



UNITED NATIONS CHILDREN'S FUND

REPORT OF THE EXECUTIVE BOARD

(12 - 20 June 1967)

ECONOMIC AND SOCIAL COUNCIL

OFFICIAL RECORDS: FORTY-THIRD SESSION

SUPPLEMENT No. 8

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NOTE

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

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ABBREVIATIONS

FAO	Food and Agriculture Organization of the United Nations
IDA	International Development Association
ILO	International Labour Organisation
JCHP	UNICEF/WHO Joint Committee on Health Policy
MCH	Maternal and child health
NGO	Non-governmental organization
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WHO	World Health Organization

I. ORGANIZATION OF THE SESSION

1. The Executive Board held its 353rd to 366th meetings at United Nations Headquarters from 12 to 20 June 1967. 1/

Attendance

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

Agenda and documentation

3. The agenda (E/ICEF/560/Rev.1), as adopted at the 353rd meeting, consisted of the following substantive items:

- (a) General Progress Report of the Executive Director;
- (b) UNICEF assistance policies;
- (c) Programme assessments:
 - (i) Maternal and child health;
 - (ii) Applied nutrition;
- (d) Possible role of UNICEF in family planning;
- (e) Policy on aid to malaria eradication;
- (f) Report of UNICEF/WHO Joint Committee on Health Policy;
- (g) Report of FAO/UNICEF Joint Policy Committee;
- (h) Report of the Committee on Administrative Budget;
- (i) Report of the Programme Committee;
- (j) Statements of non-governmental organizations;
- (k) Suggestions regarding the provisional agenda of the 1968 session and the conduct of business at that session.

4. A list of documents issued in connexion with the 1967 session is contained in E/ICEF/INF/28/Rev.2.

1/ On 20 June the Executive Board, with its membership as constituted from 1 August 1967, held its 367th meeting to elect officers and committees for the period 1 August 1967 to 31 July 1968. For a report on this meeting see E/ICEF/564.

II. PROGRAMME POLICY AND TRENDS

Review of assistance policies

5. The Board had before it a report by the Executive Director on UNICEF assistance policies (E/ICEF/559) which it had requested in order to provide a basis for a review of the strategies, criteria and priorities in the use of UNICEF aid. The report did not suggest large changes but proposed that well-tried policies which had evolved over the years be adapted to new possibilities for both providing children with the protection they need as a vulnerable group, and the preparation they need to contribute to the progress of their societies. The main theme was that the humanitarian aims of UNICEF could best be furthered by assistance policies which contribute not only to the immediate benefit of children, but also to the long-term economic and social development of the countries in which they live.
6. One section of the report was devoted to an analysis, from a number of different points of view, of needs of children and the possibilities of action. Hundreds of millions of children did not have the material basis for developing their natural capacities. ^{2/} The situation of children was not improving and should be viewed with a growing sense of urgency. Although generally speaking Governments of developing countries were devoting significant proportions of their budgets to programmes designed to help children and youth, the lack of available national resources meant that, in the main, country-wide services would not be possible in the near future. Nevertheless experience showed that progress could be made if the family, community and the local government were helped and stimulated and existing human and material resources used more effectively. In this process external aid was often of crucial importance.
7. Another section of the report gave a brief outline of UNICEF assistance over the years as it evolved from emergency relief to emphasis on particular categories of aid, and then since 1961, to increasing concern with relating aid to country priorities and to "the whole child".
8. In the main section of the report the Executive Director emphasized his view that UNICEF should give more attention to ensuring that its aid fitted in with, and contributed to, the development efforts of individual countries. Since the needs of developing countries differed at various times it was not possible for UNICEF to set global priorities among such fields as health, education and nutrition. In line with its emphasis on a "country approach", priorities for UNICEF aid needed to be chosen in agreement with each country on the basis of such specific factors as the local situation of children and youth, the distribution of resources within the different regions of the country, the aspirations of the population, the personnel and finances available, and the

^{2/} Approximately 690 million children under 15 years of age live in countries (not including China (mainland)), with a national per capita income of less than \$500 and of these 490 million live in countries where the per capita income is under \$100 a year.

strategy for development of necessary permanent services, wherever possible within the context of a national development plan. This approach was not easy to apply in practice and merited more attention from both UNICEF and the technical agencies in the United Nations family.

9. The report pointed out that countries had different problems at varying stages of their economic and social development, and even in rapidly developing countries old problems often remained in backward areas. It would not therefore be advisable to concentrate all UNICEF aid in the poorest countries. However more attention should be given to the possibilities of more generous "special assistance" for these countries. For the better-off developing countries aid in smaller amounts could be given for "starter" projects, which might have the additional value that their results would be useful to other countries.

10. It was clear that UNICEF did not have sufficient funds to help with country-wide coverage, as a general rule. By using its resources with a view to their maximum multiplier effect UNICEF could give strategic and substantial aid and encourage innovation. UNICEF must continue to act as a catalytic agent by aiding pilot or initial projects which, through their demonstrated success, could then attract additional resources both from within the assisted country and from other external sources of aid. Related to this was UNICEF's endeavour to encourage a steadily increasing volume of external aid into programmes benefiting children in developing countries.

11. It was essential that UNICEF should continue to make full use of the professional advice of the United Nations family of agencies, to develop its collaboration with the regional economic commissions and development institutes, and to work closely with non-governmental organizations on activities of mutual interest. It should continue and enhance the close working relationships that already existed with the Resident Representatives of the United Nations Development Programme so that there would be a complete reciprocal understanding of the country's total development effort and of the importance of aid to children and youth in that context.

12. A general theme running throughout the debate was the emphasis on flexibility so that UNICEF could be directed to any field of benefit to children and youth which was of high priority and which was tied in, wherever possible, with a serious development effort. It was recognized that there was a general diversity among countries receiving UNICEF aid, and each Government had to evolve its own policy affecting children in terms of its own circumstances; however UNICEF could be helpful in this process, as well as in helping with specific projects.

13. In many countries there were competing demands among different ministries for UNICEF aid, and it was pointed out that the secretariats of UNICEF and of the technical agencies had an important role in ensuring that the best choice was made among these demands. Some delegations believed that UNICEF should encourage a certain order of priority (for example, alleviation of hunger first, then disease control, then education; or concentration on rural regions, or on preventive activities). Others believed that if the aid granted contributed not only to the immediate benefit of children but to the long-term economic and social development of the country, and the projects were directed toward recognized priority needs of children, the Board need not be unduly concerned either by the pattern of distribution of allocations among various sectors, or by the extension of UNICEF

aid to new activities. Emphasis was placed on the need for innovations in programmes, new ways of training, new approaches to solving problems, and greater attention to eliciting local support.

14. The importance of the multiplier effect in the application of UNICEF's resources with special emphasis on "growing points" was generally supported. Among the most important factors in the success of assistance, it was recognized, were the selection and thorough preparation of projects; careful attention to their administration and implementation, and the provision of aid over a sufficiently long period of time. It was important to encourage individuals with ability and dynamism to be associated with the projects. 3/

15. One of the important values in UNICEF programme policy, it was felt, was the widening of its concern beyond the physical needs of the child to his intellectual development; and, in addition, to an awareness of the inter-relationship of various needs. The "whole child" should be responded to, both as an individual and as a social being. While aid needed to be evaluated primarily from the point of view of benefits to children, it had also to be related to the improvement of conditions in the family and the community. Although the increased attention being given to the preparation of young people to become productive adults was important, it was pointed out that the value of better health or education should also be recognized on its own merits. In this connexion the view expressed by the Executive Director in his report (E/ICEF/559, para. 2) that the "basic humanitarian impulse to help children live decent lives has been, and continues to be, an important motivation for UNICEF aid" was one which it was believed should continue to be emphasized.

16. Several delegations were concerned that there might be a tendency for UNICEF aid to be spread too thinly into fields of marginal direct benefit to children. In view of the limited resources available they believed that care needed to be taken to concentrate on helping meet the most urgent needs of children as effectively as possible, and not to embark in fields which might be the province of other agencies and could lead to a loss of UNICEF's special identity. Some delegations which had expressed this opinion at previous Board sessions stated that they felt assured by the Executive Director's view that while UNICEF should offer a diversity of aid globally, it should focus on fewer and more comprehensive projects in each country. It was recognized, however, that a small project could be justified by the smallness of the country or by the value of giving a stimulus to experimental endeavours. The main objective was to be selective in each country, and to support only projects which were significant, currently or potentially, and which were adapted to the needs and absorptive capacity of the country; and to give those projects enough vigorous support to ensure their success.

17. The efforts of the UNICEF secretariat to keep in touch with sources of external aid, notably bilateral and multinational aid, which might be brought to bear on the needs of children were commended. These efforts, it was felt, should be intensified so as to increase the amount of external aid both from Governments and private sources going into social development programmes benefiting children, whether through UNICEF or other channels.

3/ For a further discussion of this point, see para. 154 below.

18. In discussing the distribution of aid among countries there was a general understanding in the Board of the difficulty of laying down any hard and fast quotas or formulae. Some delegations believed that more weight should be given to child population in making allocations. The Executive Director stated that desirable as this goal might be, it presented serious difficulties since UNICEF had insufficient resources to help with country-wide coverage. In addition to child population, account should be taken of the per capita Gross National Product, the merit of the projects proposed, and other special circumstances. Of considerable importance, in the opinion of the Executive Director, was the distribution of resources in different regions of the country and the very deficient levels that existed in some rural and peri-urban areas. It was pointed out by some delegations that a great deal of reliance needed to be placed upon the knowledge and ability of the UNICEF field staff and the judgement of the Executive Director and his colleagues. A request was made to the Executive Director for a biannual analysis of the distribution of aid by groups of countries taking account of national income, child population, and UNICEF allocations per child, to permit the Board to consider the pattern of distribution of aid by countries. The Executive Director agreed that this information would be provided while recalling his view that statistical data was only one of the bases for a good distribution of aid.

19. One view expressed was that the newly independent countries of Asia and Africa should be receiving greater aid. There was general support in the Board for broadening the concept of more generous "special" assistance for the poorer countries. Several delegations held that aid to countries further along in the process of development could be valuable, even if more limited, for problems in their disadvantaged areas or for pilot projects. The view was expressed that UNICEF should co-operate with countries whenever they had serious children's problems which they could not overcome by themselves. One suggestion made was that it might be desirable to establish some criteria to determine when countries should no longer receive aid.

20. In his report the Executive Director suggested that his efforts to determine which elements of UNICEF aid to a country could best help national services benefiting children would be facilitated by some generally accepted ideas about the best paths for growth of such services. Such ideas had seldom been formulated, and he suggested that UNICEF should co-operate with Government, technical agencies, and non-governmental bodies in assessing the value of various solutions for children's problems. However, doubt was expressed by one delegation as to whether UNICEF should help financially in such research. The Executive Director stated that the UNICEF role, in the first instance, would be to draw the need for such research to the attention of appropriate bodies, and in this connexion Board delegations might be helpful with institutions in their own countries. He believed that it would be premature to take any decision as to the appropriateness of financial assistance by UNICEF in this field. In connexion with research generally, several delegations emphasized the importance of UNICEF support of applied research directed to practical problems, the solution to which would directly enhance the value of UNICEF aid. The possibility of projects incorporating more aid for collection of dependable basic data necessary for planning and assessment was also raised. 4/

/ For a discussion of programme assessments, see paras. 156-158 below.

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4/ For a discussion of programme assessments, see paras. 156-158 below.

21. The Executive Director was commended for his emphasis on the importance of close co-operation and co-ordination with other agencies in the United Nations family. The efforts to gear UNICEF activities into the process of development as a whole made co-ordination especially important, particularly with the United Nations Development Programme and with regional development activities. The desire of the Executive Director to seek to simplify and streamline co-ordination procedures whenever possible was supported.

22. In the process of relating UNICEF's work as closely as possible to other assistance programmes and national development plans, delegations stressed that UNICEF should at the same time maintain its own unique personality and identity, which had won it universal popularity and affection, despite its modest resources. The Executive Director stated that he fully shared this view.

23. Appreciation was expressed by a number of delegates at the growing involvement of non-governmental organizations and voluntary effort in UNICEF assisted projects - a number of aspects of which were drawn to the Board's attention by the Executive Director, the regional Directors, the report of the NGO Committee on UNICEF (E/ICEF/NGO/LC8), and statements of several non-governmental organizations. 5/ This involvement of non-governmental organizations was especially important in bringing new knowledge and understanding to mothers, in reaching the young child, in developing community activities, in training, and in pioneering activities. It was felt that the possibilities of non-governmental organizations supplementing or complementing UNICEF-aided programmes required greater attention. The enthusiasm and concern of voluntary agencies and volunteers could be an important source for such matters as focusing attention on neglected problems, organizing projects, extending the reach of government programmes, and providing local support on a continuing basis, both during the period of international aid and afterward.

24. Although there were certain differences among the delegations in the points they emphasized, the debate revealed a broad satisfaction with the general scope and pattern of UNICEF aid as appropriate to an agency concerned with the needs of children and youth, and with the methods used to provide this aid. The Executive Director was commended for his clear report and the candid approach he had taken in setting forth the problems facing UNICEF. The Board requested the Executive Director to re-issue the report in an edited version appropriate for wide circulation.

Assistance approved

25. The Board reviewed the report of the Programme Committee on its 306th to 316th meetings held from 5 to 8 June 1967 (E/ICEF/P/L.988) and approved programme assistance which brought total programme allocations for 1967 to \$41.7 million and commitments to \$47.1 million. Action on administrative and operational services (see para. 208) brought 1967 allocations to \$50.4 million and commitments to \$55.9 million. (See tables 1, 2, and 3 below.) Descriptions of each project for which aid was approved are given in annex II.

5/ For references to the role of voluntary efforts in programme activities, see below, paras. 37, 95, 96(b), 99(f), 104, 111, 129, 131, 136, 146 and 154. For references to statements by non-governmental organizations to the Board, see foot-notes 7, 14, 21, 25, 31 and 35.

Table 1. Summary of programme commitments and allocations

approved at the June 1967 session of the Board a/

	Commitments b/		Allocations c/	
	Amount (in thousands of US dollars)	Per cent of total	Amount (in thousands of US dollars)	Per cent of total
LONG-RANGE AID				
Health	18,895.1	43.3	20,010.6	51.4
Health services	(12,428.4)	(28.5)	(14,059.9)	(36.1)
Disease control	(6,466.7)	(14.8)	(5,950.7)	(15.3)
Nutrition	6,035.1	13.8	4,979.5	12.8
Family and child welfare	2,563.2	5.9	2,080.2	5.3
Education	13,447.8	30.8	8,778.1	22.6
Vocational training	416.0	1.0	506.0	1.3
Integrated services	257.0	0.6	239.0	0.6
Other	<u>248.0</u>	<u>0.6</u>	<u>569.0</u>	<u>1.5</u>
TOTAL, for long-range aid excluding freight	41,862.2	96.0	37,162.4	95.5
EMERGENCY AID	<u>1,738.0</u>	<u>4.0</u>	<u>1,738.0</u>	<u>4.5</u>
TOTAL, for programme aid excluding freight	43,600.2	<u>100.0</u>	38,900.4	<u>100.0</u>
FREIGHT	<u>3,500.0</u>		<u>2,800.0</u>	
TOTAL, for programme aid	<u>47,100.2</u>		<u>41,700.4</u>	

a/ Including mail poll emergency aid to India approved in January 1967.

b/ Commitments represent new assistance which UNICEF undertakes to provide over a period of time ranging from one to five years and for which allocations are to be made annually.

c/ Allocations are the amounts approved to cover the call-forward of assistance from the field during the next twelve-month period to fulfil commitments made at previous Board sessions or at the current session.

26. At the close of the session there was a balance of \$30.5 million in outstanding programme commitments for future allocation. As is shown in annex III, table 4, it is estimated that allocations will be required as follows: in 1968, \$20.4 million; in 1969, \$6.3 million; in 1970, \$2.5 million and in 1971, \$1.3 million.

Table 2. Summary of commitments approved by the Executive Board in June 1967
by region and type of programme a/
(in US dollars)

	Africa	East Asia and Pakistan	South Central Asia	Eastern Mediterranean	Europe	The Americas	Inter- regional	Total	Per Cent
HEALTH	2,906,577	5,442,969	4,240,796	2,200,694	9	4,104,000	-	18,895,045	43.34
Health services	2,856,490	3,735,969	3,281,796	886,248	-	1,667,864	-	12,428,367	28.51
Disease control	50,087	1,707,000	959,000	1,314,446	9	2,436,136	-	6,466,678	14.83
Malaria	50,000	28,000	440,000	1,157,000	-	2,426,000	-	4,101,000	9.41
TB/BCG	87	1,171,000	519,000	66,146	-	10,136	-	1,766,369	4.05
Trachoma	-	253,000	-	23,000	-	-	-	276,000	0.63
Leprosy	-	74,000	-	-	-	-	-	74,000	0.17
Yaws	-	161,000	-	-	-	-	-	161,000	0.41
Other	-	-	-	68,300	9	-	-	68,309	0.16
NUTRITION	664,900	428,000	4,213,000	499,420	40,000	189,600	177	6,035,097	13.84
Applied nutrition, nutrition education and related activities	299,900	416,000	3,032,000	148,000	40,000	189,600	-	4,125,500	9.46
Milk conservation	185,000	-	351,000	1,420	-	-	-	537,420	1.23
High-protein food development	180,000	-	830,000	350,000	-	-	177	1,360,177	3.12
Other nutrition	-	12,000	-	-	-	-	-	12,000	0.03
FAMILY AND CHILD WELFARE	835,228	993,600	189,000	425,000	-	121,000	-	2,563,228	5.88
EDUCATION	1,781,100	8,209,700	869,000	1,622,000	-	966,000	-	13,447,800	30.84
VOCATIONAL TRAINING	334,000	82,000	-	-	-	-	-	416,000	0.95
INTEGRATED SERVICES	151,000	-	-	-	106,000	-	-	257,000	0.59
OTHER	-	-	-	-	-	103,000	145,000	248,000	0.57
TOTAL FOR LONG-RANGE AID	6,672,805	15,155,669	9,511,796	4,747,114	146,009	5,483,600	145,177	41,862,170	96.01
EMERGENCY AID	-	-	-	-	-	-	-	1,738,000	3.99
TOTAL	-	-	-	-	-	-	-	43,600,170	100.00
FREIGHT	-	-	-	-	-	-	-	3,500,000	-
TOTAL PROGRAMME AID	-	-	-	-	-	-	-	47,100,170	-
Operational services for 1968	-	-	-	-	-	-	-	5,708,200	-
Administrative costs for 1968	-	-	-	-	-	-	-	3,141,000	-
GRAND TOTAL	-	-	-	-	-	-	-	55,949,370	-

a/ Includes mail poll for emergency relief to India approved in January 1967.

Table 3. Summary of allocations approved by the Executive Board in June 1967
by region and type of programme a/
(in US dollars)

	Africa	East Asia and Pakistan	South Central Asia	Eastern Mediterranean	Europe	The Americas	Inter- regional	Total	Per Cent
HEALTH	3,384,577	6,353,969	4,295,796	2,200,694	9	3,700,500	74,000	20,010,545	51.44
Health services	3,334,490	5,162,969	3,337,796	886,248	-	1,264,364	74,000	14,059,867	36.14
Disease control	50,087	1,191,000	959,000	1,314,446	9	2,436,136	-	5,950,678	15.30
Malaria	50,000	47,000	440,000	1,157,000	-	2,426,000	-	4,120,000	10.59
TB/DCG	87	685,000	519,000	66,146	-	10,136	-	1,280,369	3.29
Trachoma	-	85,000	-	23,000	-	-	-	108,000	0.28
Leprosy	-	193,000	-	-	-	-	-	193,000	0.50
Yaws	-	181,000	-	-	-	-	-	181,000	0.46
Other	-	-	-	68,300	9	-	-	68,309	0.18
NUTRITION	961,900	361,000	2,738,000	219,420	362,200	237,000	100,177	4,979,497	12.80
Applied nutrition, nutrition education and related activities	418,900	349,000	2,157,000	148,000	40,000	237,000	-	3,349,900	8.61
Milk conservation	363,000	-	351,000	1,420	322,000	-	-	1,037,420	2.67
High-protein food development	180,000	-	230,000	70,000	-	-	100,177	560,177	1.49
Other nutrition	-	12,000	-	-	-	-	-	12,000	0.03
FAMILY AND CHILD WELFARE	664,228	994,000	189,000	236,000	-	97,000	-	2,080,228	5.35
EDUCATION	1,831,100	3,568,000	884,000	1,083,000	-	1,432,000	-	8,778,100	22.57
VOCATIONAL TRAINING	424,000	82,000	-	-	-	-	-	506,000	1.30
INTEGRATED SERVICES	133,000	-	-	-	106,000	-	-	239,000	0.61
OTHER	-	-	-	-	-	9,000	560,000	569,000	1.46
TOTAL FOR LONG-RANGE AID	7,398,865	11,258,969	8,107,796	3,719,114	468,009	5,475,500	734,177	37,162,370	95.53
EMERGENCY AID	-	-	-	-	-	-	-	1,738,000	4.47
TOTAL	-	-	-	-	-	-	-	38,900,370	100.00
FREIGHT	-	-	-	-	-	-	-	2,800,000	-
TOTAL PROGRAMME AID	-	-	-	-	-	-	-	41,700,370	-
Estimated operational services) (last six months of 1967)	-	-	-	-	-	-	-	2,706,525	-
Estimated administrative costs)	-	-	-	-	-	-	-	1,547,875	-
Estimated operational services) (first six months of 1968)	-	-	-	-	-	-	-	2,854,100	-
Estimated administrative costs)	-	-	-	-	-	-	-	1,570,500	-
GRAND TOTAL	-	-	-	-	-	-	-	50,379,370	-

a/ - Includes mail poll for emergency relief to India approved in January 1967.

Progress reports

27. The Executive Board had before it a General Progress Report of the Executive Director (E/ICEF/558) which included an introduction presenting a broad survey of major points affecting the activities of UNICEF, a section on programme progress and trends, including three special reports requested by the Board (the young child from one to six years of age, the development of high-protein foods, and a preliminary assessment of the regional conferences on children and youth in national development), and an analysis of financial operations. The report also contained the Executive Director's views on a number of agenda items. In addition, the Board had before it regional progress reports for North Africa (E/ICEF/558/Add.1), Africa South of the Sahara (E/ICEF/558/Add.2, parts I and II), Europe (E/ICEF/558/Add.3), the Americas (E/ICEF/558/Add.4), the Eastern Mediterranean (E/ICEF/558/Add.5), South Central Asia (E/ICEF/558/Add.6), and East Asia and Pakistan (E/ICEF/558/Add.7 and Corr.1).

Health

28. The Board approved allocations for health projects totalling \$20 million and constituting 51.4 per cent of total programme allocations. This compared with allocations of \$16.2 million in 1966 constituting 58.6 per cent of programme allocations.

29. The two largest areas of UNICEF aid in the health field continued to be basic health services, for which \$14.1 million was allocated in 1967, and malaria eradication for which \$4.1 million was allocated. Together, the allocations to these two fields constituted 90 per cent of all allocations in the health field. The Board reviewed in considerable detail progress and programme policy in these two fields.

Assessment of the maternal and child health programme

30. For some years the Board had taken the view that maternal and child health services were the most basic type of programme for UNICEF support. In addition these services were a prerequisite for the effective carrying out of projects in many of the other fields of interest to UNICEF. With few exceptions every country assisted by UNICEF receives aid for maternal and child health services. Between 1960 to 1965 UNICEF had allocated about \$41.6 million in this field. This constituted over one-fourth of all UNICEF aid. In 1967 the Board allocated \$14.1 million for basic health services including maternal and child health; this constituted 36 per cent of all programme allocations. By the end of 1966 more than 8,700 main health centres and over 24,500 subsidiary health centres had been equipped by UNICEF. In 1966 the number of newly assisted main centres was over 750 and the number of sub-centres over 2,100.

31. The Board had before it an assessment of maternal and child health (MCH) services assisted by the World Health Organization (WHO) and UNICEF during the period 1960 through 1964. 6/ The assessment was considered in the first instance by the UNICEF/WHO Joint Committee on Health Policy (JCHP) (E/ICEF/556, sect. 7).

32. Among the general conclusions emerging from the appraisal, the JCHP considered the following to be of major importance:

- (a) That WHO and UNICEF assistance to MCH programmes had been valuable and had contributed to noticeable progress both in quantity and quality. The provision of equipment and of transport was considered to have had a most beneficial effect on the programme.
- (b) That Governments, appreciating the need for better MCH services and for more and better trained personnel, had welcomed the collaboration and assistance of WHO and UNICEF.
- (c) That the people, in demanding more MCH services, had shown themselves ready and willing to contribute to the improvement and expansion of MCH activities through community action.
- (d) That the importance of planning health services had been recognized, and planning had been initiated in many countries.
- (e) That the integration of MCH services into basic health services and the integration of preventive and curative activities within MCH services themselves had been taking place in many countries, and a comprehensive approach to the health needs of mothers and children was gaining impetus.

