	20,000	-	-	-	-	20,000
Training-Social Paediatrics	83,000 *	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83,000
Area Total	3,495,300	3,167,000	250,680	-	-	-	3,417,680	-	266,900	75,000	-	20,000	361,900	174,000	91,200	46,000	93,000	7,679,080

ANNEX III (Continued)

Table 2 (Continued)

	HEALTH SERVICES [b]	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE [d]	EDUCATION	VOCATIONAL TRAINING	OTHER [e]	GRAND TOTAL
		Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other [c]	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
VII ASSISTANCE BENEFITING MORE THAN ONE REGION																		
Advanced training in applied nutrition and food economics (France/Senegal)	-	-	-	-	-	-	-	-	283,000 *	-	-	-	283,000	-	-	-	-	283,000
Advanced training in nutrition and food science (London/Ibadan)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
International Children's Centre	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paediatric training (London)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Country Planning & Project Preparation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	200,000	200,000
Global allocation:																		
International Project Personnel, contingency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	60,000	60,000
Inter-Regional Total	-	-	-	-	-	-	-	-	283,000	-	-	-	283,000	-	-	-	260,000	543,000
Total	9,987,696	5,439,000	1,752,180	210,000	953,600	51,000	8,405,780	10,879	5,646,100	876,700	152,000	200,000	6,885,679	656,632	5,800,200	98,200	388,000	32,222,187
VIII FREIGHT																		2,600,000
Total Programme Aid																		34,822,187
Operational services for 1965																		4,777,900
Administrative costs for 1965																		2,297,300
																		41,897,387

a/ An allocation equal to the amount of the commitment was approved in every case unless the amount is marked with an asterisk (*). An asterisk indicates that an allocation was approved for part of the commitment, the balance remaining for future allocation.
b/ Includes environmental sanitation, $2,682,900; handicapped children, $80,000; vaccine production, $13,000; and immunisation, $15,000.
c/ Includes filariasis control, $28,000; and zycosis control, $23,000.
d/ Includes social services, $349,122; mothercraft and homecraft, $156,000; community development, $40,510; and urban projects, $111,000.
e/ Includes $240,000 to assist in country planning and project preparation; $128,000 for a seminar in the Asia region on planning for children and youth and for assistance to the Latin American Institute for Economic and Social Planning; $40,000 to finance unforeseen technical assistance costs.
f/ Nyasaland became independent, as Malawi, on 6 July 1964.
g/ Allocations for the United Republic of Tanganyika and Zanzibar were made separately for Tanganyika and Zanzibar.

ANNEX III (Continued)

Table 3

Allocations[a] approved by the Executive Board in June 1964
by country and by type of programme

(in US dollars)

	HEALTH SERVICES [b]	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE [c]	EDUCATION	VOCATIONAL TRAINING	OTHER [d]	GRAND TOTAL
		Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other [e]	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
I AFRICA	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Algeria	236,000	-	-	45,000	-	-	45,000	-	-	-	-	-	-	-	60,000	-	-	341,000
Basutoland	-	-	14,000	-	-	-	14,000	-	57,200	-	-	-	57,200	-	-	-	-	71,200
Burundi	50,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000
Cameroon	33,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,000
Central African Republic	21,000	-	-	-	3,000	-	3,000	-	19,200	-	-	-	19,200	-	-	-	-	43,200
Chad	58,000	-	-	-	5,000	-	5,000	-	19,200	-	-	-	19,200	-	-	-	-	82,200
Comoro Islands	-	-	-	-	-	-	-	-	34,000	-	-	-	34,000	-	-	-	-	34,000
Congo (Brazzaville)	-	-	-	-	1,000	-	1,000	-	-	-	-	-	-	55,000	101,600	-	-	157,600
Congo (Leopoldville)	59,000	-	-	-	-	-	-	-	-	-	-	-	-	37,000	-	-	-	96,000
Gabon	-	-	-	-	2,500	-	2,500	-	58,200	-	-	-	58,200	-	49,400	-	-	110,100
Ghana	37,000	-	-	-	8,000	-	8,000	-	29,000	-	-	-	29,000	-	140,000	-	-	214,000
Ivory Coast	-	-	-	-	-	-	-	-	19,200	-	-	-	19,200	932	-	-	-	20,132
Kenya	144,000	-	101,000	-	-	-	101,000	-	167,000	142,500	-	-	309,500	69,000	-	-	-	623,500
Madagascar	65,000	-	-	-	26,000	-	26,000	-	45,000	-	-	-	45,000	-	100,000	-	-	236,000
Mali	1,187	-	-	-	-	-	-	-	-	-	-	-	-	-	220,000	-	-	221,187
Mauritania	55,387	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	55,387
Mauritius	38,000	-	-	-	-	-	-	-	35,000	-	-	-	35,000	-	-	-	-	73,000
Morocco	442,000	-	-	-	-	-	-	-	72,000	-	-	-	72,000	-	-	-	-	514,000
Niger	30,607	-	-	-	-	-	-	-	57,600	-	-	-	57,600	-	34,000	-	-	122,207
Nigeria	[f] 106,400	-	-	-	35,500	-	35,500	-	57,700	-	-	-	57,700	-	401,000	-	-	600,600
Northern Rhodesia, Nyasaland, Southern Rhodesia	-	-	-	-	-	-	-	-	-	-	-	-	-	60,000	-	-	-	60,000
Nyasaland [f]	-	-	-	-	-	-	-	-	48,000	-	-	-	48,000	-	-	-	-	48,000
Rwanda	54,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	54,000
Senegal	47,600	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47,600
Seychelles	11,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,000
Swaziland	-	-	-	-	-	-	-	-	19,200	-	-	-	19,200	-	-	-	-	19,200
Tanganyika [g]	74,000	-	-	-	-	-	-	-	-	-	-	-	-	80,000	-	-	-	154,000
Togo	542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	542
Tunisia	100,000	-	-	-	-	-	-	-	-	-	-	-	-	39,000	-	19,200	-	158,200
Uganda	120,000	-	-	-	16,000	-	16,000	-	-	-	-	-	-	-	-	-	-	136,000
Upper Volta	906	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	906
Zanzibar [g]	36,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	36,000
Regionals																		
FAO Project Personnel	-	-	-	-	-	-	-	-	86,400	-	-	-	86,400	-	-	-	-	86,400
Paediatric training (East Africa)	47,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47,000
Post-basic nursing	34,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34,000
Public health seminar (University of Dakar/Senegal)	20,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,000
Rural extension training (East Africa)	-	-	-	-	-	-	-	-	39,000	-	-	-	39,000	-	-	-	-	39,000
Area Total	1,921,629	-	115,000	45,000	97,000	-	257,000	-	862,900	142,500	-	-	1,005,400	340,932	1,106,000	19,200	-	4,653,161

Table 3 (Continued)

	HEALTH SERVICES b/	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE d/	EDUCATION	VOCATIONAL TRAINING	OTHER e/	GRAND TOTAL
		Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other c/	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
II EAST ASIA & PAKISTAN																		
Burma	51,476	-	30,000	-	123,000	-	153,000	-	-	-	-	-	-	-	46,000	-	-	250,476
Cambodia	59,974	-	-	-	-	-	-	-	-	-	-	-	-	-	116,000	-	-	175,974
China	130,955	-	13,000	341,000	-	-	354,000	-	-	-	-	80,000	80,000	37,000	-	-	-	601,955
Indonesia	770,685	53,000	106,000	-	-	-	159,000	-	-	-	-	-	-	-	-	-	-	929,685
Laos	33,244	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,244
Malaysia	27,000	117,000	-	-	-	-	117,000	-	-	-	-	-	-	-	-	-	-	144,000
Pakistan	929,461	351,000	56,000	-	-	-	407,000	-	-	-	-	-	-	89,400	147,000	-	-	1,572,861
Philippines	372,000	-	58,500	-	-	-	58,500	10,879	-	-	-	-	10,879	-	134,000	-	-	575,379
Republic of Viet-Nam	46,032	-	-	-	21,000	-	21,000	-	23,000	-	-	-	23,000	-	-	-	-	92,032
Thailand	9,161	-	-	37,000	-	-	37,000	-	15,000	-	-	-	15,000	72,000	302,000	-	-	435,161
Western Samoa	-	-	-	-	-	28,000	28,000	-	-	-	-	-	-	-	-	-	-	28,000
Regional:																		
Nutrition manual	-	-	-	-	-	-	-	-	15,000	-	-	-	15,000	-	-	-	-	15,000
Seminar-Planning for children and youth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	35,000	35,000
Area Total	2,431,988	521,000	263,500	378,000	144,000	28,000	1,334,500	10,879	53,000	-	-	80,000	143,879	198,400	745,000	-	35,000	4,888,767
III SOUTH CENTRAL ASIA																		
Afghanistan	67,000	148,000	-	-	-	-	148,000	-	-	-	-	-	-	-	170,500	-	-	385,500
Ceylon	64,000	-	27,000	-	-	-	27,000	-	37,000	-	-	-	37,000	-	-	-	-	128,000
India	2,152,000	-	851,000	-	116,000	-	967,000	-	1,615,200	370,000	-	100,000	2,085,200	-	-	178,000	-	5,382,200
Area Total	2,283,000	148,000	878,000	-	116,000	-	1,142,000	-	1,652,200	370,000	-	100,000	2,122,200	-	170,500	178,000	-	5,900,700
IV EASTERN MEDITERRANEAN																		
Aden	22,000	-	-	-	-	-	-	-	-	-	-	-	-	-	43,000	-	-	65,000
Cyprus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	52,000	-	-	52,000
Ethiopia	150,795	-	66,000	59,000	-	-	125,000	-	-	19,700	-	-	19,700	55,000	242,000	-	-	592,495
Iran	-	685,000	-	-	-	-	985,000	-	-	-	-	-	-	31,000	-	-	-	1,016,000
Iraq	-	297,000	-	-	-	-	297,000	-	-	-	-	-	-	-	234,000	-	-	531,000
Jordan	5,341	15,000	-	-	-	-	15,000	-	55,000	-	-	-	55,000	30,000	-	-	-	105,341
Lebanon	33,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,000
Libya	668	-	-	-	-	-	-	-	-	-	-	-	-	47,000	47,000	-	-	94,668
Somalia	1,388	-	53,000	-	-	-	53,000	-	-	-	-	-	-	-	124,000	-	-	178,388
Sudan	23,000	-	-	11,000	-	-	11,000	-	-	-	-	-	-	-	-	-	-	34,000
Syria	-	31,000	-	-	-	-	31,000	-	-	-	-	-	-	-	-	-	-	31,000
Turkey	-	298,000	81,000	74,000	-	-	453,000	-	95,200	-	-	-	95,200	-	-	-	-	548,200
United Arab Republic	-	-	-	-	-	-	-	-	34,800	-	-	-	34,800	-	-	-	-	34,800
Yemen	407	-	-	-	-	-	-	-	19,000	-	-	-	19,000	-	-	-	-	19,407
Area Total	236,079	1,626,000	199,000	144,000	-	-	1,967,000	-	243,000	19,700	-	-	262,700	163,000	737,000	-	-	3,165,779

ANNEX III (Continued)

Table 3 (Continued)