33. The JCHP considered that two main weaknesses in MCH activities had become evident from the assessment:

- (a) The standard of practice, particularly in health posts furthest from the supervisory base, varied considerably and in many countries could be much improved.
- (b) The coverage of the population, although difficult to assess in the absence of reliable records, was limited to a small percentage, and wide areas of countries were without adequate services.

6/ The assessment (E/ICEF/L.1267), prepared by WHO, was derived from available data provided by countries, by WHO and UNICEF field offices and also from field studies carried out by five WHO consultants in the following countries: Uganda (E/ICEF/L.1267/Add.1), Colombia (E/ICEF/L.1267/Add.2), Tunisia (E/ICEF/L.1267/Add.3), Turkey (E/ICEF/L.1267/Add.4), India (E/ICEF/L.1267/Add.5) and the Philippines (E/ICEF/L.1267/Add.6).

34. The following recommendations contained in the assessment suggested how WHO and UNICEF could accelerate the undoubted progress that had been made:

- (a) WHO and UNICEF assistance to basic health services, of which MCH services were a major component, should be continued. MCH activities should be improved and expanded, taking into account the resources of Governments in terms of funds and personnel. The patterns of programmes should be flexible and adapted to local conditions.
- (b) Health programmes which, although not directly dealing with mothers and children, contributed importantly to their well-being by improving the health of the community, should receive continued assistance.
- (c) Training programmes for personnel at all levels should be continued. Particular emphasis should be given to training of auxiliaries and those categories who will supervise their work.
- (d) Preparation of all types of MCH personnel to carry out their educational responsibilities effectively should receive high priority.
- (e) MCH programmes should pay special attention to the improvement of the health and nutrition of children one to six years old.
- (f) Consideration should be given to ways and means of increasing the number of young children effectively protected by immunization.
- (g) Continuing support should be given to all programmes directed towards improving the nutrition of the family, and particularly of the weanling.
- (h) Governments should be encouraged to plan their health services as part of national development plans and assisted in improving their systems of recording vital events and services.
- (i) The production of schedules and manuals of standard practices for the guidance of all personnel engaged in MCH work should be encouraged and assisted.
- (j) The provision of equipment and supplies, particularly transport, was essential to the development of MCH activities. The choice and maintenance of equipment provided by UNICEF, especially transport, should be reviewed periodically.
- (k) Health workers should initiate and foster the education of influential men and women in the community regarding the use of locally available health services, particularly regarding prevention of malnutrition and gastro-intestinal infections in children.

35. These conclusions and recommendations were endorsed in the discussion of the assessment both in the JCHP and the Board. There was considerable concern that far too few mothers and children were being reached by MCH programmes and the services they received were often of poor quality. Under the present pace of establishing basic health centres and satellite sub-centres, it might be generations before coverage was accomplished in most countries. There was a need, in addition to continuing with current patterns, for greater flexibility, imagination and exploration of new methods for reaching the village mother and her child. This was required not only to meet the particular conditions of each country but for special areas within the countries and for special groups. There was agreement that acceleration of aid needed to be preceded by careful planning and the establishment of priorities. However, it was pointed out that under present conditions improvisation was often also essential. The goal was to have MCH activities an integral part of an over-all health plan which, in turn, would be part of a national development plan.

36. One path toward greater coverage, it was pointed out in the discussions, might be in seeking new realistic approaches toward the training of para-medical staff, particularly auxiliaries. Much could be done by more training of indigenous midwives and practitioners, and including concepts of public health and social medicine in this training.

37. Another, and complementary, approach lay in enlisting the participation of leading members of rural communities who, if trained and motivated, could play an active role in promoting the health of the community. Maternal and child health activities, it was stressed, should not only be an integral part of general health services but also of community life, and it should be recognized that a community approach toward health required a close working relationship with education, nutrition and other social services. In this connexion, one delegation called attention to the importance of home visiting. Another suggested greater emphasis on a synthesis of modern concepts with traditions to avoid making brusque changes. Attention was drawn to the important role which non-governmental organizations could play. 7/ It was suggested that experts advising on health problems, particularly on community activities connected with health, should have a thorough first hand experience of working with the local people.

38. To improve the quality of practice the discussions placed considerable emphasis on better training, especially of auxiliaries and supervisors, and increased supervision. The training of medical personnel at present left much to be desired and greater attention needed to be given to paediatrics, with emphasis on the social aspects. The need to train intermediate-level personnel became more urgent as health services expanded.

39. It was pointed out that while integration of MCH services with basic health services was desirable, care should be taken that it did not operate to the detriment of the specific aim of MCH services. An important safeguard would be to ensure technical MCH leadership at various levels of the basic health services. One suggestion was that UNICEF and WHO should give high priority to country programmes which emphasized preventive health measures. However, the point was also made that few children were brought to health centres solely for consultations

7/ See statement by the International Confederation of Midwives (E/ICEF/NGO/115).

in the field of prevention, and therefore if the mothers were to be reached and educated, it would be difficult and undesirable under present conditions in developing countries to separate the preventive and curative facets of maternal and child care. Immunization, it was stressed, could only have its full preventive effects when it became part of the regular health centre activities with time-schedules adapted to the epidemiological conditions of the country. The importance of family planning as an integral part of MCH in a number of developing countries was emphasized. 8/

40. The role which MCH services could play in reaching the young child received considerable attention (see para. 148). In some countries considerable progress had been made in school health, including nutrition education, but there was much more to be done in this field, including teacher training. The suggestion was made that UNICEF support for rural water supplies should have a higher priority in the future evolution of health services; in this connexion the assessment of environmental sanitation, including rural water supply, to come before the 1969 Board session, was awaited with considerable interest. In connexion with the prevention of diarrhoeal diseases in infants and young children, it was pointed out that the education of mothers was as essential as was the provision of piped water or latrines.

41. It was clear from the assessment that almost everywhere there was a lack of reliable vital statistics and service records. As these were essential for planning, execution and evaluation of health services, the suggestion was made that UNICEF give consideration to help countries improve this situation and to carry out thorough evaluations of their MCH activities. The hope was also expressed that UNICEF would have available to it from time to time additional appraisals of the MCH programme and regular progress reports.

42. Elaborating on the recommendation of the JCHP regarding equipment and supplies provided by UNICEF (see paras. 32(a), 34(j)) one delegation noted that UNICEF equipment was not always well-maintained and made a number of suggestions to improve the repair and use of the equipment. The intention of the Executive Director to continue the practice of keeping under active review the selection and maintenance of equipment provided by UNICEF was welcomed. The transport provided by UNICEF was felt to be of great value.

43. At the conclusion of the debate the Board expressed appreciation to WHO and to the consultants who prepared the country reports. It approved the section of the JCHP report dealing with the assessment (E/ICEF/556, sect. 7) and expressed the hope that it would provide guidance for the future joint work of the Governments and UNICEF and WHO in this important field.

Policy on aid for family planning

44. In May 1966 when the Executive Board engaged in an extensive debate on the possible role of UNICEF in family planning it was unable to arrive at a consensus and it decided to postpone action until its June 1967 session. 9/ In the

8/ For a further discussion of family planning as part of maternal and child health services, see paras. 44-58.

9/ See Official Records of the Economic and Social Council, Forty-first Session, Supplement No. 13 (E/4220/Rev.1 - E/ICEF/548/Rev.1), paras. 166-191.

meantime it agreed to ask the advice of the UNICEF/WHO Joint Committee on Health Policy (JCHP), which was to meet in February 1967, on the best way in which UNICEF might participate in programmes of family planning, with particular reference to the technical aspects. The representatives of the UNICEF Board on the JCHP, the Board agreed, were to be guided by the four following principles:

- "(a) UNICEF assistance shall be given in response to Government requests, as part of a country's health services and not as a separate category of assistance;
- "(b) UNICEF assistance shall be limited to the usual forms of aid that have been approved by the Executive Board for many years, such as training of personnel, provision of vehicles, and supplies and equipment for maternal and child health services;
- "(c) UNICEF shall not take any responsibility for the organization and administration of the governmental programme relating to family planning;
- "(d) UNICEF shall request the technical advice of WHO and the Bureau of Social Affairs of the United Nations Secretariat in connexion with any such assistance." 10/

45. The Board did not, in May 1966, consider two requests for assistance to family planning submitted by India and Pakistan. Instead it asked the Executive Director, after consultation with the Governments, to submit by mail poll revised requests for additional aid to basic health services which would have the technical approval of WHO. The Board approved revised requests for aid to basic health services, including family planning aspects, by mail poll in September 1966.

46. When the JCHP met it had before it a report prepared by the WHO secretariat, (E/ICEF/CRP/67-4) the purpose of which was to define the health aspects of family planning and the basis on which WHO could give technical advice and assistance on request. The report considered family planning to be an integral part of comprehensive health services for mothers and children.

47. The first priority, the report stated, should be for training of health personnel of all types. The report suggested that training programmes for physicians which were at present being assisted by WHO and UNICEF might be reviewed to determine the extent to which family planning could be included in them. In order to broaden medical education to encompass adequate teaching of maternal care, including family planning, it would be necessary for UNICEF and WHO to assist in the up-grading of departments of obstetrics and gynecology. In connexion with post-graduate medical training, WHO could provide fellowships in clinical and social aspects of obstetrics and gynecology, including training in family planning methods. Nurses and midwives should be given appropriate training in maternal and child care, including elements of family planning; auxiliary midwives and nurses would also benefit from such training, although to a more limited extent. The importance of supervision was reiterated. The report emphasized the conviction of WHO that family planning programmes should be closely

10/ Ibid., para. 189.

integrated into maternal and child health services, both for effectiveness and safety, and that no family planning programme which did not meet the criterion of integration with basic health services should be supported by UNICEF and WHO.

48. The report summarized the conditions under which WHO could provide advice for family planning upon request as follows:

- "(a) A policy of family planning has already been established independently by the Government concerned;
- "(b) WHO accepts no responsibility for endorsing or promoting any particular policy;
- "(c) The problems of human reproduction are recognized to involve the family unit as well as the society as a whole and that the size of the family is the free choice of each individual family; and
- "(d) It is recognized that it is a matter for national administrations to decide whether and to what extent they should support the provision of information on the health aspects of human reproduction to the people they serve."

The conclusions of the report were that:

"The types of projects in family planning for which a country might request UNICEF/WHO assistance and which, if they meet the requirements outlined in.../(a) to (d) above/could receive WHO technical approval would be those directed at (1) training in MCH care including family planning for the health personnel, (2) the expansion of the basic health services including the maternal and child health services. The need for rapid expansion of health services to provide scope for family planning as an integral part of them should be recognized. The normal preventive and curative activities of those services should in no way be reduced or impaired."

49. The JCHP agreed that the document clarified WHO's position in the field of family planning and the extent to which WHO was prepared to give advice both to UNICEF and to Governments when requested. Its conclusions conformed to the four guiding principles set out by the Board (see para. 44 above), and provided advice as to the best way in which UNICEF might participate in programmes of family planning. The JCHP agreed with these conclusions, which it believed provided an adequate policy statement for consideration of the UNICEF Board (E/ICEF/556, sect. 10).

50. The Executive Director informed the Board that he regarded the JCHP's recommendations, which were consistent with the criteria set by the Board in May 1966 and with the two projects which it approved by mail poll in September 1966, as providing a satisfactory basis for the consideration of requests for aid.

51. The Assistant Director-General of WHO informed the Board of the activities of WHO in the field of family planning over the past year. Resolution WHA.20.41 of 25 May 1967 adopted by the World Health Assembly on the health aspects of population dynamics congratulated the Director-General on the work accomplished in 1966 and approved his report. It requested him to continue to develop the activities of WHO in the field of the health aspects of human reproduction and to assist on request in national research projects and the training of university teachers and professional staff in this field. The Assistant Director-General stated that this resolution would make WHO better equipped for its role of advising Governments and UNICEF.
52. There was general agreement in the Board that the WHO report, concurred in by the JCHP, offered an acceptable basis for co-operative action by WHO and UNICEF to assist Governments which wished to provide comprehensive maternal and child health services, including family planning.
53. The emphasis on making training in family planning an integral part of the basic training of all types of health personnel was particularly welcomed by a number of delegations. The belief was expressed that family planning as an element in maternal and child health would considerably augment and strengthen other MCH elements.
54. A number of delegations which had expressed reservations about UNICEF action in this field at the May 1966 session of the Board stated that they were able to approve action under the principles and safeguards now being proposed. Several delegations stressed the need for more research in methods of contraception. Emphasis was placed on the freedom of Governments to formulate their own population policies and the right of each married couple to have free choice in determining the size of its family without coercion. It was pointed out that the proposals before the Board had the merit of giving UNICEF sufficient latitude of action in protecting maternal and child health without conflicting with the general position of Governments regarding population policies.
55. A view was expressed that it was better to encourage development rather than restrict demographic growth. On the other hand, several delegations called attention to demographic problems in their own countries which militated against economic growth. One delegation suggested that the Board might in the future give attention to the social factors influencing demographic growth and individual decisions about family planning.
56. Several delegations stated that they were accepting the JCHP recommendations as a compromise. The view was expressed that the conditions imposed upon UNICEF aid in this field were unduly restrictive and might lead to unnecessary complications. Reference was made to the correctness of the decision of the Executive Director to exclude from his original proposal in May 1966 the provision of contraceptive supplies and equipment to make them; on the other hand, one delegation took the view that it was illogical to accept some family planning activities as suitable for UNICEF aid and not others. One delegation believed that it was superfluous and misleading in project descriptions to list family planning as a special activity; another delegation thought that where UNICEF was assisting MCH which included family planning activities, this evidence of comprehensive services should be indicated, as should the other elements included.

57. A view was expressed that there was a certain lack of clarity in the WHO paper regarding the division of responsibility between WHO and UNICEF. It was agreed that any such problems on this score could be worked out in the process of formulating individual project requests. Several delegations pointed to the need for UNICEF to make a special effort to co-ordinate its activities in this field not only with WHO but other members of the United Nations family, so as to encourage a consistent United Nations policy. It was agreed that the Executive Director would bear this in mind.

58. The Board approved the section of the JCHP report on the health aspects of family planning (E/ICEF/556, sect. 10) as the basis of UNICEF's policy in this field.

Policy on aid for malaria eradication

59. The Board agreed, at its May 1966 session, to discuss UNICEF policy on aid for malaria eradication at its 1967 session in the light of the fact that the campaigns were requiring more time and money than originally foreseen. ^{11/} A paper by WHO on the malaria eradication programme (E/ICEF/L.1268 and Corr. 2) and a note prepared by the UNICEF secretariat giving a forecast of UNICEF allocations for malaria eradication 1967 to 1968 (E/ICEF/L.1268/Add.1) were considered in the first instance by the UNICEF/WHO Joint Committee on Health Policy. The Committee's comments and recommendations to the Board were contained in its report (E/ICEF/556, sect. 11).

60. The picture drawn by WHO and the JCHP of the status of the global eradication campaign was both encouraging and discouraging. Of the 1,592 million persons living in the originally malarious areas of the world 77 per cent were already covered by eradication campaigns at different stages; the eradication of the disease had been claimed in areas covering over half of this population - 619 million. Most of the remaining 23 per cent lived in Africa. Despite the gains there had been discouraging set-backs. Many of the campaigns, primarily because of problems of finance and organization, had run on much longer than anticipated. Particularly where malaria had been reduced to a low level, interest had begun to wane in continuing the heavy financial outlays required in order to see the campaigns through to the end. The problem of sustaining local budgets had been particularly acute in Latin America. Where local budgets had been reduced prematurely, campaigns had been weakened and malaria had come back.

61. In the Board discussion the representatives of WHO pointed out that WHO was trying to arouse and sustain the interest of Governments in malaria eradication, and any decision taken by the Board would affect the attitudes of the Governments concerned. It was therefore to be hoped that the gradual decrease in UNICEF expenditures on malaria eradication did not represent a phasing-out of its activities in this sector. On 17 May 1967 the twentieth World Health Assembly had adopted resolution WHA 20.14, whereby it decided that it was necessary to re-examine the global strategy for malaria eradication and requested the Director-General to study how best to carry this out; it urged that the global eradication of the disease be resolutely pursued, especially to secure the protection of the peoples of Africa; it recommended the development of basic health services and the diversification of means of eradication in accordance with each country's

^{11/} Ibid., paras. 71-73.

requirements; and it requested multilateral and bilateral agencies to give particular attention to ways of assuring the material resources for the eradication of malaria in Africa and other areas.

62. Board members expressed their appreciation to WHO for the appraisal of the malaria eradication situation, and the light it shed on the conditions suitable for carrying out campaigns to which support should be given.
63. Both in the JCHP report and in the Board discussion there was a recognition of the close relationship between rural health services and successful malaria eradication. While an infra-structure of basic health services was a prerequisite for malaria eradication, on the other hand malaria eradication programmes could be an important stimulus to the development of basic health services in rural areas.
64. It was noted that by supporting the development of basic health services UNICEF was indirectly assisting malaria eradication as well. This was especially important in Africa, where the malaria situation was a matter of special concern, and UNICEF's aid for rural health services would help pave the way for later eradication programmes. It was pointed out that in several instances UNICEF had provided additional assistance for basic health services in countries which did not qualify, or which no longer qualified, for aid to malaria eradication.
65. The attention of the Board was directed to a plan for a concerted attack on malaria in North Africa. This plan, which it was pointed out contained all the necessary prerequisites for success, had the technical approval of WHO, and the hope was expressed by some delegations and the representatives of WHO that UNICEF would be able to help support it. In this connexion the Deputy Executive Director (Programmes) recalled to the Board policy adopted in January 1964 ^{12/} which permitted UNICEF to participate in new campaigns if resources were adequate, taking account of UNICEF's responsibilities for meeting other needs of children; if the country considered that malaria constituted a major child health problem and gave high priority to its request for aid for malaria eradication and recognized that it might have to reduce or postpone requests for other types of UNICEF aid; and if the future financing of the programme to its completion was reasonably assured, so that UNICEF would not be expected to assume increasing responsibility.
66. Some delegations stated that the decline in local support for malaria eradication did not reflect a lack of interest in certain instances but was a result of unexpected financial problems affecting the country's expenditures in the social sector generally. The point was also made that even the most efficient campaigns might encounter unforeseeable difficulties which prolonged the efforts; under these circumstances UNICEF withdrawal because local funds were not forthcoming as planned appeared to be unjustified. Instead every effort should be made to impress upon the Governments to increase their share.
67. A number of delegations shared the concern of the JCHP that "in a number of programmes already under way with UNICEF assistance the interest and enthusiasm of the Governments had shown serious signs of waning" (E/ICEF/556, sect. 11). They agreed with the Committee's urging of both WHO and UNICEF to use their influence to the maximum to revive this interest so that programmes could be

^{12/} Ibid., Thirty-seventh Session, Supplement No. 3A (E/3868 - E/ICEF/492), para. 51.

brought to a successful end. They believed, however, that the conclusions of the JCHP that "in event that the countries fail to provide the counterpart funds required for carrying out the programme, the international agencies would not be justified in continuing their assistance" (ibid.) was the only practical one to be followed by UNICEF in the light of the policies it had adopted.

68. Several delegations reiterated the concern that had been expressed at previous Board sessions at the size of UNICEF expenditures for malaria eradication and welcomed the provisional forecast of allocations in this field by the UNICEF secretariat (E/ICEF/L.1268/Add.1) in which the amount in 1969 was estimated at \$2.8 million as compared with \$4.1 million approved in 1967. The Deputy Executive Director (Programmes) pointed out that it was natural for UNICEF expenditures on malaria eradication to decline, since each year some countries moved from the attack phase to the consolidation phase. However, if the forecasts proved wrong and more funds were needed it might be possible to provide them if the countries were equally ready to do their share.

69. The JCHP had recommended to the Board that UNICEF "continue its vital support to malaria eradication activities in accordance with its present policy". The Board adopted this recommendation and approved the section of the JCHP report dealing with malaria eradication (E/ICEF/556, sect. 11).

Other disease control

70. Tuberculosis: In the field of tuberculosis new methods of detection of infectious cases and knowledge about the effectiveness of drugs for ambulatory treatment had reduced costs and made it easier to integrate tuberculosis control into the regular health service. The long-established use of BCG vaccine as a preventive measure had been improved through the development in recent years of a freeze-dried vaccine; the time-consuming pre-vaccination tuberculin test was being eliminated; and more efforts were being made to reach the pre-school child. About 15 million people suffered from transmissible tuberculosis, some 80 per cent in millions of scattered villages. It was the conviction of WHO that with the present realistic approach to priorities and sustained international aid it would be possible in the not too distant future to reduce the problem by more than half (see E/ICEF/P/L.988, paras. 108-114).

71. Yaws: Experience with the control of yaws continued to be successful, due to the well-organized and vigorously conducted campaigns, and to the remarkable effectiveness of a single shot of penicillin in curing most cases. In resuming its aid to Indonesia UNICEF again took up its support of the world's largest anti-yaws campaign. Although UNICEF was continuing to help twelve countries in yaws control campaigns, the trend was for the work more and more to become a part of the regular activities of the basic health services. Vigilance against this disease through an adequate network of basic health services was essential in order to prevent the resurgence of incidence. By the end of 1966 more than 23 million children had been treated in yaws campaigns aided by UNICEF.

72. Trachoma: Trachoma continued to be a major cause of blindness in children, particularly in Asia and the Eastern Mediterranean. Unfortunately the best available method of treatment (application of antibiotic ointment to the eyes over a period of five days per month for six months) was not easy to sustain on a mass basis and considerable difficulties were being experienced in some countries

in extending the programme beyond pilot areas. In areas of high endemicity of trachoma, low standards of living, and limited health services, the treatment had little effect in reducing the over-all incidence of the disease; even in those areas, however, the campaigns had a dramatic influence in reducing the duration and gravity of the disease, especially in children. UNICEF was helping seven countries in special trachoma control programmes, and in addition three countries were receiving aid for anti-trachoma work through their health services. By the end of 1966 over 24 million children had been treated for trachoma, including nearly 3,300,000 in 1966.

73. Leprosy: In anti-leprosy work the modified strategy approved by the Board in 1966 ^{13/} upon recommendation by WHO, had not yet resulted in significant changes in field operations. The main new element was to focus mainly on contagious cases in order to concentrate scarce resources on the sources of infection. UNICEF was continuing to assist countries in their leprosy control efforts provided that they progressively adopted the new strategy. There were still some estimated 11 million leprosy cases in the world and less than 2 million were under treatment. With currently available techniques the successful conclusion of anti-leprosy efforts appeared to lie many years ahead. ^{14/}

Report of the UNICEF/WHO Joint Committee on Health Policy

74. The UNICEF/WHO Joint Committee on Health Policy (JCHP) met from 1 to 3 February 1967. In addition to reviewing the maternal and child health and applied nutrition assessments, discussed elsewhere in this report, the Committee dealt with UNICEF policy for aid to intestinal parasitic infection, water fluoridation, and measles vaccination (see E/ICEF/556). These items are discussed below.

75. Intestinal parasitic infection: The JCHP had on its agenda the question of UNICEF aid for intestinal parasitic infection. Since 1952 UNICEF had been providing drugs for the treatment of individual cases of helminthiasis and the Committee wished to know what more could be done. The WHO secretariat prepared a report dealing exclusively with the control on a community basis of one variety of infection - ascariasis (E/ICEF/CRP/67-2). The report was limited to this type of infection because of its wide occurrence, its damaging effect on the health of children, and because studies had shown that measures were now available for an effective attack on the parasite. Maternal and child health services must, however, be available in an area to provide an efficient framework for such a programme.

76. The Committee was impressed with the seriousness of the problem, for which the technical means of control were now at hand. Ascariasis, affecting millions of children all over the world, constituted a major health hazard, probably causing more deaths and serious illness in children than many of the more dramatic infections to which greater public attention was given. However, the per capita cost for a control programme was estimated to be high and a programme had to be continued over many years.

^{13/} Ibid., Forty-first Session, Supplement No. 13 (E/4220/Rev.1 - E/ICEF/548/Rev.1), paras. 156-165.

^{14/} A statement on leprosy control programmes was submitted by the International Society for Rehabilitation of the Disabled (E/ICEF/NGO/113).

77. In view of the cost and the many other demands on UNICEF resources, the JCHP, with regret, was not able to recommend that UNICEF should include this type of activity in its programme aid at the present time. It hoped that some Governments would undertake programmes on their own initiative (see E/ICEF/556, sect. 8). The Board concurred with this position.

78. Water fluoridation and dental health: The JCHP had before it a paper on this subject prepared by the WHO secretariat (E/ICEF/CRP/67-3). On the basis of the recommendations of the JCHP (see E/ICEF/556, sect. 9) the Board agreed that UNICEF should not undertake a programme of aid for water fluoridation. There was general agreement in the Committee and the Board that dental caries was a world-wide child health problem and that fluoridation of water supplies constituted an effective mass control method which was far more economic than provision of dental care. There were two important factors, however, that needed to be considered. One was cost; though installation costs were not a crucial element, the recurring costs of purchasing chemicals, which could not be borne by UNICEF, would be difficult for many developing countries to assume. In addition, fluoridation would be limited to urban areas while most of the children in developing countries still lived in rural areas. Under these circumstances, the general view in the Board was that there were more important immediate uses for UNICEF resources.

79. Related to this view, and also arising out of several project recommendations which included UNICEF support for dental health, the Programme Committee (see E/ICEF/P/L.988, paras. 26-28 and 89) and the Executive Board discussed UNICEF aid for dental health generally. Some delegations questioned the appropriateness of UNICEF aid for dental care which in their view represented a very low priority in relation to more urgent unmet needs of children. It did not appear to be preventive, and although the cost of equipment provided by UNICEF was moderate, the Government's share of the programme was expensive since it involved the maintenance of specialized staff to use the equipment. Other delegations, however, took the position that where a country already had a health infrastructure, and where dentists or dental nurses were available, it would seem correct for UNICEF to be able to provide the relatively inexpensive imported equipment and to help with the training of dentists and dental auxiliaries as part of a comprehensive health service. In some instances the Government per capita costs were low because the voluntary services of private dentists were available. It was pointed out that the dental care aided by UNICEF was at a simple and basic level and could include preventive measures such as the topical application of fluorides. It was felt that UNICEF should not establish inflexible priorities which did not take into account the stage of health services development in a country.

80. The Deputy Executive Director (Programmes) stated that the UNICEF secretariat had always considered aid for dental health services with a certain degree of caution and this would be continued. While 104 countries were assisted with basic health services, only 30 of them received UNICEF aid for dental services. The amounts allocated for dental services were small, averaging in recent years about \$90,000 a year in the aggregate, or less than one per cent of total allocations for basic health services. The interest in receiving aid was, however, increasing; in 1966 there were sixteen requests, while in the preceding several years the number had never exceeded seven.

81. Measles vaccination: In 1965 on the basis of a recommendation by the JCHP the Board decided that UNICEF could provide measles vaccines to countries with high measles death rates on two conditions: that the vaccines were administered only to groups small enough to be kept under observation during the period of reaction; and that it was possible to continue to vaccinate systematically the children born into the community in future years. 15/
82. At the JCHP session in February 1967 recent experience with the use of measles vaccines on a large scale was reviewed on the basis of a WHO paper (E/ICEF/CRP/67-5). No serious complications had been reported. The Committee therefore recommended that the limitation on the size of the group be omitted as a condition for UNICEF aid. Countries were advised to follow up closely any reported cases of severe reactions or complications and to continue to check the duration of immunity. In the Board discussion one delegation, calling attention to the high child mortality from measles in some countries, and the financial difficulties of the countries in obtaining sufficient vaccine, expressed the hope that the criteria for UNICEF aid for measles would be further liberalized in the future.
83. The Board approved the recommendation of the JCHP (see E/ICEF/556, sect. 12) with regard to criteria for UNICEF aid to measles vaccination programmes.

Nutrition

84. The effect on children of the race between population and food supplies - a race being lost in many parts of the world - was a source of major concern throughout the Board deliberations. UNICEF was helping sixty-seven countries to improve the nutrition of their mothers and children in various ways. In 1967 the Board allocations for nutrition totalled \$5 million or 12.8 per cent of all programme allocations. This was only slightly higher in amount than the allocations made in 1966 and somewhat below the 1961-1965 annual average.
85. This situation gave a special urgency to the Board's consideration of the best ways in which UNICEF might work in the nutrition field. It was against this background that the Board reviewed a progress report on protein-rich food development and an assessment of the applied nutrition programme. This review and the policies approved by the Board are discussed in paragraphs 86 to 105. Together with the conclusions of the Board on the nutritional aspects of the maternal and child health assessment (paras. 34(e), 34(g), 40) and the action taken by the Board in 1966 on the basis of an assessment of experience in milk conservation, 16/ policies governing UNICEF aid in the field of child nutrition were now well established and provided a good basis for increased support to sound projects. A number of delegations urged that in programme planning in the coming years considerably more emphasis should be placed on nutrition.

15/ See Official Records of the Economic and Social Council, Thirty-ninth session, Supplement No. 15 (E/4083/Rev.1 - E/ICEF/528/Rev.1), paras. 133-136.

16/ Ibid., Forty-first Session, Supplement No. 13 (E/4220/Rev.1 - E/ICEF/548/Rev.1), paras. 139-153.

Development of protein-rich foods

86. The Board, at its May 1966 session laid emphasis on the importance of accelerating work with low-cost protein-rich concentrates and mixtures, particularly for weanlings and pre-school children in urban and peri-urban areas. The purpose was to help developing countries become self-sufficient in the production of these foods. ^{17/} On the basis of reports by the Executive Director (E/ICEF/558, paras. 60-75) and the FAO/UNICEF Joint Policy Committee (E/ICEF/557, paras. 27-42; E/ICEF/CRP/67-7) the Board at its 1967 session considered how further work in this field could be advanced.

87. FAO, WHO and UNICEF have worked together jointly for some years in stimulating recognition of the problem of protein scarcity and malnutrition, as well as stimulating research and development. Recently a leading role on this problem had been undertaken by the United Nations Advisory Committee on the Application of Science and Technology to Development, which had established an ad hoc Panel of Experts to study the protein problem. This panel was composed of three experts, one each provided by FAO, WHO and UNICEF. The report of the Advisory Committee, ^{18/} and the report of the panel annexed thereto, was to be considered by the Economic and Social Council at its forty-third session. The Deputy Executive Director (Operations) stressed the importance of the recommendations of the Advisory Committee, which if endorsed by the Economic and Social Council and the General Assembly, would bring the much greater resources which were needed into the field. The Advisory Committee had recommended the creation of a special Protein Promotion Fund to supplement existing resources for closing the protein gap of the order of magnitude of \$20 million per year at the beginning of the Decade and rising to \$40 million a year in the second five years. This would come from voluntary contributions which it was proposed be handled by the United Nations Development Programme.

88. The Advisory Committee also recommended that the FAO/WHO/UNICEF Protein Advisory Group be expanded in scope and function and that its membership be enlarged to include some additional disciplines and professions. Referring to UNICEF's valiant and effective efforts in this field the Advisory Committee commended UNICEF for the careful selection of specific areas in which its limited resources could be expected to make a significant contribution. It stated that "such programmes, in which UNICEF has pioneered, should be further intensified and the funds allocated to them should be increased many times" (E/4343, para. 63).

89. The FAO/UNICEF Joint Policy Committee report suggested that action programmes in a given country should be related to agricultural products which were available or could be produced at a reasonable cost. Consideration might be given to the construction of food processing facilities on a regional basis. The importance of close co-operation of all agencies in the United Nations family working in various aspects of this field, and with bilateral aid, was emphasized.

^{17/} Ibid., paras. 83-85.

^{18/} Feeding the expanding world population: recommendations for international action to avert the impending protein crises (E/4343).

90. A certain change of emphasis as a result of experience thus far with high protein food development projects in various countries was recommended by the Joint Policy Committee and elaborated upon in the Board by the Deputy Executive Director (Operations). He pointed out that the promotion and commercial distribution of low-cost protein-rich foods in the developing countries had not always progressed at a rate sufficient to ensure economic viability of the assisted projects. The welfare distribution supported by the Governments, bilateral or multilateral aid agencies or UNICEF was not sufficient, and it was necessary also to produce a commercial demand for the products.

91. In the light of this it was evident that a phased assessment and development of markets was essential before the establishment of new manufacturing facilities. In the future before UNICEF aided in the establishment of plants (for which imported equipment supplied by UNICEF might cost between \$150,000 to \$250,000), there would be a local examination and selection of acceptable mixtures by health authorities, paediatricians, home economists, etc. UNICEF would finance the provision to the country from external sources of these processed mixtures in suitable packaging. There would then be an exploration of various aspects of the commercial market including low price sales and types of distribution outlets to reach the lower-income families, as well as various forms of welfare distribution. At this stage probably from 10 to 50 tons of the food materials might be required from UNICEF for the market exploration. The food materials for this stage (as well as the preceding one of testing and selection) would come from an allocation for the promotion of protein-rich foods for which an additional \$100,000 was approved at the current Board session. ^{19/} The next stage would be that of stimulating sufficient market to justify local processing facilities.

92. It was estimated that the local sales of processed food mixtures through both commercial channels and non-commercial and welfare distribution must be in the order of 1,000 tons annually to ensure economic viability of the project. In the period of expansion of sales toward the point where the potential market could be seen as reaching this level, it was hoped that the ingredients for food mixture would be provided through the World Food Programme or by bilateral agencies in order to sustain and expand the market. In those instances where sufficient support from these sources was not available, UNICEF would be prepared to help stimulate low-price sales through the provision of up to 250 tons of the food mixture. When the potential market had been established to be in the range of commercial viability, the final stage of assistance by UNICEF would be provision of the processing equipment for local production (which would normally take two years from the allocation of funds to full production), together with some help for additional market promotion.

93. In the Board discussion UNICEF and FAO were commended for co-ordinating their efforts with those of multilateral and bilateral organizations. Gratification was expressed that the Advisory Committee recognized the usefulness of work being done by UNICEF, and for the initiative taken by the Executive Director in having the UNICEF secretariat follow the Advisory Committee's work closely and participate in certain aspects of it. The enlargement of the FAO/WHO/UNICEF Protein Advisory Group along the lines recommended by the Advisory Committee (para. 88) was supported. Endorsement was given to the increased attention which would be paid in the future to the acceptability of food mixtures and to their marketing before plants would be built for local production.

^{19/} A description of this project is contained in E/ICEF/P/L.759 and Corr.1.

Assessment of applied nutrition programme

94. During the period 1958 to 1966 UNICEF allocated \$19.5 million for applied nutrition projects directed to the rural family, combining nutrition education and training with demonstration production and consumption of various protective foods. The purpose was to modify family food production and consumption patterns to improve the diets of mothers and children. In 1967 over \$4 million was allocated, constituting two-thirds of UNICEF's investment in nutrition. The Board had before it an assessment of the experience with this programme prepared by Dr. James Hundley, a special FAO/WHO/UNICEF consultant. 20/

95. The consultant referred to one definition of an applied nutrition programme as "a co-ordinated educational activity among agriculture, health and education authorities and other interested agencies with the aim of raising the levels of nutrition of local populations, particularly mothers and children, in rural areas". He pointed out that this co-ordination required a blending of international aid and advice with local initiative and responsibility, and joint action at the national, state and local level. Considerable voluntary participation was essential. Effective programme execution required emphasis on training, education, production and consumption. The programme, or at least some aspects of it, needed to be capable of spreading from pilot zones to neighbouring areas without full-scale governmental stimulation and support.

96. The main findings of the consultant were as follows:

- (a) There was no question of the validity of the basic ideas underlying the applied nutrition programme, although the projects had not been in operation long enough to assess the ultimate benefits desired in terms of child health and nutrition.
- (b) The applied nutrition programme had created a much better understanding at all levels of government of the complex, long-range nature of food and nutrition problems, and the measures needed for their alleviation. There was no doubt that the applied nutrition programme had stimulated interest (even enthusiasm) and support for action in the nutrition realm which was not present before. This was evident at the national level both on policy and technical matters. It was also true at the state (or district) level, but even more so at the community level among community leaders, school teachers, leaders of voluntary groups, parents and children.

20/ The assessment consisted of a general section (E/ICEF/L.1266) and a review of projects in five countries which the consultant had visited: Colombia, India, Ivory Coast, the Philippines and Trinidad (E/ICEF/L.1266/Add.1). It also included statistical summaries of aid to applied nutrition projects supplied by UNICEF (E/ICEF/L.1266/Add.2), WHO (E/ICEF/L.1266/Add.3) and FAO (E/ICEF/L.1266/Add.4).

- (c) From the operational point of view, the applied nutrition programme had proved to have the capability of engendering sustained national action about nutritional problems. It could be sufficiently flexible to be fitted into, and supportive of broad development policies as well as health, economic, agricultural and social development policies.
- (d) The programme had greatly increased the number of people being trained and now working in various aspects of food and nutrition.

97. The consultant drew attention to weaknesses in some of the applied nutrition projects. There was lack of general agreement on what and how much was needed in the way of base-line surveys to guide the design and conduct of a programme and constitute a yardstick to evaluate progress. Plans of operations were too ambitious and not sufficiently tailored to resources and specific needs; more systematic procedures for evaluation were needed; insufficient attention was paid to the quality of training; co-ordination was incomplete; financing was not available at levels specified in plans of operation; staff was inadequate for the planned operations; programme activities were improperly phased; more emphasis was given to stomach-filling operation than to improving food production and consumption at the family level; village people were insufficiently involved in programme decisions; international experts were used as project executives rather than advisers or were not available at the right time; food production activities were not sufficiently linked to normal agricultural production/commercial development schemes.

98. Many of the shortcomings were in the category of lessons already learned for the older projects and could serve as warnings of pitfalls for new projects. It was noted that during the first one to three years of a project, development usually would be slow, and corrections and revisions of organization, approach and financing were often required. However, this was generally followed by a period of growth and increasing success.

99. In the light of his findings the consultant concluded that the international agencies should continue to support, encourage, and improve applied nutrition programmes. In addition he made the following main recommendations:

- (a) FAO, WHO and UNICEF should consider jointly with selected countries ways and means to preserve and exploit further the gains made as international assistance was phased out.
- (b) The international agencies should develop a programme tailored to meet the urban and peri-urban nutrition problems, either as a variation of the applied nutrition programme or as a separate programme.
- (c) More flexibility in approach, phasing and content should be permitted within the applied nutrition programme, and the international agencies should seek whatever changes in policy, planning, programming and budgeting may be required to make this effective.

- (d) The international agencies should develop a mechanism with necessary finances to create a small, flexible, mobile reserve of potential country project experts.
- (e) The international agencies should develop a programme to provide for exchange of personnel among the applied nutrition projects on a carefully selected, career development, in-service training basis.
- (f) Increased emphasis should be given to development of voluntary groups such as mothers' clubs, 4-H clubs, farmers' clubs, co-operatives and similar organizations, not only as a mechanism of action for applied nutrition programme but for their value in the social, agricultural and economic development of the countries.
- (g) The staff of FAO, WHO and UNICEF should undertake a review of each of the aided projects which the consultant did not visit, to develop an agreed schedule of action.

100. The assessment was reviewed in the first instance by both the UNICEF/WHO Joint Committee on Health Policy and the FAO/UNICEF Joint Policy Committee. Both Committees (see E/ICEF/556, sect. 6; E/ICEF/557, paras. 20-26) were in agreement with the general conclusions of the assessment and with the specific recommendations, except the one for a small mobile reserve of experts (para. 99(d) above) which neither Committee endorsed.

101. In the Board discussion the consultant was commended for the frank and constructive way in which he had pointed out the weaknesses as well as strengths of the applied nutrition programme. There was general endorsement of his view that there was need for greater flexibility so that projects could be more sensitively adapted to local conditions; that it was necessary to seek new forms of action suited to urban conditions; that special attention should be given to help countries take over and extend the work as international aid decreased; that personnel be exchanged among countries for training purposes; and that a country-by-country review be made by the international agencies of the projects, using existing staff wherever practicable. It was pointed out that because bilateral aid agencies were increasing activities related to applied nutrition, it was important to develop close co-ordination with them. The emphasis in the report on the importance of applied nutrition programme activities of reaching the young child was welcomed (see para. 149). Attention was also directed to the value of water supplies for effective nutrition activities (see para. 40).

102. The increasing recognition that the field was one which cut across the interests of a number of professions, disciplines and ministries was welcomed in the Board discussion. Attention was directed to the conclusion of the FAO/UNICEF Joint Policy Committee that if a project was started by one ministry there should be a clear understanding from the beginning with the other ministries about their earliest possible involvement. It was also noted that the JCHP had concluded that the participation of health ministries needed to be strengthened in some projects, and that of education and agriculture ministries in others. It was clear that when it was not possible in a particular country to start with a fully integrated applied nutrition programme there should be sufficient flexibility to start at a modest level and build toward the complete package.

103. The report had called attention to the difficulties of having international technical support available at the right time in a number of projects. In this connexion the representative of FAO suggested that the problem would be alleviated if additional financing was available for international advice when it was needed. Several delegations expressed the belief that many of the shortcomings of projects described by the consultant were related to the problem of recruiting the right experts who would be available at the right time. They believed that the consultant's recommendation that a small mobile reserve of experienced advisers be established (para. 99(d) above) would help to meet this problem. Although both of the Joint Committees had had reservations about this recommendation and therefore had not endorsed it, several delegates supported the Executive Director's proposal that this possibility be re-examined.

104. The consultant emphasized the importance of involving the community, individuals and families not only in carrying out applied nutrition programme activities but also in designing and deciding what was to be undertaken in their local areas. This view, and the related one of greater emphasis on the use of voluntary agencies (para. 99(f)), was supported by delegations. The NGO Committee on UNICEF had appointed an ad hoc committee on nutrition and presented a report (E/ICEF/NGO/107) to the Board which called attention to the way in which voluntary groups, and the co-operation and expertise of non-governmental organizations already working in the field, could contribute to reaching the home and to mobilizing local resources, both material and human, for improved child nutrition. 21/

105. The Board was in general agreement, at the end of its review of the assessment, that the applied nutrition programme was the most effective means so far found for UNICEF, working together with FAO and WHO, to help meet the nutritional problems of rural children at the village and family level. It approved the recommendations of the Joint Committees and expressed the hope that national and international staff responsible for the development of the projects under the applied nutrition programme would be guided by the consultant's findings, and that the results would be visible in future requests coming to the Board. With regard to the establishment of a small mobile reserve of experienced international experts (see para. 103 above) which the Executive Director proposed to explore further with FAO and WHO, the Board requested the Executive Director to report back to it on this before putting such a measure into effect. The Board expressed its appreciation to Dr. Hundley and to all those who co-operated in making the assessment possible.

Report of the FAO/UNICEF Joint Policy Committee

106. The FAO/UNICEF Joint Policy Committee which met in Rome from 6 to 8 February 1967 considered two items which are discussed in some detail above - the development of high protein foods (paras. 86-93) and the assessment of the applied nutrition programme (paras. 94-105). It also considered several

21/ Additional statements on the question of co-operation with UNICEF in the field of nutrition were made by the following non-governmental organizations: Associated Country Women of the World (E/ICEF/NGO/106); International Union of Nutritional Science (E/ICEF/NGO/109); and Pan Pacific and South-East Asia Women's Association (E/ICEF/NGO/110).

additional matters which are discussed in paragraphs 107 to 117 below, in addition to a general progress report on activities jointly assisted by FAO and UNICEF (E/ICEF/CRP/67-6).

107. Home economics and women's education: 22/ The FAO/UNICEF Joint Policy Committee engaged in a discussion, on the basis of a working paper presented by FAO (E/ICEF/CRP/67-8), on the role of home economics in jointly assisted projects. In the Committee's discussion a number of points were emphasized, including the importance of assisting Governments in programmes to enable women to make a greater contribution to economic and social development; the need to introduce home economics into teacher training; and the possibility of using home economics as a means of reaching the pre-school child. The Committee recognized the need not only of developing specialized programmes of home economics but also of integrating home economics into other programmes and services for families; this approach was important for training of staff as well.

108. The Committee agreed that an ad hoc inter-agency working party be established to enlarge the working paper in the light of these points. This paper, which would be submitted to the next session of the Committee, would provide the executive heads and staffs of the relevant agencies of the United Nations family with guide-lines to be used in assisting Governments in the development of women's education programmes within the context of economic and social development (E/ICEF/557, paras. 43-51).

109. Organized educational rural youth programmes: 23/ In the past, limited aid has been given by FAO and UNICEF to some organized rural youth activities which were part of applied nutrition activities. The FAO/UNICEF Joint Policy Committee discussed various possibilities for expanding aid to out-of-school educational programmes for rural youth (15 to 18 years of age) on the basis of a working paper on this subject prepared by FAO (E/ICEF/CRP/67-9). In the working paper and the Committee's discussion (E/ICEF/557, paras. 52-59) it was brought out that the bulk of rural youth either did not attend school or left at an early age; the high proportion of youth in the population aggravated the problem; the training of out-of-school rural youth, particularly in societies in transition from traditional to modern agriculture, could make a direct and immediate contribution to increased food production and to family use of protective foods; traditional educational institutions were unable adequately to provide the type of training needed; and successful rural youth group activities could have a major effect in stimulating community self-help programmes in developing community leadership, and generally in improving rural life.

110. The Committee believed that there was a lack of adequate analysis of experience which could be the basis for practical guide-lines to programme development, and the suggestion was made in the Committee that FAO and UNICEF might support simple but adequate evaluation and research in order to select some of the more effective programme elements and designs in the various countries, particularly those relating to the changing needs and aspirations of youth.

22/ For a further discussion of the role of UNICEF in advancing the position of women, see para. 131 below.

23/ For a further discussion of youth problems, see para. 126 below.

111. The Committee recognized that youth training programmes were complex and difficult to carry out, and required strong and continuing support by Governments. It was believed that they should be an integral part of national development plans, or be closely associated with them. Volunteers could make a significant contribution to the programmes, given adequate governmental staffing on a continuing basis. The Committee believed that youth training could not only contribute to a new purpose and motivation in rural life, but might also help curb undesirable migration to cities. It was important, in any case, to consider the training which should be given to rural youth who would migrate.

112. In order to avoid dispersal of effort and to arrive at concerted action in this field there was a need for collaboration among the various agencies in the United Nations family. To help achieve this an inter-agency ad hoc committee on youth would be meeting in August 1967.

113. Future of the FAO/UNICEF Joint Policy Committee: The FAO/UNICEF Joint Policy Committee, after reviewing the evolution of its work and the problems of inter-agency relationship likely to arise in the future in which a joint policy committee would be useful, agreed to propose to the governing bodies of FAO and UNICEF that the Committee be continued with its present terms of reference. 24/ It suggested that the Committee meet at intervals of about two years, at times and places to be mutually agreed between the Director-General of FAO and the Executive Director of UNICEF.

114. With regard to its composition the Committee considered that the following principles should be taken into account:

- (a) The membership of the Committee should reasonably represent both donor countries and countries which are recipients of FAO and UNICEF assistance;
- (b) The members of the Committee should be well experienced in matters with which it is concerned, and they should be able to call on a wide background of information from the ministries and qualified individuals in their own countries concerned with jointly-assisted FAO and UNICEF programmes;
- (c) The Committee should represent a reasonable geographical distribution of member countries.

115. In order to facilitate the attainment of (c) above, the Committee recommended that the representation on each side be increased from five to six.

116. The Committee made no recommendations to the agencies regarding rotation of membership, recognizing that the governing bodies of each agency should make its own decision on this as an element in achieving a representation well balanced with respect to technical expertise, geographical distribution and reasonable continuity of service. In the Board discussion the point was made that it would be desirable if countries would send as members persons not only knowledgeable in

24/ The terms of reference are conveniently reproduced in a working paper considered by the Committee on the "Future of the Committee" (E/ICEF/CRP/67-10).

the subject matter but also with experience on their country delegations to the governing bodies. It was pointed out that the Committee was concerned with policy, not technical matters, and members of the Committee should be thoroughly familiar with the basic policies of the agencies.

117. The Board approved the recommendations of the Committee. Since the Committee will not be meeting again until 1969, selection of the UNICEF representation would be made at the 1968 election meeting of the UNICEF Board.

Education and vocational training

118. Although UNICEF, in co-operation with UNESCO and ILO, had begun assisting education and vocational training projects only in 1961, they had now become a major field of UNICEF aid, second only to basic health services. For the first several years UNICEF aid to this field accounted for less than 10 per cent of programme allocations. In 1966 this increased to 14.5 per cent, and in 1967 to 23.9 per cent, with allocations totalling \$9.3 million - more than double the amount approved in 1966. More than half of the countries receiving UNICEF aid - 69 - were receiving aid in education and vocational training.