	HEALTH SERVICES b/	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE d/	EDUCATION	VOCATIONAL TRAINING	OTHER e/	GRAND TOTAL
		Malaria Eradication	TB/NCD	Trachoma Control	Leprosy Control	Other c/	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
V EUROPE																		
Greece	64,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	64,000
Malta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,000	-	33,000
Poland	-	-	-	-	-	-	-	-	-	208,000	-	-	208,000	-	-	-	-	208,000
Yugoslavia	-	-	-	-	-	23,000	23,000	-	-	-	152,000	-	152,000	-	-	-	-	175,000
Area Total	64,000	-	-	-	-	23,000	23,000	-	-	208,000	152,000	-	360,000	-	-	33,000	-	480,000
VI THE AMERICAS																		
Argentina	206,000	172,000	-	-	-	-	172,000	-	-	-	-	-	-	-	-	-	-	378,000
Bolivia	-	30,000	-	-	-	-	30,000	-	-	-	-	-	-	-	119,000	-	-	149,000
Brazil	1,273,000	-	-	-	-	-	-	-	38,400	25,000	-	-	63,400	11,000	19,200	-	-	1,366,600
British Guiana	-	6,000	-	-	-	-	6,000	-	-	50,000	-	-	50,000	-	-	-	-	56,000
Chile	64,000	-	-	-	-	-	-	-	16,000	-	-	-	16,000	32,000	-	-	-	112,000
Colombia	375,000	252,000	-	-	-	-	252,000	-	137,000	-	-	-	137,000	83,000	-	-	-	847,000
Costa Rica	-	42,000	-	-	-	-	42,000	-	-	-	-	-	-	-	-	-	-	42,000
Cuba	-	125,000	-	-	-	-	125,000	-	-	-	-	-	-	-	-	-	-	125,000
Dominican Republic	39,000	152,000	-	-	-	-	152,000	-	-	-	-	-	-	-	-	-	-	191,000
Ecuador	21,500	80,000	-	-	-	-	80,000	-	23,700	-	-	-	23,700	-	-	-	-	125,200
El Salvador	67,000	153,000	61,000	-	-	-	214,000	-	-	-	-	-	-	-	-	-	-	281,000
Guatemala	64,000	407,000	1,480	-	-	-	408,480	-	-	-	-	-	-	-	72,000	-	-	544,480
Haiti	-	228,000	-	-	-	-	228,000	-	-	-	-	-	-	-	-	46,000	-	274,000
Honduras	-	48,000	-	-	-	-	48,000	-	-	-	-	-	-	-	-	-	-	48,000
Mexico	-	890,000	55,000	-	-	-	945,000	-	-	-	-	-	-	-	-	-	-	945,000
Nicaragua	80,800	467,000	83,200	-	-	-	550,200	-	-	-	-	-	-	-	-	-	-	631,000
Panama	-	58,000	-	-	-	-	58,000	-	48,000	-	-	-	48,000	-	-	-	-	62,800
Paraguay	194,000	-	50,000	-	-	-	50,000	-	-	-	-	-	-	-	-	-	-	244,000
Peru	32,000	278,000	-	-	-	-	278,000	-	66,000	-	-	-	66,000	-	37,000	-	-	413,000
Surinam	-	7,000	-	-	-	-	7,000	-	-	-	-	-	-	-	-	-	-	7,000
British Caribbean Territories:																		
St. Kitts	-	-	-	-	-	-	-	-	4,800	-	-	-	4,800	-	-	-	-	4,800
Regional:																		
FAO Project Personnel	-	-	-	-	-	-	-	-	38,400	-	-	-	38,000	-	-	-	-	38,000
Health services training (West Indies & Caribbean Area)	40,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40,000
Latin American Institute for Economic and Social Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	93,300	93,300
Seminar on Salt Iodization	-	-	-	-	-	-	-	-	-	-	-	20,000	20,000	-	-	-	-	20,000
Training-Social Paediatrics	21,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21,000
Area Total	2,477,300	3,395,000	250,000	-	-	-	3,645,680	-	329,100	75,000	-	20,000	424,100	126,000	247,200	46,000	93,000	7,059,280

ANNEX III (Continued)

Table 3 (Continued)

	HEALTH SERVICES a/	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE d/	VOCATIONAL EDUCATION	VOCATIONAL TRAINING	OTHER e/	GRAND TOTAL
		Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other b/	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
VII ASSISTANCE BENEFITING MORE THAN ONE REGION																		
Advanced training in applied nutrition and food economics (France/Senegal)	-	-	-	-	-	-	-	-	104,000	-	-	-	104,000	-	-	-	-	104,000
Advanced training in nutrition and food science (London/Ibadan)	-	-	-	-	-	-	-	-	148,000	-	-	-	148,000	-	-	-	-	148,000
International Children's Centre	400,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	400,000
Paediatric training (London)	50,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000
Country Planning & Project Preparation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	200,000	200,000
Global allocation:																		
International Project Personnel, contingency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	60,000	60,000
Inter-Regional Total	450,000	-	-	-	-	-	-	-	252,000	-	-	-	252,000	-	-	-	260,000	962,000
Total	9,868,996	5,688,000	1,706,180	567,000	357,000	51,000	8,369,180	10,879	3,352,860	814,700	152,000	200,000	4,530,379	828,332	3,005,700	276,200	388,000	27,266,787
VIII FREIGHT																		3,000,000
Total Programme Aid																		30,266,787
Estimated operational services) last six months of 1964																		2,112,700
Estimated administrative costs)																		1,100,700
Estimated operational services) first six months of 1965																		2,388,950
Estimated administrative costs)																		1,148,650
																		37,077,787

a/ See also Annex III, table 2: commitments approved June 1964.
b/ Includes environmental sanitation $1,509,300; handicapped children, $80,000; vaccine production, $13,000; and immunization, $15,000.
c/ Includes filariasis control $28,000; and mycosis control, $23,000.
d/ Includes social services, $440,877; mothercraft and homecraft, $230,000; community development, $40,510; and urban projects, $111,000.
e/ Includes $200,000 to assist in country planning and project preparation; $128,000 for a seminar in the Asia Region on planning for children and youth and for assistance to the Latin American Institute for economic and Social Planning; $60,000 to finance unforeseen technical assistance costs.
f/ Nyasaland became independent, as Malawi, on 6 July 1964.
g/ Allocations for the United Republic of Tanganyika and Zanzibar were made separately for Tanganyika and Zanzibar.

ANNEX IV

COMMITMENTS AND ALLOCATIONS APPROVED BY THE EXECUTIVE BOARD IN 1964

ANNEX IV

Table I

Summary of Commitments[a] approved by the Executive Board in 1964

(January and June sessions and mail poll)

(US dollars)

	Africa	East Asia and Pakistan	South Central Asia	Eastern Mediterranean	Europe	The Americas	Inter-regional	Total	Per cent
HEALTH	2,946,329	6,191,599	4,625,100	4,397,376	118,376	11,737,480	68,000	30,084,260	57.49
Health services	2,102,329	4,398,529	2,788,700	1,068,079	95,158	5,907,800	68,000	16,428,595	31.40
Disease control	844,000	1,793,070	1,836,400	3,329,297	23,218	5,829,680	-	13,655,665	26.09
Malaria	71,000	500,000	148,000	2,587,000	-	5,426,000	-	8,732,000	16.69
TB/BCG	68,000	635,500	978,000	181,000	-	403,680	-	2,266,180	4.33
Yaws/VD	41,000	10,000	-	-	218	-	-	51,218	0.10
Trachoma	45,000	37,000	523,000	139,297	-	-	-	744,297	1.42
Leprosy	565,900	582,000	180,600	29,000	-	-	-	1,357,500	2.59
Combined disease control	53,100	-	-	-	-	-	-	53,100	0.10
Other [b]	-	28,570	6,800	393,000	23,000	-	-	451,370	0.86
NUTRITION	1,701,750	432,179	5,792,300	275,850	1,160,200	976,100	673,000	11,011,379	21.04
Child feeding	-	10,879	-	-	-	-	-	10,879	0.02
Applied nutrition	1,605,150	341,300	4,315,300	233,050	-	799,100	283,000	7,576,900	14.48
Milk conservation	31,600	-	1,257,000	42,800	1,008,200	75,000	-	2,414,600	4.61
High protein food development	65,000	-	120,000	-	152,000	82,000	390,000	809,000	1.55
Other nutrition	-	80,000	100,000	-	-	20,000	-	200,000	0.38
FAMILY & CHILD WELFARE	376,132	223,700	-	185,000	-	261,000	-	1,045,832	2.00
EDUCATION	4,405,000	1,766,600	208,000	1,699,000	-	594,800	-	8,673,400	16.57
VOCATIONAL TRAINING	19,200	69,000	-	72,000	33,000	100,300	-	293,500	0.56
OTHER [c]	-	90,000	-	-	-	173,000	280,000	543,000	1.04
TOTAL FOR LONG-RANGE AID	9,448,411	8,773,078	10,625,400	6,629,226	1,311,576	13,842,680	1,021,000	51,651,371	98.70
EMERGENCY AID								679,500	1.30
TOTAL								52,330,871	100.00
FREIGHT								5,400,000	
GRAND TOTAL FOR PROGRAMME AID								57,730,871	
Operational services for 1965								4,777,900	
Administrative costs for 1965								2,297,300	
GRAND TOTAL								64,806,071	

a/ A summary of allocations approved in 1964 appears in table 2 below.

b/ Includes bilharziasis control $393,570; filariasis control, $28,000; mycosis control, $23,000; and smallpox vaccine production, $6,800.

c/ $200,000 to assist in country planning and project preparation; $283,000 for seminars in the Asia region and at Bellagio on planning for children and youth, and assistance to the Latin American Institute for Economic and Social Planning; and $60,000 to finance unforeseen technical assistance costs.

ANNEX IV (Continued)

Table 2

Summary of Allocations[a/] approved by the Executive Director in 1964

(January and June sessions and mail poll)

(in US dollars)

	Africa	East Asia and Pakistan	South Central Asia	Eastern Mediterranean	Europe	The Americas	Inter-regional	Total	Per cent
HEALTH	2,862,629	6,898,099	4,460,500	4,229,376	90,376	11,251,980	918,000	30,710,960	63.65
Health services	2,153,629	4,700,029	2,788,700	1,001,079	67,158	4,876,300	918,000	16,504,895	34.21
Disease control	709,000	2,198,070	1,671,800	3,228,297	23,218	6,375,680	-	14,206,065	29.44
Malaria	71,000	521,000	148,000	2,587,000	-	5,972,000	-	9,299,000	19.27
TB/BCG	169,000	570,500	878,000	199,000	-	403,680	-	2,220,180	4.60
Yaws/VD	41,000	10,000	-	-	218	-	-	51,218	0.11
Trachoma	45,000	782,000	523,000	155,297	-	-	-	1,505,297	3.12
Leprosy	329,900	286,000	116,000	29,000	-	-	-	760,900	1.58
Combined disease control	53,100	-	-	-	-	-	-	53,100	0.11
Other [b/]	-	26,570	6,800	258,000	23,000	-	-	316,370	0.65
NUTRITION	1,869,750	615,179	3,651,200	275,850	634,200	1,067,300	670,000	8,783,479	18.20
Child feeding	-	10,879	-	-	-	-	-	10,879	0.02
Applied nutrition	1,480,650	341,300	2,530,200	233,050	-	890,300	380,000	5,855,500	12.14
Milk conservation	324,100	183,000	901,000	42,800	482,200	75,000	-	2,008,100	4.16
High protein food development	65,000	-	120,000	-	152,000	82,000	290,000	709,000	1.47
Other nutrition	-	80,000	100,000	-	-	20,000	-	200,000	0.41
FAMILY & CHILD WELFARE	642,132	273,400	-	215,000	-	213,000	-	1,343,532	2.78
EDUCATION	2,001,000	1,507,600	170,500	952,000	-	786,800	-	5,417,900	11.23
VOCATIONAL TRAINING	320,200	69,000	178,000	72,000	33,000	100,300	-	772,500	1.60
OTHER [c/]	-	90,000	-	-	-	173,000	280,000	543,000	1.13
TOTAL FOR LONG-RANGE AID	7,695,711	9,453,278	8,460,200	5,744,226	757,576	13,592,380	1,868,000	47,571,371	98.59
EMERGENCY AID								679,500	1.41
TOTAL								48,250,871	100.00
FREIGHT								3,000,000	
GRAND TOTAL FOR PROGRAMME AID								51,250,871	
Estimated operational services (for 1964)								4,225,400	
Estimated administrative costs (for 1964)								2,321,400	
Estimated operational services (first six months of 1965)								2,388,950	
Estimated administrative costs (first six months of 1965)								1,148,650	
GRAND TOTAL								61,335,271	

a/ Summary of commitments approved in 1964 appears in table 1 above.

b/ Includes bilharziasis control, $258,570; filariasis control, $28,000; mycosis control, $23,000; and smallpox vaccine production, $6,800.

c/ $200,000 to assist in country planning and project preparation; $293,000 for seminars in the Asia region and at Bellagio on planning for children and youth, and assistance to the Latin American Institute for Economic and Social Planning; and $80,000 to finance unforeseen technical assistance costs.

ANNEX IV (Continued)

Table 3

Allocations approved by the Executive Board in 1964
(January and June sessions and mail poll) and returns, by country
(in US dollars)

		Action taken by Board			
		Allocations approved			
		Long-range aid	Emergencies[a]	Redistribution of freight [b]	Allocations returned [c]
I.	AFRICA	7,695,711	1,704	(70,251)	86,526
II.	EAST ASIA AND PAKISTAN	9,453,278	4,762	231,591	14,377
III.	SOUTH CENTRAL ASIA	8,460,200	---	(208,248)	---
IV.	EASTERN MEDITERRANEAN	5,744,226	424,000	(57,869)	257,959
V.	EUROPE	757,576	---	(67,426)	804
VI.	THE AMERICAS	13,592,380	224,000	(260,179)	152,554
VII.	ASSISTANCE BENEFITING MORE THAN ONE REGION	4,868,000	25,034[a]	432,382	---
	TOTAL (I-VII)	50,571,371	679,500	---	512,220
VIII.	OTHER ASSISTANCE: Operational services	6,614,350			179,598
IX.	ADMINISTRATION	3,470,050			125,358
	TOTAL (VIII-IX)	10,084,400			304,956
	GRAND TOTAL	61,335,271			817,176
I.	AFRICA				
	Algeria	627,000	---	15,343	5,734
	Basutoland	71,200	---	5,698	---
	Burundi	50,000	---	1,155	---
	Cameroon	94,000	---	(6,500)	24,488
	Central African Republic	61,800	---	5,138	---
	Chad	82,200	---	4,992	---

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ANNEX IV (Continued)

Table 3 (Continued)

	Action taken by Board			
	Allocations approved			
	Long-range aid	Emergencies a/	Redistribution of freight b/	Allocations returned c/
AFRICA (continued)				
Comoro Islands	34,000	---	(97)	---
Congo (Brazzaville)	157,600	---	2,091	---
Congo (Leopoldville)	549,000	---	2,801	---
Dahomey	58,000	---	1,262	---
French West Africa d/	---	---	---	575
Gabon	128,700	---	1,566	---
Gambia	15,000	---	106	---
Ghana	261,000	---	(16,008)	---
Guinea	---	---	(11,783)	---
Ivory Coast	167,332	---	(17,180)	---
Kenya	698,100	---	9,294	---
Liberia	18,600	---	(2,946)	---
Madagascar	236,000	---	(4,124)	---
Mali	398,187	---	(4,614)	---
Mauritania	185,387	---	(5,522)	---
Mauritius	73,000	---	2,449	---
Morocco	657,000	---	(11,048)	24,435
Niger	159,407	---	(512)	---
Nigeria	700,200	---	(48,599)	25,000
Northern Rhodesia	85,000	---	---	---
Northern Rhodesia, Nyasaland, Southern Rhodesia e/	104,000	---	(199)	---
Nyasaland e/	48,000	---	851	---
Rwanda	108,000	---	1,364	---
St. Helena	---	---	(200)	---
Senegal	236,600	---	513	---
Seychelles	11,000	---	1,543	---
Sierra Leone	48,000	---	(3,536)	---
Swaziland	95,200	---	(2,723)	---
Tanganyika f/	322,000	---	13,827	---
Togo	35,542	---	(2,144)	---
Tunisia	459,200	---	(13,708)	---
Uganda	136,000	---	7,990	---
Upper Volta	76,506	---	(4,984)	---
Zanzibar f/	107,000	---	6,286	---

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ANNEX IV (Continued)

Table 3 (Continued)

	Action taken by Board			
	Allocations approved			
	Long-range aid	Emergencies a/	Redistribution of freight b/	Allocations returned c/
AFRICA (continued)				
Regional:				
Emergency drugs for cerebrospinal meningitis	---	1,704	1,234	---
FAO project personnel	118,950	---	---	---
Nutrition training seminar	---	---	---	6,294
Paediatric training (East Africa)	47,000	---	445	---
Post-basic nursing	34,000	---	---	---
Public health seminar (Dakar)	20,000	---	---	---
Rural extension training	39,000	---	---	---
Social services/community development training (East Africa)	82,000	---	---	---
Training in nutrition, agriculture and home economics	---	---	828	---
TOTAL	7,695,711	1,704	(70,251)	86,526
II. EAST ASIA AND PAKISTAN				
Burma	655,476	---	28,692	---
Cambodia	185,974	---	2,267	---
China	1,024,555	---	(20,625)	---
Hong Kong	---	---	(1,338)	---
Indonesia	1,948,226	---	213,591	---
Japan	---	---	15,573	---
Laos	33,244	---	(650)	---
Malaysia	234,000	---	(1,001)	---
Pakistan	2,599,861	---	(80,004)	---
Philippines	756,249	---	88,212	464
Republic of Korea	336,000	4,762	3,956	---
Republic of Viet-Nam	541,032	---	11,602	---
Solomon Islands	---	---	79	---
Thailand	887,161	---	(21,439)	---

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ANNEX IV (Continued)

Table 3 (Continued)

	Action taken by Board			
	Allocations approved			
	Long-range aid	Emergencies a/	Redistribution of freight b/	Allocations returned c/
EAST ASIA AND PAKISTAN (continued)				
Tonga	43,000	---	(433)	---
Western Samoa	28,000	---	(72)	---
Regional:				
Asian Institute for Development and Planning	90,000	---	---	---
Nutrition manual	15,000	---	---	---
Nutrition seminar	---	---	---	13,913
Pacific Islands territories	75,000	---	(5,919)	---
TOTAL	9,453,278	4,762	231,591	14,377
III. SOUTH CENTRAL ASIA				
Afghanistan	594,500	---	29,979	---
Ceylon	128,000	---	(11,509)	---
India	7,711,200	---	(226,718)	---
Nepal	26,500	---	---	---
TOTAL	8,460,200	---	(208,248)	---
IV. EASTERN MEDITERRANEAN				
Aden	65,000	---	(1,671)	---
Cyprus	68,000	---	540	---
Ethiopia	625,392	---	4,450	31,564
Iran	1,761,000	---	(40,933)	154,439
Iraq	707,000	---	18,247	---
Israel	---	---	(5,502)	---
Jordan	124,381	424,000	1,230	---
Lebanon	33,000	---	(661)	---
Libya	89,608	---	(9,988)	47,535
Saudi Arabia	---	---	270	---
Somalia	326,388	---	(4,224)	---

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ANNEX IV (Continued)

Table 3 (Continued)

	Action taken by Board			
	Allocations approved			
	Long-range aid	Emergencies a/	Redistribution of freight b/	Allocations returned c/
EASTERN MEDITERRANEAN (continued)				
Sudan	297,000	---	(1,323)	---
Syria	54,000	---	(6,549)	---
Turkey	894,650	---	12,110	9,443
United Arab Republic	655,400	---	(21,862)	14,978
Yemen	43,407	---	(2,003)	---
TOTAL	5,744,226	424,000	(57,869)	257,959
V. EUROPE				
Greece	165,200	---	(16,854)	---
Italy	---	---	1,065	---
Malta	33,000	---	---	---
Poland	208,728	---	(6,196)	679
Spain	173,218	---	(9,154)	125
Yugoslavia	177,430	---	(36,287)	---
TOTAL	757,576	---	(67,426)	804
VI. THE AMERICAS				
Argentina	378,000	---	(5,675)	---
Bolivia	209,000	---	(8,578)	---
Brazil	2,716,200	---	(64,321)	18,160
British Guiana	56,000	---	(992)	7,384
British Honduras	---	---	(2,038)	---
Chile	512,000	---	(34,634)	120,000
Colombia	865,600	---	(5,926)	---
Costa Rica	368,300	---	3,212	---
Cuba	125,000	105,000	(4,149)	---
Dominican Republic	236,000	---	(316)	---
Ecuador	381,200	---	(8,138)	---
El Salvador	560,000	---	634	---
Guatemala	544,480	---	(16,829)	---
Haiti	629,000	23,000	(3,329)	---
Honduras	229,000	---	(10,068)	---

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ANNEX IV (Continued)

Table 3 (Continued)

	Action taken by Board			
	Allocations approved			
	Long-range aid	Emergencies a/	Redistribution of freight b/	Allocation returned c/
THE AMERICAS (continued)				
Jamaica	113,000	---	(8,025)	---
Mexico	2,636,000	---	(47,331)	599
Nicaragua	670,000	---	3,981	---
Panama	212,800	---	(5,907)	---
Paraguay	262,600	---	(20,844)	---
Peru	649,000	---	(36,515)	6,284
Surinam	32,000	---	7,169	---
Trinidad and Tobago	---	16,800	(4,517)	---
Uruguay	150,000	4,200	1,526	---
Venezuela	241,000	---	1,739	---
British Caribbean Territories:				
Antigua	---	----	2,418	---
Barbados	---	---	(2,348)	---
Dominica	---	---	(1,621)	---
Grenada	24,000	---	1,894	127
Montserrat	---	---	(2,838)	---
St. Kitts	4,800	---	4,943	---
St. Lucia	57,000	---	4,226	---
St. Vincent	---	---	1,686	---
Turks and Caicos Islands	---	---	1,229	---
Regional:				
FAO project personnel	131,400	---	---	---
Health services training (West Indies and Caribbean)	40,000	---	---	---
Latin American Institute for Economic and Social Planning	173,000	---	---	---
Nutrition manual	10,000	---	---	---
Nutrition training: agronomists	173,000	---	132	---
Nutrition training: Institute of Nutrition of Central America and Panama	156,000	---	(118)	---
Nutrition training: home economics (Santiago)	---	---	(70)	---
Paediatric training	21,000	---	---	---
Salt iodization seminar	20,000	---	---	---
Social welfare seminar	6,000	---	---	---

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ANNEX IV (Continued)

Table 3 (Continued)