119. The acceleration reflected the great concern of developing countries to raise the educational level of their people, to provide a closer link between schooling and life, and to curtail educational wastage. Among the approaches toward this objective were teacher training, new curricula, new ways of teaching and a new concept of the school, especially in rural communities.

120. There were many teachers - in some countries over 50 per cent - who had no professional training at all. The greatest emphasis in UNICEF aid went to teacher training and to help improve supervision. By the end of 1966 some 55,000 teachers, supervisors, and other educational personnel had received training in more than 550 teacher-training schools and 8,900 associated primary schools and through various forms of in-service training. This number would be considerably increased as projects became more fully operational.

121. The projects aided by UNICEF also reflected the interest of countries in putting more emphasis on simple science teaching in the primary schools, on teaching practical skills, and on health and nutrition education.

122. The acute shortage of teachers' manuals, teaching aids and textbooks was a serious obstacle to improving the quality of teaching. In many countries it was an important factor in the high rate of school drop-outs. UNICEF aid for this essential element of education was increasing. The allocations approved in 1967 contained more than \$3 million for teaching materials, paper, ink, publishing and other assistance for the local production of teachers' manuals and textbooks. The Executive Director believed that it might be advisable to expand UNICEF aid in this field even more, and be ready also to help countries try out some modern educational techniques such as programmed instruction and school broadcasting.

123. More emphasis also needed to be placed on schooling for girls and on giving the school an organic role in the life of the community, especially in rural areas. One delegation suggested that the importance of extra-curricular activities and recreational and leisure time activities not be overlooked.

124. Since the task in this field was so great and the resources so limited it was pointed out there was an urgent need to establish priorities of action and to co-ordinate the aid available from various international sources (UNESCO, ILO, UNICEF, UNDP, IDA) and from bilateral aid. This co-ordination needed to be placed within the context of over-all planning at the national level.

125. In the light of the above considerations, the Board awaited with interest the assessment of aid for education which would be a major agenda item at its 1968 session. The assessment would give the Board an opportunity to review its policies in this field as a basis for sound future planning and allocation of funds.

126. There was considerable concern in the Board in the plight of children out of school - those who never went to school or who dropped out too early to retain literacy. Many countries were unable to provide schooling for more than half the school-age children. A high proportion of the remainder lived in rural subsistence areas. Rural unemployment of young people was assuming alarming proportions in a number of developing countries. Many of the young people were drifting to the cities where they also failed to find work. The FAO/UNICEF Joint Policy Committee had discussed out-of-school educational programmes for rural youth 15 to 18 years of age (see paras. 109-112). A view was expressed that in general this group should be beyond the concern of UNICEF except as they were reached by assisted projects which included youth groups. A number of members were concerned with what might be done for a somewhat younger group of adolescents; girls, as well as boys, in the 12 to 15 year age group. While promising beginnings had been made in a few countries, in some cases with UNICEF aid, very little was being done for this group in most countries. It was clear that this was a problem which required considerably more attention in the future from UNICEF and other agencies in the United Nations family. 25/

Family and child welfare

127. In 1967 the Board allocated \$2.1 million for family and child welfare projects, constituting 5.3 per cent of all programme allocations. This compared with \$1.2 million allocated in 1966, constituting 4.4 per cent of all programme allocations. In this field UNICEF continued to receive strong technical support from the United Nations Social Development Division and the United Nations family and child welfare advisers in the field. There was some cause for concern, however, that the current United Nations Technical Assistance Programme made less provision for the technical support of social services, including family and child welfare projects, than in former years.

128. In line with the trends noted in the assessment of family and child welfare programmes which the Board considered in 1966 26/ a large emphasis was placed on training of front-line and auxiliary workers. At the same time the aid being given to seventeen schools of social work was helping to train senior personnel and to define the nature of social welfare services required in the light of

25/ A statement on the role of non-governmental organizations was made by the World Young Women's Christian Association (E/ICEF/NGO/112).

26/ See Official Records of the Economic and Social Council, Forty-first session, Supplement No. 13 (E/4220/Rev.1 - E/ICEF/548/Rev.1), paras. 127-138.

local needs. By the end of 1966 more than 300 institutions or schemes for training welfare workers had been aided by UNICEF.

129. In some countries the services aided by UNICEF were extending beyond separately administered social welfare projects and were being carried out as part of health, nutrition, education or housing programmes or in the context of community development or "animation rurale" programmes, in which women played a special role. By the end of 1966 UNICEF aid had been given to some 2,200 mothers' clubs.

130. Considerable interest was expressed by delegates in the "integrated projects", several of which had been approved in 1966 and 1967. These projects provided comprehensive integrated services for children in a defined area of the country, including MCH services, nutrition activities, day-care, primary and vocational education and some form of women's activities. While it was hoped that these projects would provide prototype experience which could be emulated elsewhere, it was pointed out that this type of approach, in contrast to the usually simpler community development programme administered by a single department or agency, required a suitable local Government structure to achieve the co-ordination required, and relatively well-developed technical services.

131. The significant contribution which UNICEF assisted programmes could make to the advancement of women was noted by a number of delegations. The success of many of the projects depended upon the understanding and co-operation of the mothers if the children were to be reached, especially the younger children (see paras. 144-150), and the families adapted to new conditions. Moreover, most of the programmes benefiting children were staffed largely by women. For both these purposes, a substantially greater effort was required in the education and training of women and girls.

132. Among the newer trends in projects coming forward in social welfare was the greater attention to day-care activities, including experimental approaches in a few places to meet the needs of the young child (see para. 146), the use of community centres, and the development of rural youth clubs and other youth-serving activities. By the end of 1966 UNICEF aid had been given to 690 day-care centres.

133. The Board's attention was directed to the fact that the role of social welfare in national development would be reviewed at a conference of Ministers responsible for social welfare to be held under United Nations auspices in September 1968. This conference, in which UNICEF would participate, could have important implications for giving the social welfare sector an adequate place in national development and for broadening UNICEF's approach in this field. In the meantime it was clear that the line of demarcation between social welfare and other services such as health, education and home economics often was not clear-cut, and the flexibility which characterized UNICEF's approach in this field would continue to result in a diversification of project activities.

134. The Board had before it a preliminary assessment on the results of the regional conferences in Latin America (November/December 1965) and in Asia (March 1966) on planning for children and youth in national development. Both conferences were co-sponsored by UNICEF and the regional economic commissions and development institutes and involved the co-operation of the United Nations and the specialized agencies. 28/

135. The preparations for the conferences had the result of establishing more direct co-operation between UNICEF field representatives and government agencies responsible for national development planning. It also involved a number of national universities and research and training institutes. It was clear that this had served to advance the UNICEF objective of linking UNICEF and other outside aid benefiting children to national development plans.

136. The documentation and discussion at the conferences had shown that until very recently the attention of most planners had been focused on capital investment, and insufficient attention had been given to the development of the human factor. It was now clear that one of the basic tasks in developing countries was the transformation of the population into productive manpower resources. To further this task, it is necessary to start with the child. This not only involved considerable public investment in health, nutrition, education, training and welfare, but substantial effort by the family and greater involvement of local communities and voluntary resources. This might involve a variety of special methods designed to mobilize resources for family and community self-help programmes (see para. 154).

137. Participants at both conferences stressed that neither a separate governmental sector for children nor a separate section of the plan was required. Rather there is a need for co-ordinating agencies and departments, as well as non-governmental organizations, in establishing policies for children, and in planning, executing and evaluating action programmes. This would make possible a unified view of the problems and possibilities of action.

27/ For a summary of the individual projects in this field for which allocations were made at this session, see annex II, p.167-169. See also Report of the Programme Committee (E/ICEF/F/L.988, paras. 191, 193-194).

28/ The assessment and a report on follow-up action was contained in the General Progress Report of the Executive Director (E/ICEF/558, paras. 156-173); and a more detailed account on the main deliberations and conclusions of the conferences was contained in a separate report (E/ICEF/CRP/67-15). Additional information was contained in regional progress reports: Africa South of the Sahara (E/ICEF/558/Add.2/part I, paras. 16-18), the Americas (E/ICEF/558/Add.4, paras. 4-5), Europe (E/ICEF/558/Add.3, para. 23), Eastern Mediterranean (E/ICEF/558/Add.5, paras. 37-45), East Asia and Pakistan (E/ICEF/558/Add.7, para. 8), South Central Asia (E/ICEF/558/Add.6, paras. 9-15).

138. One major point stressed was the importance of viewing the problems of children not only in terms of sectors such as health, nutrition and education, but also on the basis of the specific needs of children in different socio-economic groups and different geographical zones of the country, and to devise programmes suited to those needs. Services for children should be complementary and mutually reinforcing, and it was therefore necessary to take greater account both of the growth cycle of the child and of the balance between programmes for different age groups and different stages of dependency.

139. The reports before the Board gave details on the follow-up of the regional conferences which had taken a number of forms: training; further studies; improvement of statistics; consultation; national conferences; and publications. It was hoped that as a practical result of these activities more national resources would be devoted to the priority problems of children and youth and that these resources would be used more effectively. It would also make possible using to greater advantage UNICEF and other outside aid benefiting children.

140. The results of the conferences were welcomed by Board members. The attention of the Board was drawn to the insufficient rate of development in developing countries, the levelling off of the flow of resources from the industrialized countries, and to the great need for priority in investment in children. The studies and reports drawn up for the conferences by a number of countries, in most cases through inter-ministerial working groups, were felt to be of considerable value not only to others but to the countries themselves. Attention was drawn to the importance of eliciting the interest of journalists and other opinion-makers so that they, in turn, could educate the general public.

141. Some delegations felt that additional regional conferences or seminars might be encouraged under certain conditions; others believed that the time had come to focus attention on follow-up action on a country-by-country basis. ^{29/} In this connexion the Board heard with interest about a successful national conference which was held in Peru in May 1967, and that several other Latin American and Asian countries had expressed interest in holding similar national conferences. The hope was expressed that Governments would take greater advantage of the possibilities of UNICEF aid in making assessments of the needs of their children.

142. In the course of the debate the suggestion was made that it would be useful to the Board if the secretariat prepared a report showing the long-term plans of developing countries for children and youth and the aid required from UNICEF to help carry these out. A request was also made for a study of the activities of all multilateral and bilateral agencies on behalf of children and youth. The Executive Director stated that both these studies would be beyond the staff capabilities of UNICEF; he hoped that these requests could be reformulated in less broad terms.

^{29/} At the session the Board approved aid for a seminar of Arab States on planning for children and youth in national development. See annex II, p. 169.

143. It was clear from the Board's consideration of the preliminary assessment that there was a general approval of the accomplishments of the conferences and a belief that they had fulfilled their purposes and stimulated activities which should be continued. The Executive Director stated that he did not foresee the need for any similar large conferences in the foreseeable future and that more work in this field should now be done on the country level.

Reaching the young child

144. Following its review in 1965 of the needs of the young child, aged one to six years, 30/ the Board urged greater attention to these needs and asked for a report in 1967 on the progress made. The Board had recognized that, for the most part, specialized services for this age group would not be possible in developing countries. It believed that best approach would be to encourage more attention to this age group in the regular programmes of nutrition, health and social services and education, and even more important, to ensure that mothers were educated to understand the great importance of this period for the future of their child, and to know the practical steps to take to meet their needs.

145. In the reports to the Board 31/ and in the Board discussion a number of points emerged. Special attention had been given to the young child in various international and inter-country conferences and seminars, in which UNICEF had participated. 32/ The dissemination of the conclusions of these conferences and the special papers on the young child prepared for them, as well as the calibre of the conference participants, was apparently leading to some

30/ See Official Records of the Economic and Social Council, Thirty-ninth Session, Supplement No. 15 (E/4083/Rev.1 - E/ICEF/528/Rev.1), paras. 34-65.

31/ Information was presented to the Board in the General Progress Report of the Executive Director (E/ICEF/558, paras. 30-45) and in the regional progress reports: Africa South of the Sahara (E/ICEF/558/Add.2/part I, paras. 11-15), East Asia and Pakistan (E/ICEF/558/Add.7, para. 22), Eastern Mediterranean (E/ICEF/558/Add.5, paras. 46-50), South Central Asia (E/ICEF/558/Add.6, paras. 39-40). Special reference was also made to the young child in the two assessments before the Board: applied nutrition (E/ICEF/L.1266, paras. 55-56), maternal and child health (E/ICEF/L.1267, section 3.2). A report was also made by the World Organization for Early Childhood Education (E/ICEF/NGO/111).

32/ This included regional conferences and meetings on planning for children and youth in national development in Africa, Asia and Latin America, and a seminar under the auspices of the International Children's Centre and the Institute for the Study of Economic and Social Development (IEDES). A conference on the pre-school child was held under auspices of the Seventh International Congress of Nutrition in 1966 and inter-country seminars on the young child were planned in Tashkent and Barbados in the latter part of 1967.

re-orientation of administrators, planners and technical experts toward the young child. In several countries which had participated in the conferences beginnings were being made by the Government to develop an over-all view on action required along a number of fronts to reach the young child.

146. In some countries there was evidence of greater efforts being made to reach the young child through the extension of day-care centres. A few countries had begun to experiment with setting up day-care centres in the villages as part of community development and social welfare activities, placing considerable reliance on mothers' clubs and volunteer effort. Short-term training for workers in day-care centres was receiving more attention in some places.

147. There was a growing recognition of the need to incorporate more about the young child in the training of health and nutrition workers and school teachers. There was also a growing awareness that the schools, through encouraging the attendance of more girls and including such practical subjects as nutrition, health, home economics and child care, could have a very important influence.

148. Efforts were also being made through MCH centres in some places to reach the young child. However it was clear that a much fuller use of existing health resources needed to be made for the benefit of the young child. This could be done through a number of ways: concentrating the interest of MCH staff, in areas where malnutrition existed, on the child aged six months to four years rather than on the healthy, fully breast-fed young infant; teaching all categories of health personnel and community leaders about the special needs of the child during and immediately after weaning; and encouraging the participation of MCH personnel in community activities such as day-care centres, nursery schools, women's clubs, and helping such clubs to organize feeding schemes for young children. Rehydration and nutrition rehabilitation centres for young children were being established in some places as part of health services, but more were needed. These centres, in addition to treating weanling diarrhoeas, provided an opportunity to educate the mothers not only on simple hygiene and prevention of gastro-intestinal infection, but also on nutrition and child care in the home.

149. The acceleration of local production and distribution of low-cost protein-rich foods would be an important step in meeting the nutritional needs of urban children. The growing interest of the international community in this problem as reflected in the work of the Advisory Committee on the Application of Science and Technology to Development (see paras. 87-88 above) was welcomed in the Board. Of interest to the Board also was the evidence that new approaches were being found to reach the young rural child through involving mothers in various types of feeding-demonstration-education schemes as part of applied nutrition programmes.

150. These developments reflected the increased interest of countries in the young child, encouraged in part by the efforts of field staff of UNICEF and other concerned agencies in the United Nations family. Nevertheless, it was clear to the Board that, on the whole, the advance toward improving the position of the young child, was very slow. In far too many places there was still little evidence of any progress. It was sobering to be informed by the representative of WHO that in developing countries mortality rates among children one to four years old were thirty, forty or as much as fifty times higher than in the developed countries. Considerably more future effort was needed by UNICEF and

the agencies with which it collaborated to help countries protect the young child against death, as well as to provide those who lived protection against disease and promote their emotional and social development.

Training

151. An important feature of most of the projects for which aid was requested was the emphasis on in-country training of personnel. This reflected the high priority which Governments accorded schemes which strengthened national training facilities. Some \$11.3 million, or 29 per cent, of programme allocations in 1967 was devoted to training. The training covered a wide range of skills from very simple practical training of village mothers in nutrition and home-making, to specialized post-graduate training of professors of paediatrics. By the end of 1966 UNICEF had provided equipment, stipends and other aid for the training of over 220,000 workers to staff programmes serving children.

152. The assessments of the maternal and child health and applied nutrition programmes attested to the importance of UNICEF aid for training of a wide spectrum of workers and volunteers. It also made it clear that a great deal more needed to be done to help countries create, sustain and extend their training activities. A very welcome feature of aid from UNICEF in training was the availability of funds for some of the local currency expenses of national training schemes. UNICEF aid for training was also especially important since most other sources of aid concentrated on training at advanced levels.

153. In the Board discussion the hope was expressed that UNICEF would continue to give high priority to the training of middle-level and auxiliary workers, trying to ensure that they were trained in a way which prepared them to work with their own people. It was recognized, however, that flexibility was also needed to aid with some higher level training where this was necessary for direction and supervision to fulfil certain key programme purposes. Several delegations offered to share the experience their Governments had acquired in education and training, and the Executive Director took note of these offers.

154. In the Board discussion there was general approbation of a point made by the Executive Director in his General Progress Report that the quality of persons implementing programmes, and community involvement and motivation were of enormous importance in achieving an effective use of resources. This meant that UNICEF must be alert to helping countries with "unconventional" methods of training and mobilizing their people in self-help activities such as youth groups of various kinds, "health corps", "literacy corps", etc. (see E/ICEF/558, paras. 13-14).

155. The Board welcomed the information from the Executive Director that the first Maurice Pate Memorial Fund Awards would go to two regional training institutions in Africa, the Makerere University College in Kampala, Uganda (a part of the University of East Africa), and the University of Dakar in Senegal. Both institutions, which had previously received UNICEF aid, had pioneered in training in tropical paediatrics and public health. The awards included funds for two "Maurice Pate Fellowships" to each school in the field of child health, for the academic year 1967-1968, for graduates of medical schools who would serve their countries after the completion of their training, either as teachers of paediatrics or public health, or as government health officers.

Programme assessments

156. In expressing their appreciation for the assessments on maternal and child health and applied nutrition before the Board, delegates noted that a problem which both assessments had encountered was the lack of adequate statistics to serve as a basis for analyzing progress and planning for the future. The suggestion was also made that consideration be given to carrying out future assessments in conjunction with sociological institutions. These institutions would, among other things, be able to help form some judgement as to the factors which enabled programmes to transform static communities into dynamic societies. The Executive Director stated that some association of UNICEF with such institutions in Latin America had been advantageous and he would bear this in mind in future evaluations.

157. In one of the assessments - applied nutrition - the over-all report and the country reports had all been done by a single consultant. On the other hand, the over-all maternal and child health assessment had been prepared by the WHO secretariat and the country reports by five consultants. While no preference was indicated by the Board as to the respective merits of the two methods, it was pointed out that the country reports for the maternal and child health assessment were less even in character. The suggestion was made that future assessments would benefit by allowing more time for country visits, and that the season of the year in relation to programme operations also needed to be taken into account when country visits were planned.

158. It was recognized in the Board that general assessments were no substitute for individual project assessments. The efforts to help the countries strengthen their own arrangements for project assessment were important and it was noted that both the maternal and child health and applied nutrition assessments had emphasized this point (see paras. 41, 99(g)). A number of countries had also been able to build assessment procedures into their family and child welfare projects. There was now a standard clause in nearly every plan of operations providing for a periodic assessment of the project. However, this effort had only begun, and in many instances base-line data and criteria by which programmes could be appraised were still lacking. It was clear, that in order for built-in assessments to achieve their purpose, more aid would be needed for this purpose from UNICEF and the appropriate technical agencies of the United Nations family.

Emergency aid

159. Although the Board re-affirmed its belief that the bulk of UNICEF resources should be devoted to long-range programmes it was clear that the state of the world gave no reason to hope that emergency situations requiring special assistance to children would diminish. There was reason to fear that food emergencies would recur with increasing frequency and be a source of new requests. The Board endorsed the view of the Executive Director that UNICEF should be alert and responsive to the need for emergency aid. In this connexion appreciation was expressed for the efforts of UNICEF National Committees in raising funds for emergency relief.

India drought

160. The Executive Director provided the Board with details concerning the use of UNICEF emergency aid in connexion with the serious drought situation affecting millions of people in the northern states of India and for which the Board had approved allocations by mail poll of \$1.1 million in November 1966, largely within the framework of the applied nutrition programme, and \$1.4 million in January 1967 which included high-protein food supplements, drugs, transport and well-drilling equipment for parched communities. 33/

Viet-Nam

161. The Board approved the continuation of aid to the Republic of Viet-Nam for four long-range programmes - in basic health services, education, tuberculosis control, and social services. 34/ In addition, the question of emergency aid to both parts of Viet-Nam was discussed in the Programme Committee, and the Executive Board. In the light of the acute humanitarian and health problems of children in Viet-Nam the Board adopted a proposal of the representative of France, seconded by the representative of Switzerland, that the Executive Director be requested to study ways and means whereby the help of UNICEF could be extended, with the co-operation of Red Cross organizations, in emergency situations, to both parts of Viet-Nam.

162. The Executive Director welcomed this request. He reported that he and other members of the UNICEF secretariat had talked during the past year with executives of the League of Red Cross Societies and with the International Committee of the Red Cross, with the purpose of exploring the possibility of UNICEF co-operating with the Red Cross in efforts to assist in meeting the needs of children in North Viet-Nam as well as South Viet-Nam. So far there were no indications that the Red Cross could assist North Viet-Nam, but attempts to do so were continuing. The Executive Director would continue pursuing this possibility, and would report to the Board if something should materialize. While UNICEF may act only at the request and with the consent of the Government concerned, a plan of operations could involve a third party to do the work.

Middle East

163. During the course of the Board session, on 13 June, the Executive Board unanimously supported a proposal put forth by the representative of Yugoslavia that the Executive Director take immediate adequate measures to bring aid to children who were victims of the military operations in the Middle East. It was

33/ These details can be found in E/ICEF/558, paras. 174-176; E/ICEF/558/Add.6, paras. 148-165; and E/ICEF/CRP/67-22, para. 12 (g).

34/ These projects are described in annex II, p. 122-124. The views of various delegations about this aid, as well as emergency aid, to Viet-Nam are summarized in the report of the Programme Committee (E/ICEF/P/L.988, paras. 91-95).

stressed that the Executive Director should be free to act with a minimum of formalities. On 16 June 1967 the Executive Director made a statement to the Board on the question of UNICEF emergency aid in the Middle East (E/ICEF/CRP/67-34). He informed the Board that 200,000 vials of penicillin, 1 million tablets of triple-sulpha and 1,400 baby blankets were already on their way to Beirut from the UNICEF Assembly and Packing Centre in Copenhagen, and that he expected to put forward an allocation proposal to the Board before it ended its session. 35/

164. In a recommendation submitted to the Executive Board on 20 June (E/ICEF/P/L.989) the Executive Director informed the Board of the liaison he had established with the Governments concerned, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), the World Food Programme and the International Committee of the Red Cross and the League of Red Cross Societies. UNICEF aid could be provided in the first instance to Jordan and he recommended an allocation of \$200,000 to Jordan to cover the costs of the medical supplies and blankets already shipped and to provide basic rations for six months for 12,500 mothers and children not registered with UNRWA, and protein supplements for two months to all the displaced mothers and children in Jordan, estimated at 50,000. 36/

165. The Board approved this request. It also approved the Executive Director's request that he be authorized to expend an additional amount of up to \$300,000 anywhere in the area, if this became necessary to meet emergency requirements of mothers and children. The Executive Director believed that as the situation of children in the Middle East continued to be explored further needs for UNICEF aid would appear. He would keep the Executive Board informed of expenditures against the \$300,000 authorization. Should the emergency so justify, the Executive Director would submit an additional allocation recommendation to the Board by mail poll which might bring the participation by UNICEF up to a total of about \$1 million for emergency aid and possibly for re-establishing essential services for mothers and children. 37/

35/ A statement on emergency aid to children in the Middle East was made by the International Society for Rehabilitation of the Disabled (E/ICEF/NGO/114).

36/ For a fuller description of this project, see annex II, p. 130.

37/ For a discussion of fund-raising efforts for this emergency by UNICEF National Committees, see para. 191 below.

III. FINANCIAL SITUATION

Income

Income in 1966

166. The income of UNICEF in 1966 amounted to \$35.2 million. This was \$2.2 million more than 1965. Over 75 per cent of UNICEF's income came from Government contributions. About 20 per cent came from private sources (contributions and greeting card profits). The rest came from miscellaneous sources.