	Action taken by Board			
	Allocations approved			
	Long-range aid	Emergencies a/	Redistribution of freight b/	Allocations returned c/
THE AMERICAS (continued)				
Training: Sanitary inspectors	---	---	159	---
Caribbean emergency	---	75,000	---	---
TOTAL	13,592,380	224,000	(260,179)	152,554
VII. ASSISTANCE BENEFITING MORE THAN ONE REGION				
Advanced training in applied nutrition and food economics (France/Senegal)	104,000	---	---	---
Advance training in nutrition and food science (London/Ibadan)	276,000	---	---	---
All-India Institute for Hygiene and Public Health (Fellowship)	68,000	---	---	---
Country planning and project preparation	200,000	---	---	---
International Children's Centre	800,000	---	---	---
Paediatric training (London)	50,000	---	---	---
Planning seminar (Lake Como)	20,000	---	---	---
Protein-rich food research, testing and development	290,000	---	---	---
Global allocations:				
International project personnel, contingency	60,000	---	---	---
Emergencies	---	25,034	---	---
Freight	3,000,000	---	432,382	---
TOTAL	4,868,000	25,034	432,382	---

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ANNEX IV (Continued)

Table 3 (Continued)

a/ Includes apportionments from the global emergency allocation reported to the Executive Board in January 1964 (E/ICEF/P/L.350/Add.1) as follows:

Africa regional	$ 1,704	
Republic of Korea	4,762	
Uruguay	4,200	
Caribbean area (Cuba)	17,000	
Caribbean area (Trinidad and Tobago)	2,800	
	$30,466	
	55,500	approved as per Advance P. 306
	$25,034	increase of global emergency allocation

b/ For details, see document E/ICEF/P/L.385.

c/ Consists of returns from previous allocations (See E/ICEF/P/L.365 and E/ICEF/P/L.465):

Unspent balances from previously approved country allocations:	$512,120
Operational services and administrative costs for 1963:	304,056
	$817,176

d/ Allocation prior to independence.

e/ Nyasaland became independent, as Malawi, on 6 July 1964.

f/ Allocations for the United Republic of Tanganyika and Zanzibar were made separately for Tanganyika and Zanzibar.

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ANNEX IV (Continued)

Table 4

Commitments[a] approved by the Executive Board in 1964 (January and June sessions and mail poll) by country and by type of programme

(in US dollars)

	HEALTH SERVICES[b]	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE[d]	EDUCATION	VOCATIONAL TRAINING	OTHER[e]	GRAND TOTAL
		Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other[c]	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
I AFRICA	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Algeria	230,000	-	-	45,000	-	-	45,000	-	-	-	-	-	-	-	346,000	-	-	627,000
Basutoland	-	-	14,000	-	-	-	14,000	-	19,200	-	-	-	19,200	-	-	-	-	33,200
Burundi	50,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000
Cameroon	33,000	-	-	-	61,000	-	61,000	-	-	-	-	-	-	-	-	-	-	94,000
Central African Republic	21,000	-	-	-	28,000 *	-	28,000	-	37,800	-	-	-	37,800	-	-	-	-	86,800
Chad	58,000	-	-	-	29,000 *	-	29,000	-	19,200	-	-	-	19,200	-	-	-	-	106,200
Comoro Islands	-	-	-	-	-	-	-	-	34,000	-	-	-	34,000	-	-	-	-	34,000
Congo (Brazzaville)	-	-	-	-	13,000 *	-	13,000	-	-	-	-	-	-	55,000	307,600 *	-	-	375,600
Congo (Leopoldville)	59,000	-	-	-	-	-	-	-	-	-	-	-	-	37,000	453,000	-	-	549,000
Dahomey	-	-	-	-	4,900	53,100	58,000	-	-	-	-	-	-	-	-	-	-	58,000
Gabon	-	-	-	-	17,000 *	-	17,000	-	76,800	-	-	-	76,800	-	49,400	-	-	143,200
Gambia	15,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15,000
Ghana	37,000	-	-	-	30,000 *	-	30,000	-	148,000 *	-	-	-	148,000	-	405,000 *	-	-	620,000
Ivory Coast	-	-	-	-	110,000	-	110,000	-	37,800	-	-	-	37,800	19,532	-	-	-	167,332
Kenya	71,000	-	-	-	-	-	-	-	-	31,100	-	-	31,100	69,000	-	-	-	171,100
Liberia	-	-	-	-	-	-	-	-	18,600	-	-	-	18,600	-	-	-	-	18,600
Madagascar	65,000	-	-	-	48,000 *	-	48,000	-	164,000 *	-	-	-	164,000	-	-	-	-	277,000
Mali	178,187	-	-	-	-	-	-	-	-	-	-	-	-	-	220,000	-	-	398,187
Mauritania	184,387 *	-	-	-	-	-	-	-	130,000	-	-	-	130,000	-	-	-	-	314,387
Mauritius	38,000	-	-	-	-	-	-	-	35,000	-	-	-	35,000	-	-	-	-	73,000
Morocco	158,700	-	-	-	-	-	-	-	124,600	-	-	-	124,600	-	90,400	-	-	373,700
Niger	30,607	-	-	-	-	-	-	-	94,800	-	-	-	94,800	-	34,000	-	-	159,407
Nigeria	40,000	-	-	-	141,000 *	41,000	182,000	-	19,200	-	-	-	19,200	18,600	2,481,000 *	-	-	2,740,800
Northern Rhodesia[f]	-	-	-	-	-	-	-	-	85,000	-	-	-	85,000	-	-	-	-	85,000
Northern Rhodesia, Nyasaland, Southern Rhodesia[f]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nyasaland[f]	-	-	-	-	-	-	-	-	48,000	-	-	-	48,000	-	-	-	-	48,000
Rwanda	107,000 *	-	54,000	-	-	-	54,000	-	-	-	-	-	-	-	-	-	-	161,000
Senegal	-	-	-	-	-	-	-	-	69,000	-	65,000	-	134,000	55,000	-	-	-	189,000
Seychelles	11,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,000
Sierra Leone	-	-	-	-	-	-	-	-	-	-	-	-	-	48,000	-	-	-	48,000
Swaziland	-	-	-	-	-	-	-	-	95,200	-	-	-	95,200	-	-	-	-	95,200
Tanganyika[g]	74,000	-	-	-	-	-	-	-	61,000	500	-	-	61,500	-	-	-	-	135,500
Togo	542	-	-	-	-	-	-	-	-	-	-	-	-	35,000	-	-	-	35,542
Tunisia	10,000	-	-	-	-	-	-	-	-	-	-	-	-	39,000	-	19,200	-	158,200
Uganda	120,000	-	-	-	27,000 *	-	27,000	-	-	-	-	-	-	-	-	-	-	147,000
Upper Volta	906	-	-	-	57,000	-	57,000	-	-	-	-	-	-	-	18,600	-	-	76,506
Zanzibar[g]	36,000	71,000	-	-	-	-	71,000	-	-	-	-	-	-	-	-	-	-	107,000
Regional:																		
FAO Project Personnel	-	-	-	-	-	-	-	-	118,950	-	-	-	118,950	-	-	-	-	118,950
Paidiatric training (East Africa)	47,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47,000
Post-basic nursing	311,000 *	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	311,000
Public Health seminar (University of Dakar Senegal)	20,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,000
Rural extension training (East Africa)	-	-	-	-	-	-	-	-	169,000 *	-	-	-	169,000	-	-	-	-	169,000
Social Services/ community Development training (East Africa)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Area Total	2,102,329	71,000	68,000	45,000	565,900	94,100	844,000	-	1,605,150	31,600	65,000	-	1,701,750	376,132	4,405,000	19,200	-	9,448,411

ANNEX IV (Continued)

Table 4 (Continued)

	HEALTH SERVICES b/	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE d/	EDUCATION	VOCATIONAL TRAINING	OTHER e/	GRAND TOTAL
		Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other c/	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
II EAST ASIA & PAKISTAN	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Burma	397,476	-	89,000	-	419,000 *	-	508,000	-	-	-	-	-	-	-	-	-	-	905,476
Cambodia	59,974	-	-	-	-	10,000	10,000	-	-	-	-	-	-	-	116,000	-	-	185,974
China	130,955	-	13,000	-	-	-	13,000	-	-	-	-	80,000	80,000	37,000	18,600	-	-	279,555
Indonesia	976,226	53,000	106,000	-	-	-	159,000	-	231,000	-	-	-	231,000	-	932,000 *	-	-	2,298,226
Laos	33,244	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,244
Malaysia	350,000	96,000*					96,000	-	-	-	-	-	-	-	-	-	-	446,000
Pakistan	1,122,461	351,000	56,000	-	-	-	407,000	-	48,000	-	-	-	48,000	39,700	344,000*	69,000	-	2,030,161
Philippines	468,000	-	123,500*	-	-	570	124,070	10,879	9,300	-	-	-	20,179	75,000	134,000	-	-	821,249
Republic of Korea	142,000	-	165,000	-	29,000	-	194,000	-	-	-	-	-	-	-	-	-	-	336,000
Republic of Viet-Nam	252,032	-	83,000	-	21,000	-	104,000	-	23,000	-	-	-	23,000	-	222,000*	-	-	501,032
Thailand	348,161	-	-	37,000	113,000	-	150,000	-	15,000	-	-	-	15,000	72,000	-	-	-	585,161
Tonga	43,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43,000
Western Samoa	-	-	-	-	-	28,000	28,000	-	-	-	-	-	-	-	-	-	-	28,000
Regional:																		
Asian Institute for Economic and Social Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	90,000	90,000
Nutrition manual	-	-	-	-	-	-	-	-	15,000	-	-	-	15,000	-	-	-	-	15,000
Pacific Islands territories	75,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	75,000
Area Total	4,398,529	500,000	635,500	37,000	582,000	38,570	1,793,070	10,879	341,300	-	-	80,000	432,179	223,700	1,766,600	69,000	90,000	8,773,078
III SOUTH CENTRAL ASIA																		
Afghanistan	276,000	148,000	-	-	-	-	148,000	-	-	-	-	-	-	-	208,000 *	-	-	632,000
Ceylon	64,000	-	27,000	-	-	-	27,000	-	37,000	-	-	-	37,000	-	-	-	-	128,000
India	2,422,200	-	951,000	523,000	180,600 *	6,800	1,661,400	-	4,278,300 *	1,257,000	120,000	100,000	5,755,300	-	-	-	-	9,838,900
Nepal	26,500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26,500
Area Total	2,788,700	148,000	978,000	523,000	180,600	6,800	1,836,400	-	4,315,300	1,257,000	120,000	100,000	5,792,300	-	208,000	-	-	10,625,400
IV EASTERN MEDITERRANEAN																		
Aden	22,000	-	-	-	-	-	-	-	-	-	-	-	-	-	83,000 *	-	-	105,000
Cyprus	15,000	-	-	-	-	-	-	-	-	-	-	-	-	-	156,000 *	-	-	172,000
Ethiopia	150,295	-	-	128,297 *	-	-	128,297	-	-	42,800	-	-	42,800	55,000	562,000 *	-	-	938,392
Iran	-	1,730,000	-	-	-	-	1,730,000	-	-	-	-	-	-	31,000	-	-	-	1,761,000
Iraq	-	473,000	-	-	-	-	473,000	-	-	-	-	-	-	-	234,000	-	-	707,000
Jordan	5,381	34,000	-	-	-	-	34,000	-	55,000	-	-	-	55,000	-	-	-	-	94,381
Lebanon	100,000 *	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100,000
Libya	608	-	-	-	-	-	-	-	-	-	-	-	-	47,000	42,000	-	-	89,608
Somalia	149,308	-	53,000	-	-	-	53,000	-	-	-	-	-	-	-	320,000 *	-	-	522,308
Sudan	23,000	-	-	11,000	-	-	11,000	-	-	-	-	-	-	-	278,000 *	72,000	-	384,000
Syria	-	54,000	-	-	-	-	54,000	-	-	-	-	-	-	-	-	-	-	54,000
Turkey	218,000	245,000	128,000 *	-	29,000	-	453,000	-	124,650	-	-	-	124,650	52,000	-	-	-	867,650
United Arab Republic	353,000	-	-	-	-	393,000 *	393,000	-	34,400	-	-	-	34,400	-	-	-	-	780,400
Yemen	407	-	-	-	-	-	-	-	19,000	-	-	-	19,000	-	24,000	-	-	43,407
Area Total	1,068,079	2,537,000	141,000	139,297	29,000	393,000	3,324,297	-	233,050	42,800	-	-	275,850	185,000	1,699,000	72,000	-	6,629,226

Table 4 (Continued)

	HEALTH SERVICES b/	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE d/	EDUCATION	VOCATIONAL TRAINING	OTHER e/	GRAND TOTAL
		Malaria Eradication	TB/B-G	Trachoma Control	Leprosy Control	Other c/	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
V EUROPE	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Greece	92,000 *	-	-	-	-	-	-	-	-	6,200	-	-	6,200	-	-	-	-	98,200
Malta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,000	-	33,000
Poland	728	-	-	-	-	-	-	-	-	600,000 *	-	-	600,000	-	-	-	-	600,728
Spain	-	-	-	-	-	218	218	-	-	402,000 *	-	-	402,000	-	-	-	-	402,218
Yugoslavia	2,430	-	-	-	-	23,000	23,000	-	-	-	152,000	-	152,000	-	-	-	-	177,430
Area Total	95,158	-	-	-	-	23,218	23,218	-	-	1,008,200	152,000	-	1,160,200	-	-	33,000	-	1,311,576
VI THE AMERICAS																		
Argentina	163,000	172,000	-	-	-	-	172,000	-	-	-	-	-	-	-	-	-	-	335,000
Bolivia	-	90,000	-	-	-	-	90,000	-	-	-	-	-	-	-	-	-	-	90,000
Brazil	3,513,500 *	-	80,000	-	-	-	80,000	-	38,400	25,000	82,000	-	145,400	45,000	411,800 *	-	-	4,195,700
British Guiana	-	6,000	-	-	-	-	6,000	-	-	50,000	-	-	50,000	-	-	-	-	56,000
Chile	710,000 *	-	-	-	-	-	-	-	16,000	-	-	-	16,000	32,000	-	-	-	758,000
Colombia	375,000	252,000	-	-	-	-	252,000	-	93,400	-	-	-	93,400	131,000 *	-	-	-	851,400
Costa Rica	197,000	42,000	73,000	-	-	-	115,000	-	-	-	-	-	-	47,000	-	9,300	-	368,300
Cuba	-	125,000	-	-	-	-	125,000	-	-	-	-	-	-	-	-	-	-	125,000
Dominican Republic	-	152,000	-	-	-	-	152,000	-	-	-	-	-	-	-	-	45,000	-	197,000
Ecuador	21,500	336,000	-	-	-	-	336,000	-	23,700	-	-	-	23,700	-	-	-	-	381,200
El Salvador	67,000	379,000	61,000	-	-	-	440,000	-	53,000	-	-	-	53,000	-	-	-	-	560,000
Guatemala	64,000	407,000	1,480	-	-	-	408,480	-	-	-	-	-	-	-	72,000	-	-	544,480
Haiti	-	-	-	-	-	-	-	-	-	-	-	-	-	-	37,000	46,000	-	83,000
Honduras	-	155,000	-	-	-	-	155,000	-	-	-	-	-	-	-	74,000	-	-	229,000
Jamaica	208,000 *	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	208,000
Mexico	-	2,325,000	55,000	-	-	-	2,380,000	-	-	-	-	-	-	-	-	-	-	2,380,000
Nicaragua	80,800	457,000	83,200	-	-	-	550,200	-	39,000	-	-	-	39,000	-	-	-	-	670,000
Panama	-	208,000	-	-	-	-	208,000	-	4,800	-	-	-	4,800	-	-	-	-	212,800
Paraguay	122,000	-	50,000	-	-	-	50,000	-	18,600	-	-	-	18,600	-	-	-	-	190,600
Peru	32,000	278,000	-	-	-	-	278,000	-	66,000	-	-	-	66,000	-	-	-	-	376,000
Surinam	-	32,000	-	-	-	-	32,000	-	-	-	-	-	-	-	-	-	-	32,000
Uruguay	150,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	150,000
Venezuela	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
British Caribbean Territories																		
Grenada	24,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24,000
St. Kitts	-	-	-	-	-	-	-	-	4,800	-	-	-	4,800	-	-	-	-	4,800
St. Lucia	57,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57,000
Regionals:																		
FAO Project Personnel	-	-	-	-	-	-	-	-	131,400	-	-	-	131,400	-	-	-	-	131,400
Health Services Training (West Indies & Caribbean)	40,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40,000
Latin American Institute for Economic and Social Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	173,000	173,000
Nutrition manual	-	-	-	-	-	-	-	-	10,000	-	-	-	10,000	-	-	-	-	10,000
Nutrition Training:																		
Agronomists	-	-	-	-	-	-	-	-	19,000	-	-	-	19,000	-	-	-	-	19,000
Nutrition Training: INCAP	-	-	-	-	-	-	-	-	281,000 *	-	-	-	281,000	-	-	-	-	281,000
Paediatric Training	83,000 *	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83,000
Salt Iodination seminar	-	-	-	-	-	-	-	-	-	-	-	20,000	20,000	-	-	-	-	20,000
Social Welfare seminar	-	-	-	-	-	-	-	-	-	-	-	-	-	6,000	-	-	-	6,000
Area Total	5,907,800	5,426,000	403,680	-	-	-	5,829,680	-	799,100	75,000	82,000	20,000	976,100	261,000	594,800	100,300	173,000	13,842,680

ANNEX IV (Continued)

Table 4 (Continued)

		HEALTH SERVICES	DISEASE CONTROL						NUTRITION					FAMILY & CHILD WELFARE d/	EDUCATION	VOCATIONAL TRAINING	OTHER e/	GRAND TOTAL
		b/	Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other c/	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
VII	ASSISTANCE BENEFITING MORE THAN ONE REGION																		
	Advanced training in applied nutrition and food economics (France/Senegal)	-	-	-	-	-	-	-	-	283,000 *	-	-	-	283,000	-	-	-	-	283,000
	Advanced training in nutrition and food science (London & Ibadan)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	All-India Institute for Hygiene and Public Health (Fellowships)	68,000 *	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	68,000
	International Children's Centre	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Paediatric training (London)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Country planning and project preparation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	200,000	200,000
	Planning seminar, Lake Como	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,000	20,000
	Protein-rich food research, testing and development	-	-	-	-	-	-	-	-	-	-	390,000 *	-	390,000	-	-	-	-	390,000
	Global allocation:																		
	International Project Personnel, Contingency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	60,000	60,000
	Inter-Regional Total	68,000	-	-	-	-	-	-	-	283,000	-	390,000	-	673,000	-	-	-	280,000	1,021,000
	TOTAL LONG-RANGE AID	16,428,595	8,732,000	2,266,180	744,297	1,357,500	555,688	13,655,665	10,879	7,576,900	2,414,600	809,000	200,000	11,011,379	1,045,832	8,673,400	293,500	543,000	51,651,371
VIII	EMERGENCY AID																		679,500
	TOTAL																		52,330,871
IX	FREIGHT																		5,400,000 *
	GRAND TOTAL FOR PROGRAMME AID																		57,730,871
	Operational services for 1965																		4,777,900
	Administrative costs for 1965																		2,757,300
																			64,866,071

b/ An allocation equal to the amount of the commitment was approved in every case unless the amount is marked with an asterisk (*). An asterisk indicates that an allocation was approved for part of the commitment, the balance remaining for future allocation.

c/ Includes environmental sanitation, $),485,600; handicapped children, $115,699; vaccine production $97,200; anti immunization, $19,600.

d/ Includes bilharziasis control $393,570; filariasis control, $28,000; mycosis control, $23,000; smallpox vaccine production, $6,800; yaws/VD control, $51,218 and combined disease control $53,100.

e/ Includes social services, $616,722; mothercraft and homecraft, $204,000; community development, $114,110; and urban projects $111,000.

f/ $700,000 to assist in country planning and project preparation; $283,000 for seminars in the Asia Region and at Bellagio on planning for children and youth and assistance to the Latin American Institute for Economic and Social Planning; and $43,000 to finance unforeseen technical assistance costs.

g/ Nyasaland became independent, as Malawi, on 6 July 1964.

h/ Allocations for the United Republic of Tanganyika and Zanzibar were made separately for Tanganyika and Zanzibar.

ANNEX IV (Continued)

Table 5

Allocations[a] approved by the Executive Board in 1964 (January and June sessions and mail poll)
by country and by type of programme
(in US dollars)