167. The following table shows UNICEF income in 1966 by main sources as compared to 1965:

Table 4. UNICEF income in 1965 and 1966 by source

	<u>1966</u>		<u>1965</u>		<u>Increase of 1966 over 1965</u>	
	<u>Amount</u> <u>(in thousands of</u> <u>US dollars)</u>	<u>Per cent</u> <u>of total</u>	<u>Amount</u> <u>(in thousands of</u> <u>US dollars)</u>	<u>Per cent</u> <u>of total</u>	<u>Amount</u> <u>(in thousands of</u> <u>US dollars)</u>	<u>Per cent</u>
Government contributions . .	26,640	75.8	26,056	78.9	584	2.2
Non-governmental contributions	4,188	11.9	3,744	11.4	444	11.8
Greeting Card Fund	2,750	7.8	2,000	6.1	750	37.5
Other income	<u>1,588</u>	<u>4.5</u>	<u>1,205</u>	<u>3.6</u>	<u>383</u>	<u>31.8</u>
TOTAL	<u>35,166</u>	<u>100.0</u>	<u>33,005</u>	<u>100.0</u>	<u>2,161</u>	<u>6.6</u>

168. Government contributions: Contributions for 119 Governments in 1966 totalled \$26.6 million, a net increase of \$500,000 over 1965. Twenty-nine Governments - approximately one fourth - increased their contributions over 1965 by an aggregate of a little more than \$1 million. This increase was almost exactly the same amount as the increase in Government contributions in 1964 and 1965. As in 1965, however, there were also decreases in Government contributions amounting to about \$500,000. These were mainly due to a lower exchange rate applicable in 1966 to some otherwise sizeable contributions.

169. A list of contributions to UNICEF from Governments for the years 1964 to 1966 is given in annex IV table 1.

170. Most, although not yet all, of the donor Governments make contributions on a regular annual basis. Accordingly, it is clear that further increases must be almost entirely secured from present contributors.

171. Non-governmental contributions: Income from private fund-raising campaigns (other than greeting cards) and unsolicited contributions from individuals totalled \$4.2 million in 1966 or 12 per cent of UNICEF's income. This was \$500,000 more than in 1965. Most of the proceeds from private sources in 1966 came from 14 countries.

172. Tables showing private contributions to UNICEF by country are given in annex IV, tables 2 and 3.

173. The table below shows income from private sources raised for general purposes and adopted projects and transferred to UNICEF in 1966 as compared with 1965.

Table 5. UNICEF income from private sources

	<u>1966</u> (in US dollars)	<u>1965</u>
<u>Funds raised for general purposes:</u>		
Hallowe'en collections ^{a/}	2,791,000	2,451,000
Other collections	619,000 ^{b/}	286,000 ^{c/}
Donations from groups or individuals	<u>97,000</u>	<u>102,000</u>
SUB-TOTAL	3,507,000	2,839,000
<u>Funds raised for "adopted" projects:</u>		
Freedom from Hunger campaigns	385,000 ^{d/}	854,000 ^{e/}
Other "adopted" projects	<u>296,000 ^{f/}</u>	<u>51,000 ^{g/}</u>
SUB-TOTAL	681,000	905,000
GRAND TOTAL	<u>4,188,000</u>	<u>3,744,000</u>

^{a/} Mainly Canada and United States of America.

^{b/} Mainly Belgium, France, Federal Republic of Germany, Ireland, Japan, Norway, Sweden and Switzerland.

^{c/} Mainly Belgium, Federal Republic of Germany, Ireland, Italy and Sweden.

^{d/} Mainly Australia and New Zealand.

^{e/} Mainly Australia, Luxembourg, New Zealand and United Kingdom.

^{f/} Mainly Netherlands, Norway, Sweden and the United Kingdom.

^{g/} Mainly Netherlands.

174. Greeting Card Fund: Income taken into UNICEF accounts in 1966 from the sale of greeting cards amounted to \$2.75 million, based on the net income from sales in the 1965/1966 season. This compared with an income of \$2 million in 1965 and \$1.7 million in 1964.

175. Other income: Other income in 1966 totalled \$1.6 million, or \$400,000 more than 1965. The increase was due mainly to greater income from investments and from the staff assessment plan, and reduced losses in currency exchange.

1967 and 1968 estimated income

176. Increases of about \$5 million a year are estimated for 1967 and 1968. These estimates are shown in the following table compared with the 1966 experience.

Table 6. Estimated income for 1967 and 1968 compared with income for 1966

	<u>1966</u>	<u>1967 (est.)</u>	<u>1968 (est.)</u>
	<u>(in millions of US dollars)</u>		
Government contributions	26.6	29.0	31.0
Private contributions	4.2	6.0	7.0
Greeting Card Fund	2.8	3.0	6.0
Other income	<u>1.6</u>	<u>1.7</u>	<u>1.8</u>
TOTAL	35.2	39.7	45.8
		say 40.0	say 45.0

177. Government contributions: The \$2.4 million increase in Government contributions estimated for 1967 includes a \$1 million special contribution from the United States Government to commemorate the award of the Nobel Peace Prize to UNICEF in 1965, ^{38/} and substantial increases from India, France, Switzerland and Sweden. Over twenty-five Governments were expected to increase their support in 1967.

178. While it was too early for promises of definite increases in 1968 the estimate for a \$2 million increase was based upon the hope that past trends would continue as Governments had the time to make the necessary budgetary provisions.

^{38/} This contribution was not subject to the usual matching formula and was in addition to the annual pledge of \$12,000,000 which remains based on a 40/60 matching formula.

179. Private contributions: The estimated increase in private contributions of \$1.8 million in 1967 is based upon a number of encouraging fund-raising initiatives by UNICEF National Committees and other organizations. It is hoped that concerted efforts will make another rise of \$1 million possible in 1968.

180. Greeting Card Fund: Income from the Greeting Card campaign which amounted to \$3 million in 1967 is estimated at \$6 million in 1968. Of this increase \$1 million is projected normal growth plus increased income from price increases in some markets, and the anticipated results from improved marketing and management procedures. The other \$2 million would come from the transfer of accumulated profits (see para. 217 below).

Financial plan 1967 and 1968

181. The Board at its May 1966 session requested the Executive Director to take steps to put UNICEF's funds into more rapid use, and to prepare a larger programme of allocations so that by the end of 1968 the funds-in-hand would be reduced to the minimum required for working capital.

182. In accordance with this desire, and the fact that it appeared that 1967 income would be somewhat higher than originally estimated, the Executive Director submitted allocation requests to the Board session which brought the total for 1967 to over \$50 million. (This compared to allocations of from \$39 to \$42 million proposed in the Executive Director's original financial plan for 1967.) Commitments amounted to \$56 million (instead of between \$42 to \$45 million as originally proposed). Expenditures for 1967 were foreseen at \$41 ± \$4 million, and income at \$40 ± \$1 million.

183. For 1968 allocations were proposed by the Executive Director to be set in the range of from \$45 to \$50 million. The actual level would depend upon income, which was estimated at \$45 ± \$2 million. Commitments would be from \$50 to \$55 million. Expenditures were foreseen at \$46 ± \$5 million.

184. The financial plan was submitted by the Executive Director within the perspective of the "vast chasm between the needs of children and the totally inadequate means available to meet those needs" - a situation discussed both in the General Progress Report of the Executive Director (E/ICEF/558) and his report on assistance policies (E/ICEF/559). He pointed out that allocations of over \$50 million in 1967 would bring UNICEF to the highest annual allocation level made since the early days of UNICEF's large scale emergency programmes.

185. Following the Executive Director's decision in the fall of 1966 to raise the allocations above the level originally planned (see para. 182 above) it was clearly shown that UNICEF had no problem in responding quickly and effectively to prospects of increased project funds. This could be done through greater flexibility in the extent of aid and in the types of supplies provided, and without sacrificing concentration on projects of high priority. The increase could have been considerably larger had funds been available; it had been necessary in 1967 to defer requests for substantial allocations.

186. While the income estimates were encouraging - up from \$35.2 million in 1966 to \$40 million in 1967 and \$45 million in 1968 - a closer inspection indicated that UNICEF was literally scraping the "bottom of the barrel" since several elements in the totals were one-time increases that could not be repeated. In submitting

his plan the Executive Director stated that he was frankly proposing calculated risks.

187. There was danger that contributors - both governmental and private - would not make the necessary effort and instead become complacent, assuming that somehow this rising income trend would automatically continue to the achievement of the \$50 million target. Closely related was the risk that allocations would have to be made in 1968 and 1969 at a lower level than proposed for 1967, with consequent loss of momentum and hardship for those whom UNICEF sought to help.

188. Nevertheless the Executive Director recommended that these risks be taken for two main reasons. In the first place, and most obvious, the needs of children were so great that he felt it was the duty of all concerned to try to exert every effort in order to meet them as rapidly as possible. The second reason was the very practical realization, based on extensive experience, that it took time for Governments to translate general intent into actual contributions; he hoped that substantial increases would take place by 1968. Similarly, it took time for UNICEF supporters in the private sector to organize and mount effective campaigns for extensive fund raising. Therefore, in order to give these sources as much time as possible, the Executive Director felt it advisable to bring into effective use all available resources consistent with sound financial administration. He could not, however, emphasize too strongly that if UNICEF was to reach its target, interested Governments and private sources must start to take the necessary action. It should be brought home to Governments that UNICEF's work was developmental, as well as humanitarian, and that in considering their contributions to development, contributions to UNICEF should be on an appropriate scale. There was also a very large untapped potential of support from private sources.

189. Board members supported this approach by the Executive Director. It was pointed out that while he might have taken a more cautious approach, he had instead chosen to go forward as far as it was possible in drawing upon reserves and anticipating future income. This was considered justified in the light of the disparity between needs and resources. The confidence of the Executive Director that greater financial support would be forthcoming, and his intention to devote considerable attention to the achievement of this, was lauded. Some concern was expressed at the consequences to projects and government project plans if the level of allocations could not be maintained due to failure of UNICEF income to reach the level hoped for. It was pointed out, however, that the benefits of using all available resources outweighed the difficulties which would be created by cut-backs, should they become necessary.

190. The Board approved the Executive Director's financial plan as set forth in paragraphs 182 and 183 above.

191. Later in the Board session, after approval of the financial plan, the Board, upon recommendation of the Executive Director, approved an additional allocation of \$200,000 to provide emergency relief to displaced mothers and children in Jordan (see paras. 164-165). In this connexion there were indications of special fund-raising efforts by some UNICEF National Committees to cover this allocation, and possibly additional emergency allocations for the Middle East. The Executive Director expressed appreciation for these efforts and voiced the hope that these special fund-raising efforts would not deflect the Committees from their endeavours to raise additional funds for normal programmes.

Funds-in-hand

192. As set forth in paragraph 196, the concept of an "Operating Fund" was not used as a balancing item in the presentation of 1966 financial accounts. The use of the term led some people to believe that the whole amount was available as working capital. However, since it included pledges and other receivables, this was not the case. The Executive Director therefore proposed that "funds-in-hand", which consisted of cash and short-term investments, be used as the indicator of UNICEF's working capital. This was agreed to by the Board.

193. The Board previously had decided that UNICEF should aim at a level of \$25 million in the Operating Fund, with the expectation that the amount would fluctuate between \$20 million and \$30 million. Since funds-in-hand have generally been about \$7 to \$10 million less than the Operating Fund, the Board agreed that the target level of funds-in-hand should be set at \$18 million, with the expectation that it would fluctuate between \$15 and \$21 million.

IV. REPORT OF THE COMMITTEE ON ADMINISTRATIVE BUDGET

194. The Executive Board had before it the report of the Committee on Administrative Budget (E/ICEF/AB/L.71) dealing with financial reports, the proposed financial plan for 1967 and 1968, and administrative and operational services budget estimates. These matters are discussed below, with the exception of the financial plan which is discussed in paragraphs 181 to 193 above.

UNICEF financial report for 1966

195. The Board noted that the Committee had reviewed and approved the financial report and statements of UNICEF for the year ended 31 December 1966 (E/ICEF/AB/L.69). The Board also noted the report of the Board of Auditors on the financial report and statements (E/ICEF/AB/L.69/Add.1).

196. The revised format of the financial report was commended by members of the Board. The report showed allocations as liabilities; it also showed separately supplies in warehouses and transit and gave comparisons with the previous year. In addition the revised presentation did not require the concept of an "Operating Fund" as a balancing item (para. 192).

197. In reply to a question in the Committee the Executive Director stated that he had had a discussion with the United Nations Controller on the question of having the UNICEF Internal Audit carried out by the United Nations Internal Audit Service, and he intended to have further talks leading to a recommendation to the Committee. In the meantime, the manning of UNICEF Internal Audit had been strengthened along the lines suggested by the Board of External Auditors, and an audit manual had been issued.

198. The Board expressed interest in the principles and practices followed in connexion with UNICEF's purchasing of supplies and equipment for project aid. This included the use of currencies not commanding the full range of purchases required for UNICEF assistance, the purchase of locally produced supplies, the guide-lines used with respect to quality, and competitive bidding. In response to a request, the Executive Director stated that he would present a report on this subject to the next session of the Board.

1967 Administrative and operational services budget

199. The Board noted that the Committee had authorized the Executive Director to transfer funds up to a maximum of \$50,000 from section 1 of the 1967 administrative and operational services budget (salaries, wages and common staff costs) to section 2 (other expenses and permanent equipment), if this became necessary to meet additional requirements not foreseen at the time the 1967 budget was prepared (E/ICEF/AB/L.71, paras. 28-29).

1968 Administrative and operational services budget

200. The Board approved a 1968 budget amounting to \$3,141,000 (gross) for administrative and \$5,708,200 (gross) for operational services, making a total of \$8,849,200. The total net budget amounted to \$8,029,200 after deducting income from staff assessment and other revenue. The total gross increase over 1967 amounted to \$340,400 or 4 per cent (E/ICEF/AB/L.68).

201. Although workload and expenditure were expected to increase in 1967 and 1968 as a result of efforts to meet the Board's desire to accelerate the use of income, the administrative and operational services budget estimates for 1968 provided increases only for those areas where the larger workload was expected to continue in the future, and where the necessity for additional staff and services was clearly foreseen. The three main areas were the reopening of the UNICEF field office in Indonesia, the strengthening of field organization in the South Central Asia region, and the addition of more service in the field to meet the increased workload in food conservation and high-protein foods.

202. The number of established posts financed by UNICEF was 554. In addition 279 local staff posts (45 national professional and 234 others) would be financed by assisted Governments. This would bring the total number of posts to 833. At Headquarters the number of posts was 198 (70 international and 128 local). In the field the number of posts was 635 (128 international and 507 local). As compared with 1967, the budget provided for a net increase of 9 international posts and 11 local posts financed by UNICEF, and 52 local posts financed by assisted Governments. Six posts included in the 1967 budget were transferred to the Copenhagen Packing and Assembly Centre budget for 1968 (see para. 210).

203. The Executive Director was urged to continue his efforts to obtain contributions from assisted Governments for the local administrative costs of UNICEF field offices in order to reduce the amount of subsidies required from UNICEF.

204. The Board noted that the ratio of administrative costs to total expenditures was estimated at 7 per cent for the years 1967 and 1968 as compared with 7.4 per cent for 1966. The ratio of operational costs to total expenditures was estimated at 12 per cent for 1967 and 11.1 per cent for 1968. This compared with 12.2 per cent in 1966. One delegation expressed disappointment that the ratios had not been further reduced; several others felt that the ratios were at reasonable levels, taking into account the need to cope with expanded and more complex programme activities, and the additional costs for office premises. One delegation, while agreeing with this view, stated that every effort should be made to keep the ratios from rising in the future.

205. It was pointed out that UNICEF "operational" costs were comparable to programme expenditures of some other agencies, since they were devoted to field activities which were necessary to help ensure the most effective use of the material aid provided by UNICEF, as well as, increasingly, to provide advice and other services related to projects. It was also pointed out that the ratio could not be regarded as a reliable yardstick of efficiency. In any particular year the ratio depended more on the amounts spent for assistance than on the smaller and less variable sums spent on administrative and operational services. The view was expressed that the best approach to decreasing the ratio would be to increase

expenditures for assistance. Each additional dollar of UNICEF income could be put into rapid use as a result of the financial procedures put into effect by UNICEF over the past several years.

206. The Executive Director reported that since the last Board session he had pursued the possibility of again obtaining rent-free space when the present lease of UNICEF's Headquarters expired in 1971. He believed that the only practical possibility was related to the larger question of additional office accommodation for the United Nations complex. This had been considered by the General Assembly at its twenty-first session, and was being pursued by the Secretary-General who would be reporting to the General Assembly at its twenty-second session. The Executive Director had brought to the Secretary-General's attention UNICEF's needs for office space, which the Secretary-General was taking into account in his planning.

207. The Board adopted the following resolution:

A

Administrative and operational services budget estimates for the year 1968

The Executive Board resolves:

1. That for the year 1968 administrative and operational services estimates totalling \$US 8,849,200 are approved as follows:

	<u>US dollars</u>
Section 1: Salaries, wages and common staff costs . . .	7,377,900
Section 2: Other expenses and permanent equipment . . .	<u>1,471,300</u>
TOTAL ESTIMATES	<u>8,849,200</u>

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

B

Income estimates for the year 1968

The Executive Board resolves that for the year 1968 estimates of income totalling \$US 820,000 are approved as follows:

	<u>US dollars</u>
Income from staff assessment (net)	810,000
Other income	<u>10,000</u>
TOTAL INCOME	<u>820,000</u>

Financing of budget estimates for the year 1968

The Executive Board resolves that for the year 1968 administrative and operational services budget estimates totalling \$US 8,849,200 shall be financed as follows:

	<u>US dollars</u>
By allocation at its June 1967 session	4,424,600
By allocation at its June 1968 session	<u>4,424,600</u>
TOTAL ESTIMATES	<u>8,849,200</u>

208. The Board allocated \$4,254,400 to cover administrative and operational services for the last half of 1967, and \$4,424,600 to cover these costs for the first half of 1968.

Copenhagen Packing and Assembly Centre budget estimates

209. The UNICEF Packing and Assembly Centre located at the Copenhagen Freeport was established in 1963 to facilitate the bulk purchase of individual supply items. These are stored in the Centre and consolidated with other items, often in standard "sets" for shipment to projects. The costs for operation of the Centre do not require a separate allocation of funds since they are charged to project allocations in the form of a surcharge (presently 10 per cent) on the purchase price of the supplies, ex-factory. While the Committee on Administrative Budget had previously reviewed the operations of the Centre, this was the first year that the Committee had before it detailed budget estimates. The Executive Director believed it desirable to institute this practice in view of the growth of the Centre.

210. The Executive Director's 1968 budget estimates for the Centre amounted to \$706,500. In the event the output of the Centre did not reach the level foreseen, expenses would be less, but it might also be necessary to increase the surcharge. A staffing of 70 persons was estimated. Of these, 43 manual workers would be on contract with the Freeport Authority reimbursed by UNICEF. The remaining 27 posts (2 international and 3 national professional, 20 general service and 2 warehouse foremen) would in the future all be UNICEF personnel. Of these, 2 international professional, 3 national professional and 1 general service post were previously included in the manning tables for Europe and North Africa in the Administrative and Operational Services Budget for 1967 and were already under UNICEF contract.

211. The Board approved the budget estimates for the Centre as presented by the Executive Director in document E/ICEF/AB/L.68/Add.1.

Greeting Card Fund

212. The Board noted that the Committee had reviewed and approved the financial report of the Greeting Card Fund for the 1965 season, covering the period 1 September 1965 to 30 April 1966 (E/ICEF/AB/L.65 and Corr.1). The Board also noted the report of the Board of Auditors on the financial report (E/ICEF/AB/L.65/Add.1).
213. At its session in May 1966 the UNICEF Executive Board decided to change the financial year of the Greeting Card Fund to end on 30 April rather than 31 August. The report was, therefore, for an eight-month period.
214. The net profit of the 1965 campaign was \$3.2 million. This constituted an increase of \$1.1 million over the net profit of the previous year and resulted from record sales of 46.5 million cards and 460,000 calendars.
215. The Board noted that in view of the need for the earlier availability of UNICEF income arising from the financial plans adopted, it would be desirable to gather in receipts from the Greeting Card Fund more rapidly.
216. The Committee requested the secretariat to explore the possibility of having available for the Board session, normally held in May or June, the financial report on the greeting card season recently ended. It was pointed out that this would require the fiscal year to end in February or March, and efforts to be made by UNICEF National Committees to get earlier returns from consignment points. The question would be reviewed at the 1968 session on the basis of examination of various possibilities during the course of the year. In the meantime, an interim report would be presented to the 1968 Board session on the 1967 season ending 30 April, and this would be the best way of meeting the Board's needs, if it proved impossible to arrange for the fiscal year to end earlier.
217. The Board approved the proposal of the Executive Director to transfer as of 1 January 1968, \$2 million in accumulated profits in the Greeting Card Fund (see para. 180). The greeting card production in 1968 and thereafter would be financed entirely from UNICEF's working capital rather than from a separate working capital formed by greeting card profits.
218. Questions were raised in the Committee about the selection of greeting card designs which would have a wider sales appeal; of the desirability for more market surveys on the saleability of designs; and the need for improvement of liaison with National Committees. The secretariat explained its plans to meet these views. Working with those National Committees that wished to do so, a trial would be made in 1968 of traditional selections (i.e. using the work of artists of past periods in which more designs could be found relating to Christmas festivities and Christian themes), in addition to contemporary designs. Liaison with National Committees would be strengthened. In the discussion of the Committee's report in the Board it was pointed out that the present greeting card designs had attracted a special clientele; while efforts should be made to sell more cards this should be done without losing that clientele.

219. In discussing the greeting card budget estimates for the 1967 season (E/ICEF/AB/L.67) the Board noted that the Committee on Administrative Budget also had before it an interim report of a management study of the greeting card operation being carried out by the United Nations Administrative Management Service. This study was requested by the Executive Director after the Board at its May 1966 session discussed the need for improvement in the organization and operation of the Greeting Card Fund in the light of comments made by the Board of External Auditors on the report of the 1964 campaign. The budget for the 1967 season was designed to strengthen accounting, administrative and financial aspects of the operation, sales management and promotion, and the search for suitable designs. Members of the Committee welcomed the study which they believed pointed the way to a number of improvements, some of which were already in effect.

220. The sales target for the 1967 season was 60 million cards. This compared with 50 million sold in the 1966 season. In order to have an item for year-round saleability, eight full-size fine art reproductions (prints) of designs used for cards would be put on sale by the United States Committee for UNICEF in 1968.

221. The Board noted that the Committee approved the budget of the Greeting Card Fund for the 1967 season (1 May 1967 to 30 April 1968) totalling \$2,585,600 (gross) as detailed in the estimates submitted by the Executive Director (E/ICEF/AB/L.67). 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, should the apparent demand before and during the season increase beyond the present forecast, and also to transfer budgetary funds between allotment accounts as required. Because of the necessity to enter into commitments for the 1968 season prior to the beginning of the financial year (1 May 1968), the Committee authorized the Executive Director to spend an amount not exceeding \$1,250,000 as an advance from the 1968 budget.

222. The Board expressed its deep appreciation to the UNICEF National Committees, the many other organizations, the tens of thousands of volunteers, and the artists who contributed the designs of cards - all of whose efforts had made possible the success of the operation.

V. OTHER MATTERS

Expression of gratitude to the National Committee for UNICEF in Canada

223. The Board expressed its appreciation to the National UNICEF Committee in Canada for its kind invitation to Board representatives to attend the UNICEF "Rendez-vous at EXPO-67". This special event, which took place at Montreal, Canada, from 1 to 3 June, enabled Board representatives to meet and share views with many of the volunteer workers for the Canadian National Committee.

Tribute to the Deputy Executive Director (Programmes)

224. The Board paid tribute to Mrs. Adelaide Sinclair on the occasion of her retirement, at the end of September 1967, as Deputy Executive Director (Programmes), a post she had held since 1957. In her association with UNICEF, which began in 1947, she had been her Government's representative on the Executive Board and Chairman of both the Programme Committee and the Executive Board. She had made an outstanding contribution to the development of UNICEF's policies and the character of its organization. The Board was pleased to hear from the Executive Director that she had agreed to act as a consultant to UNICEF from time to time.

Holding of 1969 Board session in Chile

225. The Board accepted with gratitude the invitation of the Government of Chile to hold its 1969 session at Santiago. The Government had generously agreed to defray the extra costs to UNICEF, estimated at \$80,000, as well as to make available certain conference facilities (see E/ICEF/CRP/67-31). According to the established practice, the costs of travel and per diem of Board representatives attending the session would be met by their respective Governments.

226. One of the important advantages of holding the Board session in the field was that it offered Board representatives an opportunity to participate in field observation trips prior to the Board session, observing at first hand problems and programmes affecting children. The secretariat planned to ascertain which Governments in the Americas might wish to invite small groups of Board representatives for one-week observation visits prior to the session. As in the case of the observation tours preceding the sessions held in Asia and Africa in 1964 and 1966 respectively, it was anticipated that the host Governments would pay for travel and subsistence of the Board representatives while on observation tours within their respective countries. The secretariat planned to work out detailed plans for the session in consultation with the Government of Chile, other Governments concerned in the region, and officers of the Executive Board, and to present a report on this to the 1968 Board session.