	HEALTH SERVICES[b]	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE[d]	EDUCATION	VOCATIONAL TRAINING	OTHER[e]	GRAND TOTAL
		Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other[c]	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
I AFRICA	236,000	-	-	45,000	-	-	45,000	-	-	-	-	-	-	-	346,000	-	-	627,000
Algeria	-	-	14,000	-	-	-	14,000	-	57,200	-	-	-	57,200	-	-	-	-	71,200
Basutoland	50,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000
Burundi	33,000	-	-	-	61,000	-	61,000	-	-	-	-	-	-	-	-	-	-	94,000
Cameroon	21,000	-	-	-	3,000	-	3,000	-	37,800	-	-	-	37,800	-	-	-	-	61,800
Central African Republic	56,000	-	-	-	5,000	-	5,000	-	19,200	-	-	-	19,200	-	-	-	-	82,200
Chad	-	-	-	-	-	-	-	-	34,000	-	-	-	34,000	-	-	-	-	34,000
Comoro Islands	-	-	-	-	1,000	-	1,000	-	-	-	-	-	-	55,000	101,600	-	-	157,600
Congo (Brazzaville)	59,000	-	-	-	-	-	-	-	-	-	-	-	-	37,000	453,000	-	-	549,000
Congo (Leopoldville)	-	-	-	-	4,900	53,100	58,000	-	-	-	-	-	-	-	-	-	-	58,000
Dahomey	-	-	-	-	2,500	-	2,500	-	76,800	-	-	-	76,800	-	49,400	-	-	128,700
Gabon	15,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15,000
Gambia	37,000	-	-	-	8,000	-	8,000	-	29,000	-	-	-	29,000	-	187,000	-	-	261,000
Ghana	-	-	-	-	110,000	-	110,000	-	37,800	-	-	-	37,800	19,532	-	-	-	167,332
Ivory Coast	144,000	-	101,000	-	-	-	101,000	-	167,000	217,100	-	-	384,100	69,000	-	-	-	698,100
Kenya	-	-	-	-	-	-	-	-	18,600	-	-	-	18,600	-	-	-	-	18,600
Liberia	65,000	-	-	-	26,000	-	26,000	-	45,000	-	-	-	45,000	-	100,000	-	-	236,000
Madagascar	176,187	-	-	-	-	-	-	-	-	-	-	-	-	-	220,000	-	-	396,187
Mali	55,387	-	-	-	-	-	-	-	130,000	-	-	-	130,000	-	-	-	-	185,387
Mauritania	38,000	-	-	-	-	-	-	-	35,000	-	-	-	35,000	-	-	-	-	73,000
Mauritius	442,000	-	-	-	-	-	-	-	124,600	-	-	-	124,600	-	90,400	-	-	657,000
Morocco	30,607	-	-	-	-	-	-	-	94,800	-	-	-	94,800	-	34,000	-	-	159,407
Niger	146,400	-	-	-	35,500	41,000	76,500	-	57,700	-	-	-	57,700	18,600	401,000	-	-	730,200
Nigeria	-	-	-	-	-	-	-	-	85,000	-	-	-	85,000	-	-	-	-	85,000	
Northern Rhodesia	-	-	-	-	-	-	-	-	-	-	-	-	-	104,000	-	-	-	104,000
Northern Rhodesia, Nyasaland, Southern Rhodesia[f]	-	-	-	-	-	-	-	-	48,000	-	-	-	48,000	-	-	-	-	48,000
Nyasaland[f]	54,000	-	54,000	-	-	-	54,000	-	-	-	-	-	-	-	-	-	-	108,000
Rwanda	47,600	-	-	-	-	-	-	-	69,000	-	65,000	-	134,000	55,000	-	-	-	236,600
Senegal	11,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,000
Seychelles	-	-	-	-	-	-	-	-	-	-	-	-	-	48,000	-	-	-	48,000
Sierra Leone	-	-	-	-	-	-	-	-	95,200	-	-	-	95,200	-	-	-	-	95,200
Swaziland	74,000	-	-	-	-	-	-	-	61,000	107,000	-	-	168,000	80,000	-	-	-	322,000
Tanganyika[g]	542	-	-	-	-	-	-	-	-	-	-	-	-	35,000	-	-	-	35,542
Togo	100,000	-	-	-	-	-	-	-	-	-	-	-	-	39,000	-	320,200	-	459,200
Tunisia	120,000	-	-	-	16,000	-	16,000	-	-	-	-	-	-	-	-	-	-	136,000
Uganda	906	-	-	-	57,000	-	57,000	-	-	-	-	-	-	-	18,600	-	-	76,506
Upper Volta	36,000	71,000	-	-	-	-	71,000	-	-	-	-	-	-	-	-	-	-	107,000
Zanzibar[g]																		
Regionals:																		
FAO Project Personnel	-	-	-	-	-	-	-	-	118,950	-	-	-	118,950	-	-	-	-	118,950
Paediatric training (East Africa)	47,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47,000
Post-basic nursing	34,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34,000
Public health seminar (University of Dakar/ Senegal)	20,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,000
Rural extension training (East Africa)	-	-	-	-	-	-	-	-	39,000	-	-	-	39,000	-	-	-	-	39,000
Social services/community development training (East Africa)	-	-	-	-	-	-	-	-	-	-	-	-	-	82,000	-	-	-	82,000
Area Total	2,153,629	71,000	169,000	45,000	329,900	94,100	709,000	-	1,480,650	324,100	65,000	-	1,869,750	642,132	2,001,000	320,200	-	7,695,711

Table 5 (Continued)

		HEALTH SERVICES b/	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE d/	EDUCATION	VOCATIONAL TRAINING	OTHER e/	GRAND TOTAL
			Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other c/	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
II	EAST ASIA & PAKISTAN	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
	Burma	397,476	-	89,000	-	123,000	-	212,000	-	-	-	-	-	-	-	46,000	-	-	655,476
	Cambodia	59,974	-	-	-	-	10,000	10,000	-	-	-	-	-	-	-	116,000	-	-	185,974
	China	130,955	-	13,000	745,000	-	-	758,000	-	-	-	-	80,000	80,000	37,000	18,600	-	-	1,024,555
	Indonesia	976,226	53,000	106,000	-	-	-	159,000	-	231,000	-	-	-	231,000	-	582,000	-	-	1,948,226
	Laos	33,244	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,244
	Malaysia	117,500	117,000	-	-	-	-	117,000	-	-	-	-	-	-	-	-	-	-	234,500
	Pakistan	1,656,461	351,000	56,000	-	-	-	407,000	-	48,000	183,000	-	-	231,000	89,400	147,000	69,000	-	2,599,861
	Philippines	468,000	-	58,000	-	-	570	59,070	10,879	9,300	-	-	-	20,179	75,000	134,000	-	-	756,249
	Republic of Korea	142,000	-	165,000	-	29,000	-	194,000	-	-	-	-	-	-	-	-	-	-	336,000
	Republic of Viet-Nam	252,032	-	83,000	-	21,000	-	104,000	-	23,000	-	-	-	23,000	-	162,000	-	-	541,032
	Thailand	348,161	-	-	37,000	113,000	-	150,000	-	15,000	-	-	-	15,000	72,000	302,000	-	-	887,161
	Tonga	43,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43,000
	Western Samoa	-	-	-	-	-	28,000	28,000	-	-	-	-	-	-	-	-	-	-	28,000
	Regional:																		
	Asian Institute for Economic and Social Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	90,000	90,000
	Nutrition manual	-	-	-	-	-	-	-	-	15,000	-	-	-	15,000	-	-	-	-	15,000
	Pacific Islands Territories	75,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	75,000
	Area Total	4,700,029	521,000	570,500	782,000	286,000	38,570	2,198,070	10,879	341,300	183,000	-	80,000	615,179	273,400	1,507,600	69,000	90,000	9,453,278
III	SOUTH CENTRAL ASIA																		
	Afghanistan	276,000	148,000	-	-	-	-	148,000	-	-	-	-	-	-	-	170,500	-	-	594,500
	Ceylon	84,000	-	27,000	-	-	-	27,000	-	37,000	-	-	-	37,000	-	-	-	-	128,000
	India	2,422,200	-	851,000	523,000	116,000	6,800	1,496,800	-	2,493,200	901,000	120,000	100,000	3,614,200	-	-	178,000	-	7,711,200
	Nepal	26,500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26,500
	Area Total	2,788,700	148,000	878,000	523,000	116,000	6,800	1,671,800	-	2,530,200	901,000	120,000	100,000	3,651,200	-	170,500	178,000	-	8,460,200
IV	EASTERN MEDITERRANEAN																		
	Aden	22,000	-	-	-	-	-	-	-	-	-	-	-	-	-	43,000	-	-	65,000
	Cyprus	16,000	-	-	-	-	-	-	-	-	-	-	-	-	-	52,000	-	-	68,000
	Ethiopia	150,295	-	65,000	70,297	-	-	135,297	-	-	42,800	-	-	42,800	55,000	242,000	-	-	625,392
	Iran	-	1,730,000	-	-	-	-	1,730,000	-	-	-	-	-	-	31,000	-	-	-	1,761,000
	Iraq	-	473,000	-	-	-	-	473,000	-	-	-	-	-	-	-	234,000	-	-	707,000
	Jordan	5,381	34,000	-	-	-	-	34,000	-	55,000	-	-	-	55,000	30,000	-	-	-	124,381
	Lebanon	33,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,000
	Libya	608	-	-	-	-	-	-	-	-	-	-	-	-	47,000	42,000	-	-	89,608
	Somalia	149,388	-	53,000	-	-	-	53,000	-	-	-	-	-	-	-	124,000	-	-	326,388
	Sudan	23,000	-	-	11,000	-	-	11,000	-	-	-	-	-	-	-	191,000	72,000	-	297,000
	Syria	-	54,000	-	-	-	-	54,000	-	-	-	-	-	-	-	-	-	-	54,000
	Turkey	238,000	276,000	81,000	74,000	29,000	-	460,000	-	124,650	-	-	-	124,650	52,000	-	-	-	894,650
	United Arab Republic	393,000	-	-	-	-	258,000	258,000	-	34,400	-	-	-	34,400	-	-	-	-	685,400
	Yemen	407	-	-	-	-	-	-	-	17,000	-	-	-	17,000	-	26,000	-	-	43,407
	Area Total	1,081,079	2,567,000	199,000	155,297	29,000	258,000	3,228,297	-	233,050	42,800	-	-	275,850	215,000	952,000	72,000	-	5,744,226

ANNEX IV (Continued)

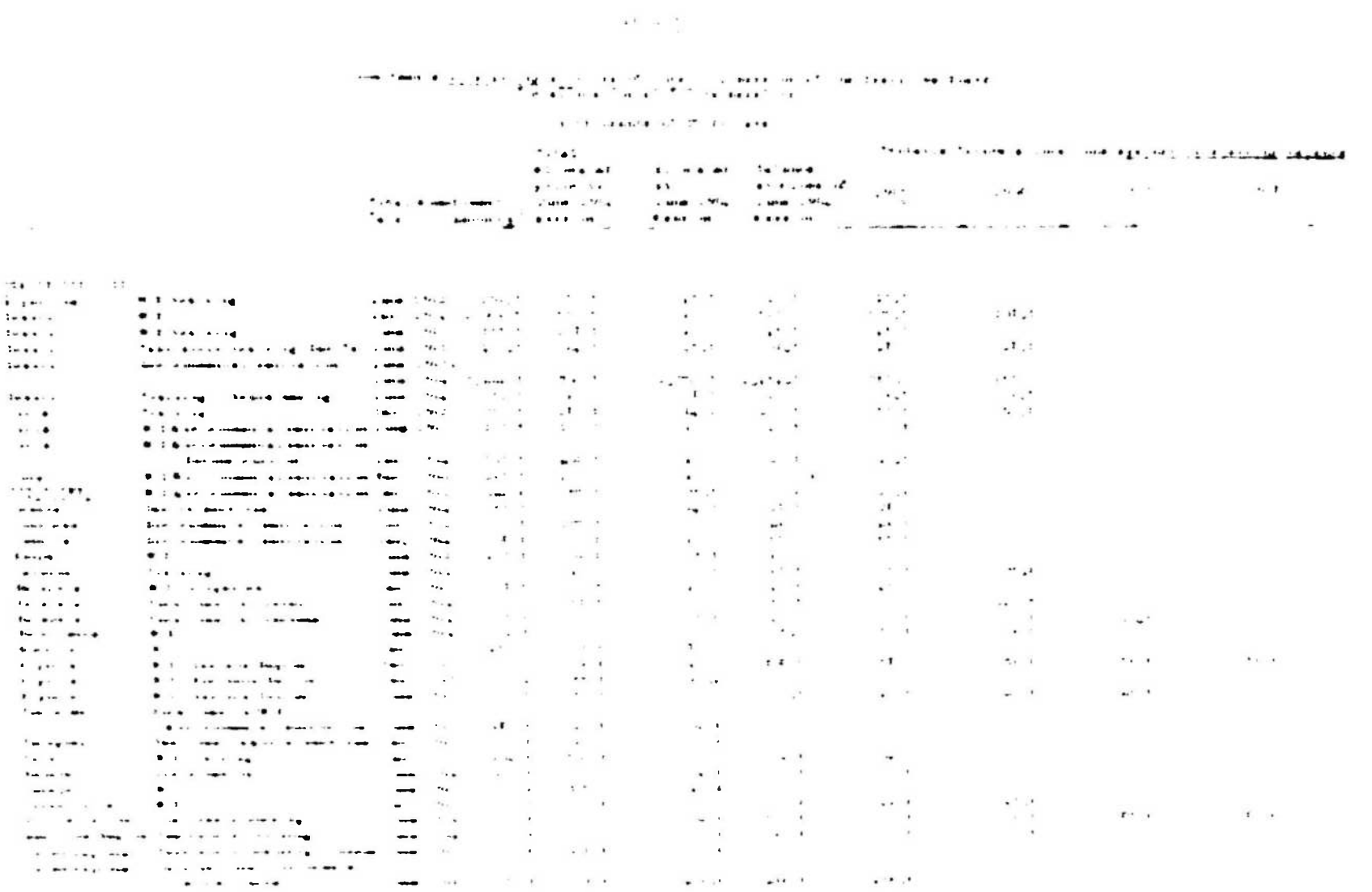
Table 5 (Continued)

	HEALTH SERVICES [b]	DISEASE CONTROL						NUTRITION						FAMILY & CHILD WELFARE [d]	EDUCATION	VOCATIONAL TRAINING	OTHER [e]	GRAND TOTAL
		Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other [c]	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
V EUROPE	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Greece	64,000	-	-	-	-	-	-	-	-	101,200	-	-	101,200	-	-	-	-	165,200
Malta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,000	-	33,000
Poland	728	-	-	-	-	-	-	-	-	208,000	-	-	208,000	-	-	-	-	208,728
Spain	-	-	-	-	-	218	218	-	-	173,000	-	-	173,000	-	-	-	-	173,218
Yugoslavia	2,430	-	-	-	-	23,000	23,000	-	-	-	152,000	-	152,000	-	-	-	-	177,430
Area Total	67,158	-	-	-	-	23,218	23,218	-	-	482,200	152,000	-	634,200	-	-	33,000	-	757,576
VI THE AMERICAS																		
Argentina	206,000	172,000	-	-	-	-	172,000	-	-	-	-	-	-	-	-	-	-	378,000
Bolivia	-	90,000	-	-	-	-	90,000	-	-	-	-	-	-	-	119,000	-	-	209,000
Brazil	1,998,000	-	80,000	-	-	-	80,000	-	38,400	25,000	82,000	-	145,400	45,000	447,800	-	-	2,716,200
British Guiana	-	6,000	-	-	-	-	6,000	-	-	50,000	-	-	50,000	-	-	-	-	56,000
Chile	464,000	-	-	-	-	-	-	-	16,000	-	-	-	16,000	32,000	-	-	-	512,000
Colombia	375,000	252,000	-	-	-	-	252,000	-	155,600	-	-	-	155,600	83,000	-	-	-	865,600
Costa Rica	197,000	42,000	73,000	-	-	-	115,000	-	-	-	-	-	-	47,000	-	9,300	-	368,300
Cuba	-	125,000	-	-	-	-	125,000	-	-	-	-	-	-	-	-	-	-	125,000
Dominican Republic	39,300	152,000	-	-	-	-	152,000	-	-	-	-	-	-	-	-	45,000	-	236,000
Ecuador	21,500	336,000	-	-	-	-	336,000	-	23,700	-	-	-	23,700	-	-	-	-	381,200
El Salvador	67,000	379,000	61,000	-	-	-	440,000	-	53,000	-	-	-	53,000	-	-	-	-	560,000
Guatemala	64,000	407,000	1,480	-	-	-	408,480	-	-	-	-	-	-	-	72,000	-	-	544,480
Haiti	-	546,000	-	-	-	-	546,000	-	-	-	-	-	-	-	37,000	46,000	-	629,000
Honduras	-	155,000	-	-	-	-	155,000	-	-	-	-	-	-	-	74,000	-	-	229,000
Jamaica	113,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	113,000
Mexico	256,000	2,325,000	55,000	-	-	-	2,380,000	-	-	-	-	-	-	-	-	-	-	2,636,000
Nicaragua	80,800	457,000	83,200	-	-	-	550,200	-	39,000	-	-	-	39,000	-	-	-	-	670,000
Panama	-	208,000	-	-	-	-	208,000	-	4,800	-	-	-	4,800	-	-	-	-	212,800
Paraguay	194,000	-	50,000	-	-	-	50,000	-	18,600	-	-	-	18,600	-	-	-	-	262,600
Peru	268,000	278,000	-	-	-	-	278,000	-	66,000	-	-	-	66,000	-	37,000	-	-	649,000
Surinam	-	32,000	-	-	-	-	32,000	-	-	-	-	-	-	-	-	-	-	32,000
Uruguay	150,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	150,000
Venezuela	241,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	241,000
British Caribbean Territories																		
Grenada	24,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24,000
St. Kitts	-	-	-	-	-	-	-	-	4,800	-	-	-	4,800	-	-	-	-	4,800
St. Lucia	57,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57,000
Regional:																		
FAO project personnel	-	-	-	-	-	-	-	-	131,400	-	-	-	131,400	-	-	-	-	131,400
Health services training (west Indies & Caribbean)	40,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40,000
Latin American Institute for Economic and Social Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	173,000	173,000
Nutrition manual	-	-	-	-	-	-	-	-	10,000	-	-	-	10,000	-	-	-	-	10,000
Nutrition training: agronomists	-	-	-	-	-	-	-	-	173,000	-	-	-	173,000	-	-	-	-	173,000
Nutrition training: INCAP	-	-	-	-	-	-	-	-	156,000	-	-	-	156,000	-	-	-	-	156,000
Paediatric training	21,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21,000
Salt Iodization seminar	-	-	-	-	-	-	-	-	-	-	-	20,000	20,000	-	-	-	-	20,000
Social welfare seminar	-	-	-	-	-	-	-	-	-	-	-	-	-	6,000	-	-	-	6,000
Area Total	4,876,300	5,972,000	403,680	-	-	-	6,375,680	-	830,300	75,000	82,000	20,000	1,007,300	213,000	756,800	130,300	173,000	13,592,380

Table 5 (Continued)

		HEALTH SERVICES b/	DISEASE CONTROL						NUTRITION					FAMILY & CHILD WELFARE d/	VOCATIONAL EDUCATION	VOCATIONAL TRAINING	OTHER e/	GRAND TOTAL
			Malaria Eradication	TB/BCG	Trachoma Control	Leprosy Control	Other c/	Sub-total	Child Feeding	Applied Nutrition	Milk Conservation	High Protein Food Development	Other Nutrition	Sub-total					
VII	ASSISTANCE BENEFITING MORE THAN ONE REGION	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
	Advanced training in applied nutrition and food economics (France/Senegal)	-	-	-	-	-	-	-	-	104,000	-	-	-	104,000	-	-	-	-	104,000
	Advanced training in nutrition and food science (London / Ibadan)	-	-	-	-	-	-	-	-	276,000	-	-	-	276,000	-	-	-	-	276,000
	All-India Institute for Hygiene and Public Health (Fellowships)	68,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	68,000
	International Children's Centre	800,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	800,000
	Paediatric training (London)	50,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000
	Country planning and project preparation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	200,000	200,000
	Planning seminar, Lake Como	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,000	20,000
	Protein-rich food research, testing and development	-	-	-	-	-	-	-	-	-	-	290,000	-	290,000	-	-	-	-	290,000
	Global allocation: International project personnel, contingency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	60,000	60,000
	Inter-regional Total	918,000	-	-	-	-	-	-	-	380,000	-	290,000	-	670,000	-	-	-	280,000	1,868,000
	TOTAL LONG-RANGE AID	16,504,895	9,299,000	2,220,180	1,505,297	760,900	420,688	14,206,065	10,879	5,855,500	2,008,100	709,000	200,000	8,783,479	1,343,532	5,417,900	772,500	743,000	47,571,371
VIII	EMERGENCY AID																		679,500
	TOTAL																		48,250,871
IX	FREIGHT																		3,000,000
	GRAND TOTAL FOR PROGRAMME AID																		51,250,871
																		Estimated operational services) for 1964	4,225,400
																		Estimated administrative costs)	2,321,400
																		Estimated operational services) first six months of 1965	2,386,950
																		Estimated administrative costs)	1,148,650
																			61,335,271

a/ See also annex IV, table 4: commitments approved for 1964.
b/ Includes environmental sanitation,$2,391,000; handicapped children,$115,699; vaccine production,$97,200,and immunization,$19,600.
c/ Includes bilharziasis control,$245,570; filariasis control,$28,000; mycosis control,$23,000; smallpox vaccine production,$6,800; Yaws/VD control,$51,218;and combined disease control,$53,100.
d/ Includes social services,$934,472; mothercraft and homecraft,$294,000; community development,$114,110;and urban projects,$111,000.
e/ $200,000 to assist in country planning and project preparation; $283,000 for seminars in the Asia region and at Lake Como on planning for children and youth and assistance to the Latin American Institute for Economic and Social Planning; and $80,000 to finance unforeseen technical assistance costs.
f/ Nyasaland became independent, as Malawi, on 6 July 1964.
g/ Allocations for the United Republic of Tanganyika and Zanzibar were made separately for Tanganyika and Zanzibar.



ANNEX V

Commitments outstanding at close of June 1964 session of the Executive Board for allocation at future sessions

(in thousands of US dollars)

		Total commitment		Total allocated prior to June 1964 session	Allocated at June 1964 session	Balance at close of June 1964 session	Probable future allocations against outstanding balance			
		Date	Amount a/				1965	1966	1967	1968
HEALTH SERVICES										
Argentina	MCH training	June 1962	136.0	80.0	43.0	13.0	13.0			
Brazil	MCH	Jan. 1964	1,066.5	503.5	-	563.0	325.0	238.0		
Brazil	MCH training	June 1962	227.0	178.0	-	49.0	49.0			
Brazil	Paediatric training (Recife)	June 1962	115.0	64.0	15.0	36.0	18.0	18.0		
Brazil	Environmental sanitation	June 1962-June 1964	3,444.0	700.0	1,250.0	1,494.0	797.0	697.0		
Brazil	Training: brace making	June 1964	21.0	-	8.0	13.0	6.5	6.5		
Chile	Training	Dec. 1962	350.0	183.0	64.0	103.0	53.0	50.0		
Chile	MCH/environmental sanitation	June 1962	220.9	203.0	-	17.9	17.9			
Chile	MCH/environmental sanitation (Reconstruction)	Jan. 1964	710.0	400.0	-	310.0	310.0			
Cuba	MCH/environmental sanitation	Mar. 1960	167.0	132.0	-	- b/				
Dominican Republic	MCH/environmental sanitation	Dec. 1961	144.6	95.0	39.0	10.6	10.6			
Greece	Health services	June 1964	92.0	-	64.0	28.0	28.0			
Honduras	Environmental sanitation	Dec. 1961	171.0	125.0	-	46.0	46.0			
Jamaica	Environmental sanitation	Jan. 1964	208.0	113.0	-	95.0	95.0			
Kenya	MCH	June 1962	415.0	236.0	179.0	-				
Lebanon	Training	June 1964	100.0	-	33.0	67.0	32.0	35.0		
Malaysia	MCH (Singapore)	Dec. 1962	78.5	36.5	-	42.0	42.0			
Malaysia	Rural health (Sabah)	Jan. 1964	250.0	58.5	-	191.5	50.0	141.5		
Malaysia	Rural health (Sarawak)	June 1964	68.0	-	27.0	41.0	11.0	10.0	20.0	
Mauritania	MCH	June 1964	184.0	-	55.0	129.0	53.0	76.0		
Morocco	MCH	Dec. 1962	495.3	212.0	283.3	-				
Nigeria	MCH (Eastern Region)	Dec. 1962	367.0	116.0	43.0	208.0	58.0	50.0	50.0	50.0
Nigeria	MCH (Northern Region)	Dec. 1962	162.4	99.0	63.4	-				
Nigeria	MCH (Western Region)	June 1963	213.0	91.0	-	122.0	42.0	40.0	40.0	
Pakistan	Rural health/MCH/environmental sanitation	June 1963	1,681.0	1,147.0	534.0	-				
Paraguay	Basic health/social services	Dec. 1962	139.0	67.0	72.0	-				
Peru	MCH training	Dec. 1961	634.0	500.0	-	134.0	134.0			
Rwanda	Basic health	June 1964	107.0	-	54.0	53.0	53.0			
Senegal	MCH	June 1962	252.6	205.0	47.6	-				
Upper Volta	MCH	Dec. 1962	230.0	139.0	-	91.0	46.0	45.0		
Africa Region	Post-basic nursing	June 1964	311.0	-	34.0	277.0	37.0	70.0	85.0	85.0
Americas Region	Paediatric training	June 1964	83.0	-	21.0	62.0	31.0	31.0		
Inter-regional	Paediatric training (London)	June 1961	150.0	100.0	50.0	-				
Inter-regional	International Children's Centre (Paris)	June 1961	1,950.0	1,150.0	400.0	400.0	400.0			