ANNEXES

ANNEX I

ATTENDANCE

Members

<u>Chairman:</u>	Mr. Joseph W. Willard (Canada)
Afghanistan	Mr. Mir Abdul Wahab Siddiq, Mr. Mohammed Anwar Anwarzai
Australia	Mr. John Robert Kelso
Belgium	Mr. Hilaire Willot
Brazil	Dr. Rinaldo de Lamare, Mr. José Jerônimo Moscardo de Souza
Bulgaria	Dr. Sibilla Radeva
Chile	Dr. Conrado Ristori, Miss Elsa Wiegold
China	Mr. Pao-Yi Tsao
Ecuador	Mr. Hugo Jativa
Ethiopia	Mr. Yohannes Tseghe
Federal Republic of Germany	Dr. Wolf-Dietrich Germer, Mr. Georg von Broich-Oppert, Mr. Peter Truhart
France	Dr. Raymond Mande, Miss Anne-Marie Hypsmann
India	Mr. M. Ramakrishnayya, Mr. L.N. Piparsana, Mr. N.N. Jha
Israel	Mrs. Zena Harman
Morocco	Dr. Abdel Hamid Benyakhlef
Pakistan	Col. Ziauddin Khan, Mrs. M.G. Dastgir
Peru	Mr. George Fernandini
Philippines	Dr. Clemente Gatmaitan, Mr. Fred Tiongson
Poland	Dr. Boguslaw Kozusznik, Mr. Mieczyslaw Bulawa
Senegal	Dr. Gabriel Senghor
Sweden	Mr. Nils Thedin, Miss Lisa Mattson
Switzerland	Mr. Bernard Turrettini, Mr. Yves Robert Moret, Miss Andrée Lappé
Thailand	Dr. Boon Suvarnasara, Mr. Chua Sariman, Mr. Wanchai Sirirathana
Tunisia	Mr. Mohammed Beyrakdar, Dr. Taieb Hachicha, Mr. Ali Jerad
Turkey	Dr. Ihsan Dogramaci, Mrs. Filiz Dinçmen, Mr. Argun Ozer
Union of Soviet Socialist Republics	Dr. Fedor Zakharov, Dr. G.I. Avdeev, Mr. Y.I. Karnakov
United Arab Republic	Mr. Mahmoud Aboul Nasr
United Kingdom of Great Britain and Northern Ireland	Mr. N. Leach, Lieut.-Col. D.F.C. Bult-Francis, Miss Barbara Richards
United States of America	Mr. P.F. DelliQuadri, Dr. Katherine Bain, Miss Blanche Bernstein, Mr. David Squire
Yugoslavia	Dr. Svetomir Jaukovic, Mr. Jokas Brajovic, Mr. Zoran Lazarevic

Government Observers

Cameroon	Mr. Joseph N. Owono, Mr. Johnson Ndimbie, Mr. Elias Bah Chamfor
Canada ^{a/}	Mr. Brian J. Iverson, Mr. Paul Callaghan, Miss Mary C. Fletcher
Denmark	Mr. H. Schmiegelow
Indonesia	Mrs. Anak A. Muter
Netherlands	Miss J.C. Ferringa
Romania	Mr. Georghe Popa
Rwanda	Mr. Etienne Munyeshuli

United Nations

Social Development Division	Mr. Kurt Jansson, Mr. J. Iliovici, Miss Phyllis Burns, Miss Aida Gindy
Population Division	Miss Gwendolyn Johnson
Status of Women Section	Mrs. Margaret Bruce, Mrs. L. Shahani
World Food Programme	Mr. Marc Nerfin

Specialized agencies

International Labour Organisation (ILO)	Mrs. M.E. Tanco de Lopéz
Food and Agriculture Organization of the United Nations (FAO)	Mr. Morris A. Greene, Dr. Léon-Marie André, Mr. Philip R. Thomforde
United Nations Educational, Scientific and Cultural Organization (UNESCO)	Mr. J.F. McDougall, Mr. Sayad Osman, Mr. Conrad Oppen
World Health Organization (WHO)	Dr. Lucien Bernard, Dr. B. Bosley, Dr. Estella Budiansky, Dr. R.L. Coigney, Dr. Stanislas Flache, Dr. G. Sambasivan Dr. L. Thomen, Dr. W. Winnicka

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

Non-governmental organizations

Associated Country Women of the World	Mrs. Eleanor Roberts, Mrs. Drevonia Schmidt Mrs. Robbins Strong
Commission of the Churches on International Affairs	
Consultative Council of Jewish Organization	Mrs. Helene Kadane
International Alliance of Women - Equal Rights, Equal Responsibilities	Mrs. Margaret R. Bender
International Committee of Catholic Nurses	Miss Dorothy Kelly
International Council of Jewish Women	Mrs. K. Plaut
International Council of Women	Miss Margaret E. Forsyth
International Federation of Agricultural Producers	Mrs. Logan Billingsley
International Federation of Business and Professional Women	Mrs. Esther Hymer
International Federation of University Women	Dr. Dorothy Stratton
International Social Service	Mrs. Michael Harris
International Society for Rehabilitation of the Disabled	Mrs. Dorothy Warms, Mrs. Jean Holke Mrs. Josephine Tuller
International Union Against the Venereal Diseases and the Treponematoses	
International Union for Child Welfare	Miss Cairine B.M. Wilson, Dr. Gunnar Dybwad
International Union of Family Organizations	Mrs. Elizabeth Collins
League of Red Cross Societies	Mrs. John W. Sheppard, Mrs. Eric Archdeacon Mrs. Gladys M. Bradley Mrs. Catherine Bryan Mrs. Kathryn Pitman
Pan Pacific and South-East Asia Women's Association	
Women's International League for Peace and Freedom	Mrs. Evelyn Sommer Mrs. Edward F. Johnson
Women's International Zionist Organization	
World Association of Girl Guides and Girl Scouts	Mrs. Abram V. Goodman
World Union for Progressive Judaism	Miss Alba Zizzamia
World Union of Catholic Women's Organizations	Miss Leila Anderson, Mrs. Laurence Rockefeller
World Young Women's Christian Association	

UNICEF National Committees

Belgium	Mr. Hilaire Willot <u>b/</u>
Canada	Mrs. Sylva Lamothe, Mr. Paul Ignatièff
Poland	Dr. B. Kozusznik <u>b/</u> , Mr. M. Bulawa <u>b/</u>
Spain	Dr. Juan Bosch-Marin
Sweden	Mr. Nils Thedin <u>b/</u>
United Kingdom of Great Britain and Northern Ireland	Lt. Col. D.F.C. Bult-Francis <u>b/</u>
United States of America	Mrs. Helenka Pantaleoni
Yugoslavia	Dr. Svetomir Jaukovic <u>b/</u> , Mr. Jokas Brajovic <u>b/</u>

b/ Also member of Government delegation at the session.

ANNEX II

DESCRIPTION OF PROJECTS FOR WHICH AID WAS APPROVED
IN JUNE 1967

A. AFRICA

<u>ALGERIA</u>	<u>HEALTH SERVICES</u> Continuation and development, mid 1967 - mid 1968	Allocation approved: <u>\$212,000</u> Technical approval: WHO
	E/ICEF/P/L.896	

On the basis of the general development plan drawn up in 1966, during this period reforms will be introduced in three demonstration zones, as follows:

- (a) In the east, the Guelma-Sedrata zone (department of Annaba). This zone is highly representative of rural and urban ecological conditions, in a region marked out for large-scale industrial development; doctors, nurses, midwives and traditional assistant midwives will be trained there and projects in various fields of public health will be carried out.
- (b) In the centre of the country, the Birtouta-Blida zone (department of Algiers). This zone, which is the rural complement of the demonstration zone of the National Institute of Public Health (INSP), will be used mainly for teaching, demonstration of techniques and operational research in public health.
- (c) In the west, the Gdyl zone (department of Oran). This coastal and semi-desert rural zone will be used, in particular, in liaison with the university hospital centre at Oran, for the training of personnel in a purely rural environment.

During 1967/1968 the 11 health centres and 27 dispensaries now existing in the three demonstration zones will be reinforced.

Parallel to the development of the three demonstration zones, the plan provides for the establishment of a national network of MCH centres, to which the nutrition rehabilitation centres will henceforth be attached. At present there is one main MCH centre per department - fifteen in all - whose activities are supplemented by those of twenty-five urban and rural MCH sub-centres or sections. In 1967/1968, MCH activities will be extended to 65 new sections, 30 of them urban and 35 rural. During the period under consideration, training will be improved and the training period increased from one to two years at seven of the sixteen schools for auxiliary personnel. The training programme for 1967/1968 includes follow-up courses, refresher courses and orientation seminars for 760 doctors, male and female nurses, midwives, health auxiliaries and departmental MCH officers. The trachoma control campaign, which has already yielded good results and reduced the seriousness of the disease, will be continued and intensified, especially in the south where it is still most widespread. Tuberculosis control by means of BCG vaccinations will be progressively developed with WHO assistance. UNICEF will provide basic and supplementary equipment for 11 health centres, 27 dispensaries, 8 schools for para-medical personnel and 65 MCH centres; drugs, vaccines and equipment for trachoma and tuberculosis control; transport; and travel expenses and stipends for 760 trainees. WHO will continue to participate in the development of the project through its team of about eighteen advisers.

ALGERIA

FOOD MIXTURES FOR CHILDREN
Continuation and expansion
mid 1967 - mid 1968

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

E/ICEF/P/L.935

During 1967/1968 which represents the second stage of the project, the Government proposes to broaden the range of food mixtures for children by developing improved formulas with a higher protein content and a lower cost price. New machinery will be added to that now installed for the manufacture of weaning foods, with a view to producing other food mixtures, in particular protein-enriched meal. The Government also proposes to continue the theoretical research and the practical manufacturing tests, chemical and bacteriological analyses and acceptability tests for the new food mixtures. It will also give attention to the marketing of the food mixtures at a price within the reach of the most modest incomes and will continue to ensure distribution, free of charge or at a reduced price, to the poorest population groups both in the towns and in rural areas. Publicity campaigns for the promotion and introduction of these foods on the market are scheduled; they will be organized with the help of the marketing expert, whose current mission will be extended by six months.

In order to ensure the proper functioning of the production line and in accordance with the marketing expert's recommendations, practical training courses will be organized for the technicians, factory workers and commercial agents. As it appears to be difficult to recruit a technician or a chemical engineer with sufficient experience in nutrition, provision has been made for a ten-month fellowship for a technician with a sound general background. UNICEF will provide machinery and equipment for the production plant, equipment and funds for the popularization and promotion of the food mixtures, funds for the commercial and technical training of project personnel, one ten-month fellowship and reimbursement to FAO for the salary of the marketing expert for six months.

ALGERIA

EDUCATION
Continuation and
expansion,
mid 1967 - mid 1968

Allocation approved: \$144,000
Technical approval: UNESCO, FAO,
WHO

E/ICEF/P/L.927

Refresher training for primary school teachers will be continued by means of weekly "Training Days", using new teaching aids, such as educational films. Several ten-day seminars will be organized at Algiers for the inspectors and teaching counsellors who train the teachers. Four new normal schools will be established, bringing the total number to 30, or one for men and one for women in each of the country's fifteen departments. The Ministry of Education has already established 10 educational and vocational guidance centres; 5 more will be established later, so that there will be one centre for each department. Eight new rural home economics training centres will be established, in addition to the 28 existing centres, while 20 instructors will be trained at the Caroubier Institute at Algiers. In addition, 30 instructors who will teach home economics in the girls' technical schools will take a nine-months' practice course at the Caroubier Institute. The agricultural training programme will be continued as before in the 54 existing schools; 9 of these schools, in the northern part of the country, will receive supplementary equipment. Forty new teachers will be trained at the El Harrach Agricultural Institute.

Emphasis will be placed on the organization of school canteens in the south and on nutrition education. There will be only a very moderate increase in the number of children reached, the total being brought to 650,000. On the other hand, it is expected that 400 new canteens will be opened in remote areas. A seminar for 768 canteen managers and inspectors will be held at Algiers early in 1968. In 1967/1968, emphasis will also be placed on the development of teaching aids at the National Pedagogics Institute, for the use of the country's 28,000 teachers and 1.5 million school children. UNICEF will provide miscellaneous basic and supplementary equipment for 26 normal schools, equipment for the 5 main educational and vocational guidance centres, basic equipment for 8 rural home economics training centres and 9 agricultural training schools, equipment for school canteens, equipment for the printing press of the National Pedagogics Institute and for the audio-visual division of the Pedagogics Department, transport, stipends and travel grants for 1,368 trainees and honoraria.

ALGERIA

VOCATIONAL TRAINING
 First request for UNICEF
 aid, mid 1967 - mid 1968

Allocation approved: \$145,000
 Technical approval: UNDESA, ILO,
 FAO and
 UNESCO

E/ICEF/P/L.946

The aim of this project is to provide for the welfare, education and vocational training of young people who have not attended school or did not complete their studies by setting up a national network of youth clubs which will reach the entire juvenile population in town and country. There are two national training centres under the Department of Youth. The Tixeraine centre is equipped to accommodate 60 trainees attending long courses for directors, leaders and instructors. The El Riath centre also has boarding facilities for 64 trainees. The short courses held there concentrate on leadership and popular education techniques and are very useful as refresher courses and retraining. The two regional training centres at Constantine and El Asnam are not operating on a regular basis because of the lack of instructors and suitable equipment. The Government intends to strengthen their supervisory staff and equip them so that they can take in trainees and operate regularly. Twenty pilot youth clubs - five urban and fifteen rural - will be opened. Seven women's sections will be established in seven of the clubs - five in rural and two in urban areas. Each club will have at least two apprenticeship workshops, of a type answering local needs, and a production co-operative. The women's sections will give girls training in mothercraft and homecraft, as well as basic general instruction.

A centre for information, documentation, study and research (CIDER) on youth problems will be set up at Algiers to produce the technical and educational documentation needed for all staff. Its publications will be used in conducting and expanding the activities of the pilot clubs, but their main purpose will be to prepare the gradual remodelling of all existing youth clubs. There will be a programme of training or refresher courses for the staff of the 20 youth clubs - 20 club directors, 60 leaders, 60 instructors and 21 women leaders. It is also planned to train 15 national instructors. UNICEF will provide equipment for 4 training centres; equipment for 20 youth clubs, including of women's sections; reproduction equipment for CIDER; transport; and stipends for 176 trainees.

BOTSWANA

HEALTH SERVICES
 First request for UNICEF
 assistance, mid 1967 - mid 1968

Allocation approved: \$57,000
 Technical approval: WHO

E/ICEF/P/L.867

The aim of this project is to strengthen the basic health services with emphasis on maternity, paediatrics and public health aspects; training of nursing personnel; introduction of health education; and expansion of immunization activities against tuberculosis and smallpox. The Government, being forced for financial reasons to defer its plans for any sizeable development of the health services, is now concentrating on improving existing services and adjusting its approach so as to strengthen the public health aspects as far as possible. The immediate plan is to up-grade the training facilities at 6 hospitals, the 13 health centres and 7 out-patient clinics and increase their orientation towards preventive health; to undertake preliminary studies of health education needs and the pattern of infectious diseases in the country by a special mobile team trained for the purpose; and to accelerate the measures for immunization against tuberculosis and smallpox. It is hoped to complete the protection of the remaining half of the population under 21 by end 1968. UNICEF will provide basic equipment and supplies for health centres and clinics; training equipment and teaching aids for the training hospitals; equipment and supplies for a health education unit, for a mobile survey unit and for the BCG and smallpox vaccination campaign; and transport. WHO will continue to provide technical advice through consultants and advisers from the Regional Office. A public health nurse educator is expected to be appointed during the course of the next year.

BOTSWANA

EDUCATION
Continuation,
mid 1967-mid 1972

Commitment approved: \$187,000
Allocation approved: \$57,000
Technical approval: UNESCO

E/ICEF/P/L.894

During the next five years all 900 untrained teachers in the country will be up-graded through refresher training at the college in Francistown. The plan of action has the following components:

- (a) A series of three six-week courses will be given at the Francistown college, during which emphasis will be placed on pedagogic aspects of teaching while the trainees will be prepared to work by themselves on assignments between the residential courses.
- (b) A self-improvement programme will be organized, based on reading assignments on various subjects and guided classroom work, which should fill the academic gaps in teachers' education.
- (c) An educational broadcasting service will be established which will concentrate on supporting the self-improvement programme by closely co-ordinated radio programmes, for which supporting booklets will be printed.
- (d) A correspondence education unit, established at and working under the direction of the experts at Francistown, will provide support for the self-improvement programme.
- (e) The headmasters of all the primary schools will be enlisted to guide and help the teachers working on home assignments, as well as to ensure that the trainees have the necessary books available and access to radio receivers at the times the special supporting programmes are broadcast. To prepare the 250 headmasters for this work, three groups will attend seminars of three weeks' duration at the three teacher-training colleges. UNICEF will provide teaching equipment for 1 teacher-training school and 200 primary schools; printing and recording equipment, paper and books; transport; salaries for 3 teachers at teacher-training colleges; and training grants. UNESCO will provide two experts, one of whom will function as principal of the new teacher-training college and will possibly be in charge of all teacher-training activities in the country. The Swedish Government, the British Council and the Anglo-American Company of South Africa Limited have also provided assistance.

EURUNDI

HEALTH SERVICES
Continuation,
mid 1967-mid 1969

Allocation approved: \$64,000
Technical approval: WHO

E/ICEF/P/L.829

The Government proposes to continue its efforts to consolidate and expand health services in rural areas. In particular, it plans to set up four new medical and social centres in the demonstration area and to re-equip thirty-five dispensaries - where staff has been increased but the equipment is still inadequate for the needs - with a view to achieving a gradual expansion of essential maternal and child health services. The training of staff will be continued on a larger scale than before and staff already trained will, from time to time, attend refresher and advanced training courses. Special emphasis will be given to health and nutrition education, with a view to improving the general health of the population. This training will be closely co-ordinated with work carried out under the agricultural extension, nutrition education and home economics project, which is being assisted by FAO and UNICEF. The environmental sanitation activities started under the previous plan will be continued with the participation of the specialized staff now being trained. UNICEF will provide basic equipment, additional equipment and vaccine for 39 health centres and dispensaries; training and demonstration equipment for 2 paramedical schools; transport; and stipends for 30 nurses, 47 assistant nurses, 21 health assistants and for the staff attending advanced training courses. WHO will continue to give technical advice through its resident experts - a doctor specializing in social paediatrics, a public health nurse-tutor and a dietician. Additional support is anticipated from the bilateral aid provided by Belgium and France, and also from the European Development Fund.

<u>CAMEROON</u>	<u>HEALTH SERVICES</u> Continuation, mid 1967- mid 1968	Allocation approved: <u>\$68,000</u> against approved commitment
<u>CAMEROON</u>	<u>COMMUNITY DEVELOPMENT</u> First request for UNICEF aid, mid 1967- mid 1969	Commitment approved: <u>\$62,000</u> Allocation approved: <u>\$31,000</u> Technical approval: <u>UNDESA, FAO</u> <u>UNESCO, WHO</u>
	E/ICEF/P/L.913	

The Government's aim in this project is to improve the welfare of the rural population of West Cameroon by promoting schemes of self-help to raise economic and cultural levels in village communities. The participation of village councils and the establishment of co-operative societies and development committees are encouraged, and particular emphasis is given to improving the production and encouraging the better use of local foods, extending health and sanitation facilities, improving housing and extending knowledge of home-craft and child care. A rural training centre is being established at a suitable location near Kumba, for the training of village leaders in simple community development techniques. It is expected that most groups will be given training of three weeks' duration. In-service and refresher courses will also be organized. Extension of training and demonstration work will be carried out by four mobile units which will move from place to place and hold courses of three weeks' duration for trainees chosen from five to ten surrounding villages. The units will work in close co-operation with health and agricultural extension units and will carry out joint programmes of health and nutrition education at appropriate rural centres. In order to enable the Community Development Department, in co-operation with the Ministry of Education and Social Affairs, plans to establish nine nursery schools as early as possible, one attached to each divisional headquarters. It is hoped that at least three will be opened per year.

After giving much consideration to the problem of unemployed youth who leave primary schools without having learned enough of a practical nature to fit them for the kind of agricultural work that could provide them and their families with a better standard of living, the Government has developed a programme of agricultural youth clubs, within the framework of its community development programme. Two types of clubs are being created: "junior clubs", for children from the age of ten, which are located near primary schools with school gardens; and clubs for young people who have already left school. So far 7 junior clubs and 6 young farmers' clubs have been developed with a membership of 360. The Ministry plans to open 15 new clubs of each type per year. The clubs encourage agricultural education, leadership training, participation in local community development schemes, community service such as clearing up school grounds, water points, etc. and recreational activities. UNICEF will provide teaching and demonstration equipment for a rural training centre and for 4 mobile training units; equipment and supplies for village demonstration schemes including safe water supplies, home economics and child-care activities; toys and equipment for 9 nursery schools; equipment and supplies for 40 agricultural youth clubs; and transport. The United Nations Department of Economic and Social Affairs will provide the services of two experts in community development.

<u>CENTRAL AFRICAN REPUBLIC</u>	<u>HEALTH SERVICES</u> Continuation, mid 1967-mid 1968	Allocation approved: <u>\$78,000</u> Technical approval: <u>UNDESA, WHO</u>
	E/ICEF/P/L.837	

Pending finalization of the four-year development plan (1967-1970), the Government intends to continue and expand its efforts to strengthen the rural health services. Fifteen mobile clinics are being established. Based at the prefectural or sub-prefectural level the teams will tour areas around their bases bringing simple preventive health care to the more isolated communities. The work of the clinics will be supplemented by weekly radio broadcasts on health and nutrition and by local demonstrations and advice to the community. The hospital at Bangui, which provides practical training for health personnel, will be enlarged by the addition of 200 beds to the maternity wing. The paediatric service will also be improved. To improve the enrolment at the National Nursing School, entrance qualifications will be raised during 1967. Twenty new candidates will enter the school each year. Refresher training for fifty health personnel will also be provided each year at the school. Environmental sanitation activities will be continued in Yimba and pilot projects will

CENTRAL AFRICAN REPUBLIC (continued)

be extended to Berberati, Bambari, Bossangoa and Bangassou. Training of health agents in the demonstration zone will continue at the rate of ten per year. The Government gives high priority to the leprosy campaign. During the current period, tracing and treatment of contagious cases and contacts will receive special attention in accordance with accepted WHO policy. Progressive integration of the endemic disease control service into the basic health structure will continue. The need for better maintenance and repair facilities for vehicles used in the health services has been recognized by the Government. Accordingly a workshop will be established to service these vehicles, and more economical and effective usage is expected to result. UNICEF will provide supplementary clinic and ward equipment for the Bangui Hospital, child care equipment for the 15 mobile clinics and teaching equipment for the Nursing School; environmental sanitation equipment for new pilot project; drugs for leprosy control; transport and equipment for the establishment of a transport workshop; and training grants. WHO will provide the services of a public health adviser, a nursing adviser and a sanitary engineer. Personnel, equipment, construction materials, drugs and fellowships are being provided through bilateral assistance and through FAC (Fonds d'aide et de cooperation) and FED (Fonds europeen de developpement).

CHAD

HEALTH SERVICES

Continuation,
mid 1967-mid 1969

Allocation approved: \$62,000
Technical approval: UNDESA, WHO

E/ICEF/P/L.841

In 1967 the enrolment of nurses and midwives at the National Nursing School will be increased to 125. Courses for the midwives will be extended from two to three years. The School will be enlarged and by 1969 will provide three-year training courses for nurses in public health, obstetrics and environmental sanitation. Upon graduation some trainees will undertake the training of para-medical personnel already in service and others will be assigned to reinforce and up-grade the quality of the health services. Environmental sanitation activities will be intensified in both urban and rural areas, and some 15 health agents will be trained. Health education will be improved in areas where environmental sanitation activities are being undertaken to encourage participation of the communities in these activities. A laboratory will be established at Fort Lamy to handle problems of water analysis connected with the expanding environmental sanitation activities. The leprosy campaign will continue and will be expanded into new sections in Kanem, du Lac and Salamat. It is anticipated that in the future, priority will be given progressively to treatment of lepromatous cases, with the aim of reaching at least 75 per cent of such cases. During the present period some 37,500 cases will receive treatment. UNICEF will provide drugs and vehicles for leprosy control, laboratory equipment for environmental sanitation, stipends for nurses, midwives and health agents and the salaries of two instructresses for the National Nursing School for 12 months. WHO is providing technical advice through a resident adviser, a sanitary engineer and a nurse tutor. Other assistance is being provided by the United States Agency for International Development, the United States Peace Corps, the Fonds d'aide et de cooperation aux Etats de la Communauté (FAC) and the Government of the Soviet Union.

CONGO (BRAZZAVILLE)

HEALTH SERVICES

Continuation,
mid 1967-mid 1968

Allocation approved: \$19,000
against approved commitment

CONGO (BRAZZAVILLE)

EDUCATION

Continuation,
mid 1967-mid 1968

Allocation approved: \$96,000
against approved commitment

DAHOMEY

HEALTH AND SOCIAL SERVICES

Continuation,
mid 1967 - mid 1969

E/ICEF/P/L.830

Commitment approved: \$174,000

Allocation approved

for 1967/1968: \$111,000

Technical approval: UNDESA, FAO

The Ministry of Public Health and Social Affairs will be reorganized in such a way as to ensure good administrative centralization at the top and efficient operational centralization in the field. Para-medical personnel will continue to be trained at the Institute of Social Medicine, at an annual rate of 40 to 50 students; this training will be supplemented by refresher and reorientation courses organized at all levels of the Department of Public Health and Social Affairs. It is also planned to open an environmental sanitation section in the Institute in 1967/1968; in 1968/1969, the period of training will be extended from two to three years. A public health demonstration, training and operational research zone (zone de demonstration, d'entrainement et de recherches operationelles - ZDERO) will be created in the sub-prefectures of Cuidah and Grand Popo with a view to modernizing and integrating the health and social services. The following activities are planned: preventive and curative medical care, detention and prevention of communicable diseases, maternal and child health (MCH) services, environmental sanitation, health education, collection of demographic and health statistics, etc. The principal maternity hospital at Cotonou, the paediatric service at the Porto-Novo hospital, five rural maternity units and five dispensaries a year will be modernized. It is planned to reorganize MCH activities and extend them to the rest of the country. A central MCH bureau will be created in the Ministry of Public Health and Social Affairs; the MCH centre at Cotonou will be converted into a pilot centre for training, refresher courses and reorientation courses in maternal and child health for para-medical personnel. Two MCH centres will be established in the capitals of two administrative departements.

The campaign against the major communicable diseases will be continued by services which are being gradually integrated with Dahomey's public health system. Leprosy control will aim at reaching 40,000 persons afflicted with the disease; an effort will be made to ensure that in time 75 per cent of the registered cases will be receiving regular treatment. A third yaws control campaign, which has already begun, will continue in 1967/1969 in the areas where there is still a high incidence of this disease. A demographic and health statistical service will be set up in the Ministry of Public Health and Social Affairs, and a health education service will be created in the same Ministry. During the period under consideration, four new social sub-centres, each directed by a social worker and two social work aides, will be opened and equipped: at Savalou, Athieme, Aplahoue-Azove and Bohicon. Five nursery schools will be refitted and re-equipped. UNICEF will provide supplies and equipment for the activities described above, drugs for the control of communicable diseases, transport and training grants. A WHO adviser on public health administration, a sanitary engineer and several short-term advisers have helped to develop various aspects of this project. Two MCH specialists are expected in the country in 1967. Other aid has been provided by the United States Agency for International Development, the United States Catholic Charities, the Federal Republic of Germany and the European Development Fund for Overseas Countries and Territories (FEDOM).

DAHOMEY

EDUCATION

First request for UNICEF
aid, mid 1967-mid 1969

E/ICEF/P/L.866

Commitment approved: \$42,000

Allocation approved

for 1967/1968: \$24,000

Technical approval: UNESCO

The aim of this project is to adapt education to the rural environment and expand agricultural production by training a new class of young farmers able to use modern farming techniques. In co-operation with the National Paedagogical Institute, the Technical Bureau of Research and Documentation (BTED), which is attached to the Department of Technical Education, will prepare draft curricula for science courses and theoretical and practical courses in agriculture in primary and secondary schools, draw up programmes for the construction and equipment of premises and farms to be used for agricultural training, and study educational and technical problems relating to agricultural training. In thirty primary schools curricula will include practical work in gardening and food and industrial crops, and courses in basic home economics for girls. In the general colleges (first years of secondary studies), curricula will be so arranged as to

DAHOMÉY (continued)

include theoretical and, especially, practical training in modern farming, rural handicrafts and home economics adapted to the rural environment. During the indicated period, three general colleges will be converted into modern agricultural colleges (CEMA).

Prospective teachers for the modern agricultural colleges, recruited at the baccalaureat level, and for the primary schools, recruited at the level of the brevet d'études du premier cycle, are being trained at the Porto Novo Normal School. To promote the proposed educational reform, starting in the school year 1967/1968 they will be given agricultural, civic and social training in addition to training in education. In order to ensure the successful ruralization of education, thirty primary-school headmasters, three primary-school inspectors and three CEMA teachers of agricultural science will be retrained at the Sekou practical-training farm; three directors of practical work will attend a course at the Cotonou Technical Lycee and three farm managers, chosen from the graduates of the Bingerville School of Agriculture, will attend an introductory course in education at the Porto Novo Normal School. UNICEF will provide supplies and equipment for the Technical Bureau of Research and Documentation (BTED), the Porto Novo Normal School, 3 colleges and 30 primary schools; transport for educational activities and supervision; and stipends and fellowships. The project has been prepared with the technical assistance of a short-term adviser from UNESCO. A UNESCO expert, seconded to the Ministry of Youth and Education, is helping the National Paedagogical Institute with audio-visual techniques. France is providing considerable technical assistance in the form of personnel and equipment, and Canada has given the National Paedagogical Institute audio-visual equipment for demonstrations in rural schools.

EAST AFRICA

HEALTH SERVICES: TRAINING
IN PAEDIATRICS AND OBSTETRICS
Continuation, mid 1967 -
mid 1968

Allocation approved: \$45,000
against approved commitment

EAST AFRICA

RURAL EXTENSION TRAINING
Continuation, mid 1967 -
mid 1968

Allocation approved: \$43,000
against approved commitment

EAST AFRICA

SOCIAL SERVICES AND COM-
MUNITY DEVELOPMENT TRAINING
(Makerere College, University
of East Africa, Uganda)
Continuation,
mid 1967 - mid 1970

Commitment approved: \$235,000
Allocation approved: \$79,000
Technical approval: UNDESA

E/ICEF/P/L/.869

This project aims to promote the training of professional staff in the fields of social welfare and community development, with a view to strengthening and expanding services in these fields in East Africa. The need for suitably qualified personnel to assume positions of responsibility in planning, administration, supervision and training prompted the University of East Africa (on the governing board of which three East African Governments are represented) to establish in 1962, with United Nations and UNICEF aid, a two-year diploma course in social work and social administration. After five years of experience, some basic changes are envisaged. The authorities are concerned about relating the training more specifically to the social needs and problems of an African society. They wish also to establish regular evaluation of the programme, preferably by senior staff indigenous to the region, with the aim of ensuring a constantly up-to-date system of training and research which will make a realistic contribution to East Africa, both in terms of qualified leadership and suitable training materials.

EAST AFRICA (continued)

The course will continue to be part of the Faculty of Social Sciences, under the direct responsibility of the Department of Sociology. It will be carried out in close co-operation with the interested departments of the East African Governments and will include field work to be organized at appropriate centres in East Africa during college vacations. In addition to arranging field placements under adequate supervision for students in the diploma courses, the school will organize refresher training of qualified personnel as well as seminars for voluntary agency workers and officials of interested Government departments to provide exchanges of experience, co-ordination and educational extension. Beginning July 1967, the unit will be staffed by four expatriates (an organizing tutor, a field work supervisor and two lecturers) and four African counterpart lecturers. By mid 1970 it is hoped that the counterpart lecturers will have been sufficiently trained and experienced to take over the expatriate posts. UNICEF will provide allowances for four expatriate lecturers; salaries and allowances for four national counterpart lecturers; honoraria for part-time lecturers; supplementary teaching aids, office equipment and clerical assistance; training grants for 4 students, costs of field travel for staff and students including regional seminars. The United Nations Department of Economic and Social Affairs will approve the terms of reference and qualifications as specified by the College for each teaching post financed by UNICEF, and will also provide technical consultation to the College if required in the recruitment and selection of qualified candidates for such posts. Subject to government request, UNDESA would provide four fellowships for the nationals appointed as lecturers under this project.

ETHIOPIA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$104,000
Technical approval: WHO

E/ICEF/P/L.859

The strengthening and consolidation of existing health services will be continued but only a small expansion of the rural health services is foreseen pending the Government's decision on its third five-year plan, details of which are expected to be published later this year. Four additional health centres will be established at selected locations in the provinces of Siddamo (two centres), Wallega and Kaffa. Endemic disease control activities will continue along existing lines with increased coverage expected in respect of BCG vaccinations and leprosy control. It is expected that some 300,000 persons will receive BCG vaccination and that routine activities in tuberculosis control at Addis Ababa and Asmara will involve about 70,000 new patients. The consolidation work in trachoma control is expected to require the treatment of some 100,000 persons. It is planned to bring at least 75 per cent of the infectious leprosy cases under regular control. The integration of the disease control programmes into the general health services will be given increasing emphasis. The training programme will continue as in the past with some increase in enrolment at the Public Health College in Gondar. Assistance from UNICEF at this College is now confined to students enrolled prior to 1966, the Government having accepted responsibility for new trainees beginning last year. UNICEF will provide basic MCH equipment for 4 health centres and supplementary health education equipment for 14 provincial health departments; supplementary teaching aids for the Menelek Medical Auxiliary School; vaccines, drugs and laboratory equipment for tuberculosis control; drugs for trachoma and leprosy control; and training grants for 385 auxiliary health workers and 42 tuberculosis and leprosy field workers in short courses. WHO will continue to provide the services of eight advisers.

ETHIOPIA

SOCIAL SERVICES AND COMMUNITY DEVELOPMENT TRAINING
Continuation,
mid 1967 - mid 1968

Allocation approved: \$53,000
Technical approval: UNDESA and FAO

E/ICEF/P/L.860

During the period of the present plan the Government will concentrate on the training of personnel and on consolidation. The only new aspects concern the establishment of a youth centre and a training centre for workers in day-care centres. The Awasa Training Centre will continue to enrol 40 trainees in each of the two years. At the School of Social Work a degree course in social work will be offered for 17 students and the annual placement programme for 7 students will continue. Courses for 20 day-care workers will be established at a training centre in Addis Ababa and an orientation course will be held for 10 district development officers. Thirteen urban and eight rural community development centres will be up-graded and pre-vocational and day-care activities will be added.

The first phase of development of a youth training programme will be organized at a youth camp in which several groups of 100 youths will be given training in leadership and character formation, as well as pre-vocational training including handicrafts, home economics, agriculture and gardening, etc. The scheme is a preliminary step towards the establishment of a national youth programme which the Government is in the process of developing, which would aim to provide guidance and training for young people and particularly those outside the school system. A national training centre would be organized for the training of leaders and instructors; later the number of youth groups and youth camps would be expanded and pre-vocational and vocational training facilities established. UNICEF will provide equipment for 13 urban community development centres, 5 rural centres, the day-care training centre and the National Youth Centre; transport; and training grants for 222 trainees of different categories in courses of varying duration. The United Nations Department of Economic and Social Affairs will continue to provide technical guidance through the services of a full-time adviser and through the Economic Commission for Africa. FAO is providing an expert in home economics.

ETHIOPIA

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$76,000
against approved commitment

GABON

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

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

E/ICEF/P/L.872

The Government's Development Plan affords high priority to the training of health personnel and to the development of maternal and child health services. The following aspects will receive UNICEF assistance during 1967/1968:

- (a) Training: The urban demonstration centre outside Libreville will be reorganized and practical field training will be expanded. Special courses will be held for laboratory assistants, and practical experience will be afforded in a central public health laboratory to be established in Libreville.
- (b) Health centres: Two new health centres will be opened at Port-Gentil and Oyem, staffed by newly trained personnel under the direction of a medical officer. Five existing sub-centres will be up-graded.

GABCN (continued)

- (c) Environmental sanitation: The development of the training zone will be pursued and health education of the population expanded. Six sanitarians now under training will be posted to other areas where small projects will be established so as to demonstrate the practical application of environmental sanitation work to the rural population.
- (d) Leprosy: The campaign will be continued under WHO guidance with such modifications as may be required to apply the revised criteria recently adopted by the Joint Committee on Health Policy. Treatment will be afforded through a combination of services provided by health units and mobile teams. The latter work in close co-ordination with other endemic disease control teams within established geographical sectors of the country. The number of these sectors will be increased to nine during the course of the next year. Some 5,300 patients out of a total registered number of 10,000 are now receiving regular treatment. Three thousand patients are under observation without treatment; 3,447 have been discharged as symptom-free.

UNICEF will provide basic equipment for 2 new health centres, supplementary equipment for 5 sub-centres and teaching aids for laboratory assistants' course; supplies for demonstration work in environmental sanitation; drugs for leprosy control; and transport. WHO will provide the services of an MCH adviser, a public health nurse, a nurse-tutor, a sanitary engineer and a laboratory technician. WHO is also providing the services of a nurse/midwifery tutor at the School of Nursing and a technician for the environmental sanitation project, as well as fellowships. Technical personnel, drugs, buildings, and fellowships are being provided through the United States Agency for International Development (US/AID), Fonds d'aide et de cooperation aux Etats de la Communaute (FAC) and Fonds europeen de developpement (FED).

GABCN

APPLIED NUTRITION
Continuation,
mid 1967 - mid 1968

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

E/ICEF/P/L.838

The aim of this project is to ensure better nutrition through increased production of nutritionally valuable foods and through the education of the people in nutrition principles. During 1967/1968 the education campaigns will be intensified and extended to a fourth pilot zone in the Haut-Ogoue. Fresh impetus will also be given to the school gardens and small animal raising projects. Ten new gardens will be established, and a national network of school canteens will be organized. In addition to the post-primary home economics training given at the two domestic science centres in Franceville and Mouila, the Government, wishing to provide young girls at an early age with training suited to their vocation as wives and mothers, has decided to include this subject in the primary school curriculum. Premises are under construction at Libreville, where all the girls in the second intermediate grade (cours moyen 2) will attend weekly three-hour courses in rotation. Approximately 300 pupils will take the courses in cookery, child care, food hygiene, sewing, washing and ironing to be given there. The opening of the centre is scheduled for April/May. UNICEF will provide supplies and equipment for home economics training at the Libreville, Franceville and Mouila centres; supplies and tools for 10 school gardens; transport; and stipends for 45 students who will take the home economics courses at the Mouila centre for 2 years. Under the United Nations Development Programme, FAC will continue to provide the services of an expert in nutrition education and home economics in 1967/1968. An FAO group-country horticultural expert is also assigned to this project. The World Food Program will provide food for a school feeding project. Funds have been supplied by the World Freedom from Hunger Campaign for the purchase of supplies and equipment to be used in the teaching of home economics in primary schools.

GABON

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$68,000
Technical approval: FAO, UNESCO

E/ICEF/P/L.832

The Government has given priority to the expansion and improvement of education, particularly at the primary level. Over 51 per cent of the budget of the Ministry of Education is devoted to primary education. The current five-year economic and social development plan (1966-1970) has as its target a school enrollment of 90 per cent of the 5-to-14-year-old age group by 1970. To provide facilities to meet this target, the number of classes will be increased from 1,800 to 2,100. Re-training of insufficiently qualified teachers will be the priority in the current period. In pursuit of this objective, two new training centres will be opened in 1967 and 1968 at Oyem and Mouanda, each supported by 10 primary demonstration schools. The centres will provide re-training for 240 teachers per year in eight ten-week training courses. Upon graduation, the teachers will return to their schools which will be equipped with teaching aids to enable them to put their newly acquired training to good use. Teaching aids will also be provided for schools where re-trained teachers have already been assigned. UNICEF will provide teaching and training equipment for two new training centres, teaching materials for twenty demonstration schools, teaching aids for 910 primary schools and two vehicles for supervision. UNESCO will continue to provide technical guidance for the project through the services of two teacher-training experts and a consultant in educational planning and administration. FAO is providing assistance through an expert in nutrition. The Fonds d'aide et de cooperation aux Etats de la Communaute (FAC) is providing a professor of science and four mobile teams staffed by pedagogical counsellors. FAC is also expected to assign a professor to each of the new regional training centres for which it is financing the construction.

GHANA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1969

Commitment approved: \$82,000
Allocation approved:
for 1967/1968: \$22,000
Technical approval: WHO

E/ICEF/P/L.971

During the next two years, emphasis will be placed on consolidation and improvement of all services rather than numerical expansion, and increased efforts will be made to train and up-grade para-medical staff. The midwifery schools at Hohoe and Sekondi will be up-graded and fifteen public health nurses will be trained in a one-year post-graduate course. During the interim period of building up adequate numbers of trained personnel, maximum use will be made of health visitors and community nurse and midwives teams in order to extend maternal and child health services. The teams will be provided with bicycles to visit surrounding villages and cover the rural areas to better effect. These visits will be closely co-ordinated with the activities of the mobile field units. Health education activities will be extended by the use of two new mobile units. Health education materials and audio-visual aids are already being produced by the Health Education Unit in Accra.

With regard to disease control, gradual expansion of BCG vaccination without prior tuberculin testing is planned, beginning in the district of Ho and extending in the first place throughout the Volta Region. Some 700,000 vaccinations are expected during the period. Under the direction of the WHO team leader, extension of simple diagnosis tuberculosis testing and domiciliary chemotherapy will be carried out in this region also, utilizing already trained staff in five existing health posts. Leprosy and yaws control work will continue to be pursued through both mobile and static health units. About 25,000 cases of leprosy are now under treatment with an average of 3,500 new cases being found each year. During the period priority will be given to intensification of case finding, with particular emphasis on infectious cases and contacts. The Government has decided to establish a central vehicle repair shop for carrying out major repairs and maintaining regular and effective overhaul of vehicles, as well as to organize simple training courses for field staff. UNICEF will provide supplementary equipment for 6 health centres in the Volta Region, and teaching and demonstration equipment for two midwives' training schools; campaign equipment, vaccines and drugs for tuberculosis and leprosy control; transport; transport workshop equipment; and training grants.

GHANANUTRITION

Continuation,
mid 1967-mid 1968

Allocation approved: \$41,000
against approved commitment

GHANAEDUCATION

Continuation,
mid 1967 - mid 1968

Allocation approved: \$130,000
Technical approval: UNESCO

E/ICEF/P/L.814

The aim of the project is to expand and intensify the teaching of science at the elementary and secondary levels and in the teacher-training colleges. Experience gained during the initial period of the project has led the Government to conclude that increasing emphasis should now be given to the training of science teachers. To provide for this training it is proposed that one Advanced Teacher-Training College should be equipped with science teaching facilities. This college trains staff for the teacher-training colleges and fills a key role in science teaching. An additional 30 elementary school science rooms, 20 secondary schools and 20 teacher-training colleges will be equipped with science facilities. UNICEF will provide science teaching equipment and audio-visual aids for the various schools. UNESCO is providing technical advice and assistance through its regional office in Accra and through the United Nations Development Programme project at the University College, Cape Coast.

GUINEAHEALTH SERVICES

Continuation,
mid 1967 - mid 1968

Allocation approved: \$91,000
against approved commitment

IVORY COASTHEALTH SERVICES

Continuation
mid 1967 - mid 1968

Allocation approved: \$200,000
Technical approval: WHO

E/ICEF/P/L.842

During the next year, two district centres, 12 primary health units and 20 rural health centres will be modernized and provided with additional equipment. BCG vaccination (without prior tuberculin testing) will be continued in the maternities, health centres, MCH centres and schools, also by mobile teams. Infants, children and adolescents under eighteen will be vaccinated. The annual number of vaccinations is estimated at 800,000. The personnel of the health teams who will be called upon to give the vaccinations will receive practical training at the tuberculosis control centres. A demonstration area will be established at Attiekoi to provide practical training for fifth-year students. The Attiekoi health centre is a few miles from Anyama, where practical refresher and orientation courses are organized for para-medical personnel. The training of environmental sanitation technicians will be continued in the new department of the National School of Nursing and Midwifery, which will be provided with additional laboratory equipment. The leprosy and yaws campaign will be continued and intensified. In the case of yaws, nearly 150,000 patients will be treated in the regions where the frequency rate of infectious yaws exceeds 1 per cent. In the case of leprosy, sixteen doctors and 1,000 nurses and auxiliaries, divided into 144 mobile teams, will continue the control operations. UNICEF will provide equipment for health centres and units for the environmental sanitation department; equipment and drugs for the leprosy, yaws and tuberculosis campaigns; and transport. WHO has provided the services of an MCH medical officer, a public health nurse and a sanitary engineer.

KENYA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$215,000
Technical approval: WHO

E/ICEF/P/L.912

During 1967/1968 the project will follow the lines set in the Government's 1966-1970 Development Plan.

- (a) The policy of steadily up-grading health services will continue. During the period, 55 health units will be strengthened with additional staff and equipped to the standard of rural health centres.
- (b) Training of staff will be intensified. The extension and modernization of Pumwani Maternity Hospital in Nairobi are expected to improve the training of medical and para-medical students. With bilateral assistance from Norway, a new school is being constructed at Thika for the training of community nurses; nine para-medical training schools will be up-graded to include public health subjects and field training; six seminars are planned for field supervisors and tutorial staff of nursing schools, and special courses will be organized for laboratory technicians, microscopists and vaccinators.
- (c) Extension of environmental health activities will continue, and the network of demonstration schemes for potable water will be expanded. During the period, 37 schemes are planned, serving communities and settlements with approximately 55,000 inhabitants.
- (d) Communicable disease control measures will give priority to preventive immunizations for children, including an expected 800,000 BCG vaccinations. The progressive integration of tuberculosis control activities into the public health services, as well as treatment and preventive measures against whooping cough, malaria, leprosy and trachoma, will also be emphasized. One of the country's 42 districts, Murang'a, has been selected for a pilot experience in the integration of disease control measures, especially tuberculosis control, and it is expected to set a pattern for the national programme.

UNICEF will provide basic MCH, clinic, ward and laboratory equipment for 1 hospital and 55 field units; supplementary teaching equipment; home visiting kits; equipment and material for community water supply systems; vaccination supplies, laboratory and X-ray supplies, drugs and vaccines; transport; and stipends for 160 participants in courses and seminars of varying duration. A health planning adviser has been added to the WHO personnel presently assisting the project, and fellowships for Kenyan medical candidates are foreseen.

KENYA

TRAINING IN NUTRITION
AND DAIRY TECHNOLOGY
Continuation,
mid 1967 - mid 1968

Allocation approved: \$62,000
against approved commitment

MADAGASCAR

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$110,000
Technical approval: FAO, UNESCO, WHO

E/ICEF/P/L.855

The reform of primary education will be further intensified through the introduction of a new primary school course of four years specially geared to the practical needs of life in the rural areas and by the creation of 125 new rural schools. Teachers will be trained in the new curriculum and refresher courses will be systematically organized for teachers in service. Four workshops in existing schools will be modernized so that pre-vocational training received will be related to the skills required to raise the standard of living in the rural areas. Four existing training centres will be equipped to provide home economics training for teachers who will, in turn, provide such instruction for young girls in the rural schools. The Community Development Division will continue its efforts to stimulate self-help activities among the rural population. Two thousand five hundred animatrices will be trained in twenty training centres established under its supervision. Their task will be to stimulate the interest of rural women in improved agricultural techniques. Six new training centres will be created where 600 social promoters (promotrices rurales) will receive simple training in modern methods of cultivation and small-animal raising. They will, at the same time, be given instruction in home economics specially adapted for rural life in Madagascar. Supplementary training in nutrition will be provided for 1,800 key staff of the different services functioning in the rural development project. UNICEF will provide teaching, school garden and canteen equipment for 125 rural schools; training and demonstration equipment for 30 training centres, 4 school workshops and for central and regional services; transport; and training grants.

MALAWI

HEALTH SERVICES
Continuation,
mid 1967 - mid 1969

Commitment approved: \$116,000
Allocation approved
for 1967/1968: \$70,000
Technical approval: WHO

E/ICEF/P/L.880

The general lines of the Government's development plan will continue to be followed, with increased emphasis on preventive health activities through both health centres and mobile units. Three additional mobile teams will be established during the period, one for each region. The teams will combine health education activities with immunization and BCG vaccination work, in close co-ordination with static health centres. It is expected that some 3,000,000 persons will be covered over the two-year period. Since the shortage of doctors continues to hamper expansion, the Government plans to extend the training of medical assistants and health assistants. Special refresher courses will be organized for 60 of each category per year, and training of other medical auxiliary staff will continue. During the next two years, additions, including a 58-bed paediatric ward, will be provided at the Queen Elizabeth Hospital in Blantyre; the Kasungu District Hospital in the Northern Region will be entirely reconstructed and expanded to 120 beds, and additional maternity and children's wards will be provided. A new 50-bed hospital will be built at Rumpi in the Northern Region and two rural hospitals at Kodadula Mitundu will be up-graded. Teaching facilities at the National School of Nursing at Blantyre, the assistant nurses training school at Zomba and the medical assistants school at Lilongwe will be further improved. With supplementary equipment, 9 rural health centres and 94 rural health sub-centres will be up-graded. Environmental sanitation activities will continue to be promoted on a demonstration basis in close co-operation with the work of public health nurses and sanitarians.