Annex V (Continued)

		Total commitment		Total allocated prior to June 1964 session	Allocated at June 1964 session	Balance at close of June 1964 session	Probable future allocations against outstanding balance			
		Date	Amount a/				1965	1966	1967	1968
DISEASE CONTROL										
Burma	Leprosy	June 1964	419.0	-	123.0	296.0	90.0	98.0	108.0	
Central African Republic	Leprosy	June 1964	28.0	-	3.0	25.0	25.0			
Chad	Leprosy	June 1964	29.0	-	5.0	24.0	24.0			
China	Venereal disease (Taiwan)	Mar. 1960	44.2	26.0	-	18.2	18.2			
China	Trachoma (Taiwan)	June 1962	1,785.5	1,352.0	341.0	92.5	92.5			
Congo (Brazzaville)	Leprosy	June 1964	13.0	-	1.0	12.0	12.0			
Ethiopia	Tuberculosis	Dec. 1962	131.1	58.0	65.0	8.1	8.1			
Ethiopia	Trachoma	June 1964	117.0	-	59.0	58.0	58.0			
Gabon	Leprosy	June 1964	17.0	-	2.5	14.5	14.5			
Ghana	Leprosy	June 1964	30.0	-	8.0	22.0	22.0			
Haiti	Malaria	Dec. 1961	1,321.0	1,000.0	228.0	93.0	93.0			
India	BCG	June 1964	200.0	-	100.0	100.0	100.0			
India	Leprosy	Jan. 1961								
		June 1964	393.6	184.6	116.0	93.0	93.0			
Madagascar	Leprosy	June 1964	48.0	-	26.0	22.0	22.0			
Malaysia	Malaria (Sabah)	June 1961	428.0	307.0	83.0	38.0	38.0			
Malaysia	Malaria (Sarawak)	June 1964	96.0	-	34.0	62.0	24.0	20.0	18.0	
Nigeria	Leprosy (Eastern Region)	June 1964	28.0	-	12.5	15.5	15.5			
Nigeria	Leprosy (Western Region)	June 1964	14.0	-	- c/	14.0	14.0			
Nigeria	Leprosy (Northern Region)	June 1964	99.0	-	23.0	76.0	76.0			
Philippines	BCG	June 1964	95.0	-	30.0	65.0	22.0	43.0		
Turkey	Tuberculosis	June 1964	128.0	-	81.0	47.0	47.0			
Turkey	Trachoma	June 1963	192.0	105.0	74.0	13.0	13.0			
Uganda	Leprosy	June 1964	27.0	-	16.0	11.0	11.0			
United Arab Republic	Bilharziasis	Jan. 1964	393.0	258.0	-	135.0	135.0			

Annex V (Continued)

		Total commitment Date	Amount a/	Total allocated prior to June 1964 session	Allocated at June 1964 session	Balance at close of June 1964 session	Probable future allocations against outstanding balance 1965	1966	1967	1968
NUTRITION										
Basutoland	Nutrition education	June 1963	110.0	72.0	38.0	-				
Brazil	Nutrition	June 1962	91.4	63.0	-	28.4	28.4			
Colombia	Nutrition education	June 1962	166.2	104.0	62.2	-				
Dahomey	Applied nutrition	June 1963	148.0	97.0	-	51.0	51.0			
Ghana	Nutrition/home economics training	June 1964	148.0	-	29.0	119.0	39.0	27.0	27.0	26.0
India	Nutrition (All India)	Dec. 1961-June 1964	7,679.0	2,978.0	1,500.0	3,201.0	2,201.0	1,000.0		
India	Milk conservation (Ludhiana)	Jan. 1964	731.0	175.0	200.0	356.0	356.0			
Kenya	Nutrition/dairy training	June 1963	250.0	88.0	162.0	-				
Kenya	Milk conservation	June 1963	211.0	81.0	130.0	-				
Madagascar	Agricultural extension training	June 1964	164.0	-	45.0	119.0	43.0	39.0	37.0	
Nigeria	Agricultural extension training	June 1963	169.0	54.0	38.5	76.5	76.5			
Nigeria	Food testing and promotion	June 1963	100.0	25.0	-	75.0	38.0	37.0		
Poland	Milk conservation	June 1964	600.0	-	208.0	392.0	172.0	118.0	102.0	
Spain	Milk conservation	Jan. 1964	402.0	173.0	-	229.0	112.0	117.0		
East Africa	Rural extension training	June 1964	169.0	-	39.0	130.0	34.0	34.0	34.0	28.0
Americas Region	Training (INCAP)	Jan. 1964	281.0	156.0	-	125.0	125.0			
Inter-regional	Advanced training in nutrition and food science (London/Ibadan)	Dec. 1962	613.2	256.0	148.0	209.2	148.0	61.2		
Inter-regional	Food testing and development	Jan. 1964	390.0	290.0	-	100.0	100.0			
Inter-regional	Advanced training in nutrition (France/Senegal)	June 1964	283.0	-	104.0	179.0	93.0	86.0		
FAMILY & CHILD WELFARE										
Colombia	Social services	June 1964	131.0	-	83.0	48.0	48.0			
Ghana	Social services	Dec. 1962	182.3	100.0	-	82.3	82.3			
Hong Kong	Social services	June 1962	95.0	90.2	-	4.8	4.8			
Jordan	Social services	June 1963	54.0	23.0	30.0	- d/				
Pakistan	Social services	June 1962	96.7	47.0	49.7	-				
Tanganyika e/	Mothercraft/homecraft and community development	June 1963	344.0	138.0	80.0	126.0	126.0			
East Africa	Social services/community development	June 1962	160.5	107.0	-	53.5	53.5			
Northern Rhodesia, Nyasaland, Southern Rhodesia f/	Social welfare/community development training	June 1962	212.3	109.0	60.0	43.3	43.3			

Annex V (Continued)

		Total commitment		Total allocated prior to June 1964 session	Allocated at June 1964 session	Balance at close of June 1964 session	Probable future allocations against outstanding balance			
		Date	Amount a/				1965	1966	1967	1968
EDUCATION										
Aden	Primary teacher training	June 1964	83.0	-	43.0	40.0	40.0			
Afghanistan	Teacher training	June 1963	96.0	-	58.5	37.5	37.5			
Bolivia	Primary teacher training	Dec. 1962	226.0	107.0	119.0	-				
Brazil	Education	Dec. 1962	657.0	549.0	-	108.0	108.0			
Brazil	Education (Brasilia)	Jan. 1964	392.6	208.6	-	184.0	184.0			
Burma	Education	June 1963	510.0	282.0	46.0	182.0	-	182.0		
China	Education (Taiwan)	June 1963	500.0	115.0	-	385.0	101.0	284.0		
Colombia	Teacher training	June 1963	187.0	53.0	-	134.0	121.0	13.0		
Congo (Brazzaville)	Education	June 1964	250.0	-	44.0	206.0	61.0	85.0	60.0	
Cyprus	Manual arts	June 1964	156.0	-	52.0	104.0	53.0	51.0		
Ethiopia	Primary teacher training	June 1964	562.0	-	242.0	320.0	193.0	127.0		
Ghana	Education	June 1964	358.0	-	140.0	218.0	100.0	118.0		
Indonesia	Primary teacher training	Jan. 1964	932.0	582.0	-	350.0	350.0			
Iran	Primary teacher training	Dec. 1962	449.0	224.0	-	225.0	112.0	113.0		
Madagascar	Education and rural development	June 1963	391.0	115.0	100.0	176.0	88.0	88.0		
Nigeria	Education (Northern Region)	June 1964	2,420.0	-	340.0	2,080.0	300.0	470.0	570.0	740.0
Pakistan	Education	June 1964	344.0	-	147.0	197.0	-	197.0		
Peru	Primary education	Dec. 1962	209.0	172.0	37.0	-				
Republic of Viet-Nam	Education	Jan. 1964	222.0	162.0	-	60.0	60.0			
Somalia	Primary education/teacher training	June 1964	320.0	-	124.0	196.0	100.0	96.0		
Sudan	Primary teacher training	Jan. 1964	278.0	191.0	-	87.0	87.0			
Thailand	Education	Dec. 1962	1,269.3	353.0	302.0	614.3	300.0	314.3		
Tunisia	Education	Dec. 1962	633.5	125.0	-	508.5	150.0	358.5		
VOCATIONAL TRAINING										
India	Pre-vocational training	June 1963	624.0	198.0	178.0	248.0	248.0			
Tunisia	Pre-vocational training	Dec. 1962	770.6	577.0	-	193.6	193.6			
Freight			7,117.5	-	3,000.0	4,117.5	3,503.5	448.0	92.0	74.0
TOTAL PROGRAMME COMMITMENTS			54,959.3	19,463.9	12,789.2	22,670.2	g/14,291.2	6,133.0	1,243.0	1,003.0
Estimated operational services		June 1963-June 1964	9,003.3	2,112.7	4,501.6	2,389.0	2,389.0			
Estimated administrative costs		June 1963-June 1964	4,618.7	1,160.7	2,309.4	1,148.6	1,148.6			
GRAND TOTAL OF OUTSTANDING COMMITMENTS			68,581.3	22,737.3	19,600.2	26,207.8	g/17,828.8	6,133.0	1,243.0	1,003.0

a/ While individual project commitments approved prior to June 1963 included a commitment to pay costs of ocean freight, funds for freight have subsequently been committed and allocated on a global basis. For the projects concerned, figures have been adjusted so that all balances of project commitments remaining at the outset of the June 1964 session exclude freight.

b/ The balance of the commitment ($35,000) will not be required, as the previously approved allocation will meet requirements for the remainder of the period for which the original commitment was taken.

c/ No allocation was requested at this session of the Board.

d/ The balance of the commitment ($1,000) will not be requested, as the proposed allocation will meet requirements for the remainder of the period for which the original commitment was taken.

e/ Commitments for the United Republic of Tanganyika and Zanzibar were made separately for Tanganyika and Zanzibar.

f/ Nyasaland became independent, as Malawi, on 6 July 1964.

g/ Excludes two commitment balances totalling $36,000, which will not be required during the period for which the original commitments were taken.

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