Control measures against communicable diseases will be further intensified during the period of this plan. Tuberculosis control activities are receiving substantial assistance through United States aid. Some 40 US Peace Corps workers are participating in a broad case-finding, treatment and educational campaign, while at the same time co-operating with government mobile health units and health centres in the provision of epidemiological data. These data will be co-ordinated with those being gathered by the Government's mass survey units so as to provide guidance for the future course of disease control measures. Case finding and treatment of leprosy and other endemic diseases will continue, with such modifications in regard to leprosy control as are required to conform with revised WHO policy. Close co-ordination of this work with that of the mobile teams providing smallpox and BCG vaccination and DPT immunization will be maintained. UNICEF

MALAWI (continued)

will provide basic and supplementary MCH equipment and supplies for 5 hospitals, 9 rural health centres and 94 sub-centres; supplementary teaching and demonstration equipment for 3 training schools; health education and environmental sanitation demonstration supplies; vaccines for immunization and drugs for leprosy control; transport; and training grants. WHO will provide an adviser in public health administration and a public health MCH consultant, as well as such fellowships as may be agreed upon with the Government. The British Leprosy Relief Association is assisting leprosy control in the southern province.

MALAWI

EDUCATION
Continuation,
Mid 1967 - mid 1969

Commitment approved: \$109,000
Allocation approved
for 1967/1968: \$90,000
Technical approval: UNESCO

E/ICEF/P/L.893

During 1967/1969, the quality of teaching will continue to be strengthened through in-service training of teachers. Ten-day refresher courses will be organized in each of the 24 districts on the basis of about 25 teachers per course. At the same time, a further six teacher-training institutions and six demonstration schools will be up-graded. In addition, the science content of the curricula in the primary schools will be strengthened, particularly in the sixth and seventh grades. The newly established Science Centre at the Domasi Teacher-Training College will design science units which will form the basis of new science teaching methods. As a first step, a one-month "master" course providing intensive training in the new techniques will be held in January 1968 for 20 science tutors from ten teacher-training colleges, 20 teachers from ten demonstration schools and 5 district inspectors from the primary school inspection service. Upon completion of the course, the science tutors will teach the new techniques to their students at the teacher-training colleges, using the newly designed science units; the new teaching methods will also be implemented by the twenty trained teachers on a trial basis in ten demonstration schools. Five selected primary schools will receive new science units, but the only instruction these science teachers receive will come from the five district inspectors who have already been trained. A refresher course will be held for the same teaching personnel for a period of two weeks during the summer vacation.

In January 1969, courses of one month's duration will be held at each of the ten teacher-training colleges. The courses will be attended by all 25 district inspectors and by 10 selected primary teachers, from 10 primary schools in the vicinity of each of the 10 colleges. Ten additional schools from each of the ten districts will also use the new science units from January 1969 to August 1969 and will be assisted by the already trained district inspectors to introduce the revised approach, without other special training. In August 1969, a two-week assessment meeting will be held at the Domasi Centre to review progress made, compare results and consider ways of extending the most appropriate methods to all remaining primary schools during 1970. UNICEF will provide teaching aids, reference books and home economics equipment; course materials and primary science equipment; transport; and training grants for the master science course, for 10 college science courses and for refresher courses. Educational Services Incorporated of the United States has supplied a science innovator to develop the Domasi Primary Science Centre. The United States Agency for International Development and Peace Corps are also providing considerable assistance.

MALI

HEALTH AND SOCIAL SERVICES
Continuation, mid 1967 -
mid 1968

Allocation approved: \$184,000
Technical approval: UNDESA, WHO,
FAO

E/ICEF/P/L.825

Provision has been made in the Government's new ten-year development plan (1966-1975) for the strengthening of the existing health services. The capacity of the paediatric and maternity wings of the Gabriel Toure Hospital in Bamako will be enlarged to provide an additional 100 beds; this hospital provides practical training for students from the health schools. Seven medical posts will be up-graded to health centres and will be equipped with maternity units. Two new urban health centres and thirty new rural sub-centres will be equipped. The campaign against endemic disease will be intensified in zones where the incidence is high. Eleven mobile teams, each staffed by five nurses, will make a systematic examination of the population in those zones. Priority in the present phase will be given to tracing and treatment of lepromatous cases with the aim of ensuring regular treatment of at least 75 per cent of such cases. The Secondary Health School has increased its intake from 180 to 200 trainees per year and will continue to train nurses, midwives and sanitarians. Six-month courses will be given in health centres at the provincial level for 50 "matrones" per year. Two-to-four-month refresher courses will be provided at social centres for personnel of the social services with a view to preparing them for new assignments in the rural areas. It is expected that some 42 social workers will benefit from this training. UNICEF will provide supplies and equipment for 1 hospital, 9 health centres, 30 sub-centres and 4 maternities; teaching and training equipment for the Secondary Health School and supplies for the Statistical Section of the Ministry of Health; transport; and training grants. WHO has provided the services of a sanitary engineer, nutritionist, virologist and two health tutors. At the request of the Government, the Bureau of Social Affairs of the United Nations Secretariat will provide an adviser in the field of social welfare.

MALI

MILK CONSERVATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$65,000
against approved commitment

MALI

EDUCATION
Continuation,
mid 1967 - mid 1969

Commitment approved: \$320,000
Allocation approved
for 1967/1968: \$172,000
Technical approval: FAO, UNESCO, WHO

E/ICEF/P/L.815

Eighteen new fundamental schools will be equipped during 1967/1969. The 750 new teachers required will be trained at the regional pedagogical centres. Two additional centres will be equipped and five others will receive supplementary equipment. The provincial inspection services will be augmented by three new mobile teams which will provide supervision and training for teachers in service. There were 1,366 unqualified teachers as of 1 January 1967. Up-grading of these teachers, and of others who are insufficiently qualified, will be achieved through in-service training and intensified four-week training courses organized during the school vacations at the regional pedagogical centres. Some 2,700 such teachers will be trained during 1967/1969, 1,600 of them with assistance from UNICEF. It is also intended that the entrance level to the teacher training institutions be raised so that only candidates holding diplomas from the fundamental schools will be eligible in future to apply for teacher training. Training of home economics teachers will continue at the Segou Home Economics School at the rate of approximately 50 a year. Beginning in 1967 entrance qualifications will be raised; a diploma from the fundamental schools will be the basic requirement. A fundamental school at Segou will be equipped and will become a practice school for home economics instruction. UNICEF will provide teaching and training equipment for seven regional centres, three mobile teams, one home economics school, one practice school and thirty-six fundamental schools; transport; and training grants. UNESCO is providing a teacher-training expert and FAO is providing the services of a home economist. FAO is also providing an inter-country poultry expert under reimbursement from UNICEF.

MAURITANIA

HEALTH SERVICES
Continuation,
mid 1966 - mid 1968

Allocation approved: \$40,000
against approved commitment

The French Committee for UNICEF agreed to raise funds for this project in 1966. The funds have been transferred to UNICEF, and an allocation of \$40,000 has been approved post facto. It is expected that these funds will meet the needs of the project through mid 1968.

MAURITANIA

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$72,000
against approved commitment

MOROCCO

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$190,000
Technical approval: WHO

E/ICEF/P/L.871

The plan for 1967/1968 is as follows:

- (a) Health infra-structure: Eight new health centres and twenty dispensaries will be constructed, UNICEF providing the basic equipment as well as supplementary equipment for four public-health laboratories. UNICEF will also provide water analysis apparatus for 200 sanitary inspectors, who will check the purity of the water.
- (b) Nutrition rehabilitation centres: The principal centre at Rabat is in operation; nine other centres will be established in 1967. Under its new policy of gradually establishing nutrition rehabilitation centres in the principal towns of the provinces where malnutrition is most acute, the Government is proposing to establish eight additional centres in 1968, five at Casablanca and three at Marrakesh. UNICEF will provide the necessary equipment.
- (c) Disease control: With the assistance of WHO, the Government is carrying out a programme aimed at the eradication of malaria by stages and is continuing the tuberculosis control campaign. UNICEF will supply a small proportion of the anti-malaria drugs, which are to be distributed by the health centres; it will also supply equipment for BCG vaccinations.
- (d) Training: The training of supervisory personnel and nurses will continue, with emphasis on improving the teaching methods so as to make the training more effective. The plan also provides for public health seminars to be held at the provincial level for physicians and nurses who serve as area supervisors.

UNICEF will pay stipends for 200 nurses, 50 tutors, 300 physicians and 150 nurses who serve as area supervisors; it will also pay some honoraria. UNICEF has been requested to provide a photo-offset machine for the central health education service as an aid to the Government in developing its training programme and in meeting health education needs.

MORCCCO

MOTHERCRAFT AND HOME CRAFT
Continuation and expansion
mid 1967 - mid 1968

Allocation approved: \$77,000
Technical approval: UNESA, FAO

E/ICEF/P/L.884

During 1967/1968 the plan calls for the creation of 20 women's centres and identical to those already established. A further contingent of tutors of women's centres and leaders of day-care centres will undergo training at the National Training Centre at Youssoufia to equip them to operate the new centres. Sports activities will also be organized and courses in physical education will be included in certain training and advanced training programmes to be given at the National Training Centre and the provincial centres at Rabat, Casablanca, Fez, Meknes and Marrakesh. The National Training Centre will be enlarged to meet the growing need for specialized personnel and residence facilities will be increased to accommodate 70 trainees instead of 40. At the same time, two new provincial centres for training and supervision will be opened at Quarzazate and Al-Hoceima. Ten courses at the National level are planned for 440 tutors, day-care centre leaders and heads of centres, while 82 other training groups will be organized in the provinces for 1,680 tutors and day-care centre leaders and for 1,000 voluntary workers for the advancement of women. The mobile training centre at Taconate will be transferred to Tetuan in the north-western Rif and a second mobile centre will be organized at Ksar-el-Souk to serve the country's south-western region. This will extend activities for the advancement of women into the so-called difficult areas. Two 60-day courses for 135 trainees each are planned. UNICEF will provide equipment for 20 women's centres, 25 day-care centres, the National Training Centre at Youssoufia, 5 provincial centres and the mobile centres; stipends for 3,450 trainees and honoraria; and transport. The Bureau of Social Affairs of the United Nations Secretariat will participate in the execution of the programme through its community development expert assigned to the country.

MORCCCO

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$38,000
Technical approval: FAO, UNESCO, WHO

E/ICEF/P/L.888

The Government has decided to delay the general application of the pilot project inaugurated in 1964/1965 to introduce agricultural instruction into rural primary schools, pending the adoption of the plan for the reform of national education now under consideration. Nevertheless, the nutrition education programme associated with the pilot project will be continued. The Ministries of Education and Agriculture are planning joint action to associate the school gardens more closely with the school canteens and the nutrition education programme, particularly in rural areas. The gardens will be placed under the direct supervision of the seventeen BAEN nutrition consultants, whose principal tasks will be to ensure co-ordination between the instructors in charge of the gardens and the local agents of the Ministry of Agriculture, and to plan crop schedules in the light of the agricultural conditions in each region and of the nutritional needs of the children which the gardens can help to satisfy. Teaching programmes will continue to take account of the educational potential of the gardens. Follow-up courses, as well as instructional and introductory seminars, will be organized for 2,242 nutrition consultants, school garden and canteen managers and teachers. Study trips abroad lasting approximately four weeks are planned for the director of the Bureau of Nutrition Studies of the National Institute of Agricultural Research (INRA) and for two nutrition consultants. UNICEF will provide supplementary agricultural equipment for 100 school gardens, printing costs of educational material for the Ministry of Agriculture's technical schools, stipends for 2,242 participants in courses and seminars, transport and three fellowships for study trips abroad.

NIGERIA

MILK CONSERVATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$70,000
against approved allocation

NIGERIA

HEALTH SERVICES
(EASTERN REGION)
Continuation,
mid 1967 - mid 1968

Allocation approved: \$138,000
against approved commitment

The above allocation includes the cost of project assistance called forward in 1966/1967. Allocation of funds for this purpose was deferred in 1966, as the United Kingdom Committee for UNICEF planned to raise funds for the project. Funds are not yet available from this campaign, but any contributions which are received in future will be credited to the project and duly reported to the Executive Board.

NIGERIA

(Mid-western and
Western Regions)

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$353,000
Technical approval: WHO

E/ICEF/P/L.848

The plan for 1967/1968 includes strengthening training as an essential means of providing the necessary staff for expansion, up-grading the health services offered by the local councils and expanding the services provided under each regional government health administration. The following activities are planned in each Region with UNICEF assistance:

- (a) Mid-Western Region: Eight rural health centres, 20 sub-centres and 5 urban health centres will be equipped and supplementary equipment will be provided for 40 maternity homes and 4 maternity wards in rural areas. Two training hospitals and two nurses' training schools will receive supplementary equipment. Simple sanitation equipment will also be provided for ten rural areas in which health centres have been established.
- (b) Western Region: Twelve new rural health centres will be established and supplementary equipment will be provided for six auxiliary training schools. A transport maintenance unit will be established and supplementary transport will be provided for training and supervision. Health education activities will be further strengthened.

The government of the Mid-Western Region has now established a leprosy control pilot project, to which WHO has appointed an adviser. The case-finding and treatment methods applied in the pilot area will be later extended to the whole Region. The case-load, which stood at about 6,500 patients at end 1965, is expected to be about 8,000 by mid 1968. In the Western Region the campaign has suffered some set-backs following the reorganization of the service, and the government is planning to train new personnel and to establish a revised plan of action. Yaws has been brought under control and is now in the stage of consolidation and integration in both Regions. The Medical field units and the field organizations originally created for the control of yaws, are being used increasingly for preventive immunizations and other endemic disease control activities. In the Western Region mass BCG vaccination will be carried out in the urban areas of all eight medical districts. At least one million children will be vaccinated. Rural health staff will be trained in simple tuberculosis case-finding based mainly on sputum examination of high risk groups. Treatment of patients and contacts will be combined with development of simplified and improved control procedures to be undertaken by a special tuberculosis control unit. In the Mid-Western Region, BCG vaccination will also be extended to cover some 250,000 children during 1967/1968. Training of personnel in simple control techniques will be continued. UNICEF will provide campaign equipment, vaccines, drugs and transport.

The above allocation includes the cost of project assistance called forward in 1966/1967. Allocation of funds for this purpose was deferred in 1966, as the National Committee for UNICEF of the United Kingdom planned to raise funds for this project. Funds are not yet available from this campaign, but any contributions which are received in future will be credited to the project and duly reported to the Executive Board. A WHO public health adviser and leprologist are assigned to the Mid-Western Region, and a tuberculosis adviser, a statistician and a laboratory technician are working in the Western Region. In addition, WHO has at the Federal Capital an adviser in health education who visits the different regions frequently.

NIGERIA

COMMUNITY DEVELOPMENT
(MID-WESTERN REGION)
Continuation,
mid 1967 - mid 1968

Allocation approved: 20,000
against approved commitment

RWANDA

HEALTH AND SOCIAL SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$79,000
Technical approval: UNDESA, FAO, WHO

E/ICEF/P/L.898

The aim of the project is to improve and develop basic health and welfare services in rural communities, with particular emphasis on education of women and communal self-help activities. During 1967/1968, emphasis will be placed on continued training of auxiliaries of all categories, the establishment of six new health centres and the up-grading of the same number of dispensaries. In addition, the Government plans to up-grade seven social centres at the prefectural level where monitrices sociales are trained and from which supervision of the centres at the communal level is carried out. There are at present 326 communal centres staffed by monitrices. Fourteen of these centres would also be up-graded during the period. Training of medico-social personnel will continue at various centres, with assistance from WHO and bilateral tutorial staff. A demonstration zone has been established on the outskirts of Butare, to afford practical training to medical students at the University, and also to students at the schools for health auxiliaries and social workers. It is the Government's intention to ensure that each communal social centre is staffed by an assistante sociale auxiliaire who will direct the operations of the monitrices. Courses have now been arranged for 150 of this category at the School of Social Work at Butare during the period. At the same time, 62 nurses and nursing auxiliaries will be trained also at Butare. UNICEF will provide demonstration and training equipment for 7 prefectural centres and 14 communal centres, environmental sanitation equipment for self-help activities, vehicles for supervision and training grants for 150 assistant social workers and 62 nurses and nursing auxiliaries. L'Association internationale de developpement rural d'outre-mer (AIDR) of Belgium will provide technical services in the execution of communal water supply projects.

RWANDA

MILK CONSERVATION
First request for UNICEF aid,
mid 1967 - mid 1968

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

E/ICEF/P/L.849

The Government is planning to transform the Nyabisindu plant into a centre for the production of milk and milk products under suitably hygienic conditions and in sufficient quantity to supply the population. The plan of action calls first for the existing equipment to be carefully inspected and put back into working order, and then for the provision and installation of the additional equipment needed to diversify production, which will initially be based on the processing of some 5,000 litres of milk daily. The present system of collection, organized solely for cream, is operating with insufficient equipment. It is planned to reorganize it, so that whole milk can be collected and transported to the plant, and to transform the eight existing collecting points into demonstration, promotion and educational centres for the producers. The Government is planning simultaneously to adopt legislation on the dairy industry and to create producers' co-operatives which, on behalf of the Government, will manage the milk processing plant and undertake contractual obligations. UNICEF will provide equipment for the milk plant, equipment for the milk collecting points, miscellaneous equipment (mainly piping and electrical apparatus), three lorries for milk collection and training grants for 6 months for three workers from the milk processing plant. FAO will give technical advice through its six regional experts and, from January 1968, under the Expanded Programme of Technical Assistance, will provide the services of a dairy products expert who will direct operations and supervise the installations. Additional assistance will be forthcoming as part of bilateral aid from the Federal Republic of Germany and Switzerland.

SENEGAL

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$51,000
against approved commitment

SENEGAL

MILK CONSERVATION
Continuation,
mid 1967 - mid 1968

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

E/ICEF/P/L.803

A further study of the milk potential, undertaken by the FAO expert assigned to the project, indicates that, owing to the formation of additional producers' co-operatives, greater quantities of raw milk will become available than had been anticipated at the outset. To handle this additional supply of milk, a fourth collecting centre will be required for which UNICEF will provide cooling equipment and a vehicle to transport the milk from this centre to the processing plant at St. Louis. UNICEF will also provide a supplement to offset the rise in price since the last allocation of equipment for milk reception and processing and for some additional equipment for the St. Louis plant. The government subsidy for long-term milk distribution to children in health centres and day-care centres will be increased appropriately. FAO has provided an adviser for the project and four fellowships under reimbursement from UNICEF (two in practical dairying for instructors from the Makhana Training Centre, and two in plant management for the future plant manager and plant foreman at St. Louis). A request for powdered milk is being submitted by the Government to the World Food Program to offset seasonal shortages in production and to reduce the retail price of milk to the consumer.

SENEGAL

NUTRITION EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$27,000
against approved commitment

SENEGAL

COMMUNITY DEVELOPMENT
Continuation,
mid 1967 - mid 1968

Allocation approved: \$56,000
against approved commitment

SENEGAL

INTEGRATED SERVICES
FOR CHILDREN
First request for UNICEF aid,
mid 1967 - mid 1969

Commitment approved: \$78,000
Allocation approved
for 1967/1968: \$60,000
Technical approval: UNDESA, ILO, FAO,
UNESCO, WHO

E/ICEF/P/L.919

The aim of the project is the co-ordinated social and economic development of Pikine, a new urban settlement 15 kilometres from the capital city of Dakar, through assistance to health and welfare services, particularly for mothers and children, and through youth training and assistance to education.

- (a) Health services: There exist at present in Pikine, 4 small dispensaries and a 20-bed maternity. Until further construction is possible, three mobile health teams will be created to service the parts of the city furthest from the existing health establishments. A new polyclinic will be built with 25 maternity beds, dispensary services, a dental clinic, school health and MCH services, a kindergarten and a laboratory. The clinic will be under the supervision of the Paediatrics Institute of the University of Dakar and will be used by the Institute for practical training of doctors and social aides. With assistance from the United Nations Development Programme and WHO, a long-term study of environmental sanitation needs in Senegal is already planned, but priority has been given to Pikine. Immediate steps will be taken to provide sanitary facilities in the schools.

SENEGAL (continued)

- (b) Education: The school population of Pikine, which numbered 8,898 in 1967, is served by only 12 primary schools and a college for general education; a lycee (secondary school) is to be established in 1968. It is therefore planned to provide 21 new classrooms in the existing schools during the next year.
- (c) Vocational guidance, training and reorientation: A centre will be established at Pikine to provide apprentice training in mechanics where trainees will become familiar with all types of engines and mechanical devices. A professional training centre is operated by the Ministry of Justice at Camberene, less than two kilometres from Pikine, which provides reorientation and training for unemployed youth in such varied fields as masonry, mechanics, farming, tailoring, etc. Seventy trainees attending the centre live in a hostel on the grounds and produce the greater part of their own food supply and also some of the equipment with which they work. The centre will be expanded to provide additional facilities for training of youths from Pikine. A school workshop run by the Ministry of Education, which provides two-year training courses for 90 youths under 20 years of age, also exists at Camberene. One hundred trainees from Pikine will enter the school in 1967. Two fertile areas north of Pikine will be turned over to trainees graduating from Camberene for exploitation. Although juvenile delinquency is not yet a problem, the Government has decided to initiate preventive measures. A team has been created to study youth problems in general and to assist in the solution of individual youth problems as they arise. Cases requiring assistance will be referred to the team through the various services dealing with youth. Normally they will receive counsel and guidance while still living at home. A centre will, however, be constructed where more difficult cases who have been the object of court action will receive guidance in meeting their problems and adjusting to society. A Youth House and Cultural Centre will be established to provide cultural activities for youth with leisure time. Six cultural sub-centres will be established in selected quarters and all will be closely related to the Youth House. Local animatrices will be trained in six-month courses at the Youth House for work at the sub-centres.
- (d) Social services: The local communities in various parts of the town will help in constructing day-care centres. Four new social centres will be created. A fifth centre will form part of the projected medico-social complex attached to the polyclinic mentioned above, to be constructed in 1967/1968 and will be used for practical training of social service personnel.
- (e) Nutrition: Treatment for children suffering from malnutrition is provided under the supervision of BANAS (Bureau d'alimentation et de nutrition appliquees) at two centres, one run by a religious order and other by the Red Cross. When children are referred to the centres the parents are provided at the same time with an intensive education in child care and nutrition. A programme of nutrition education is now part of the regular curriculum in the primary schools in Pikine and all the health and welfare institutions in the area will be equipped to provide simple instruction in this field.

UNICEF will provide basic equipment for 1 polyclinic, 3 mobile health teams and supplementary equipment for 4 dispensaries; environmental sanitation equipment for 12 schools; manual arts equipment for 3 training centres and a village co-operative; equipment for 2 social centres, 1 kindergarden, 12 schools, a youth centre for the office of the co-ordinator; transport; and training grants. The United Nations Department of Economic and Social Affairs, subject to the availability of funds and on the request of the Government, will provide an expert to advise on the social welfare aspects of the project, particularly the organization, administration and training of personnel. WHO has provided a short-term consultant and will continue to provide technical guidance on the health aspects of the project through its resident experts. FAO is providing technical guidance in its sphere of interest through its advisers in nutrition and horticulture. UNESCO will provide guidance as requested on the education aspects of the project. ILO will provide technical guidance as required, and will undertake a detailed study of professional training for youths. Experts have been provided under bilateral assistance from the Governments of the United States, France and Israel in the fields of health, welfare, agriculture and training. The FED (Fonds europeen de developpement) will finance the construction of a children's centre.

SIERRA LECNE

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$20,000
against approved commitment

SIERRA LECNE

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$44,000
against approved commitment

SOMALIA

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$37,000
against approved commitment

SWAZILAND

APPLIED NUTRITION
Continuation and
extension, 1967-1969

Allocation approved: \$58,000
Technical approval: UNDESA, FAO, WHO

E/ICEF/P/L.833

This project is designed to introduce nutrition education through women's associations and schools, combining school gardening and school feeding with the promotion of production and consumption of vegetables and eggs. During the next three years, the Government plans to continue the project along existing lines within the framework of its new comprehensive, long-term rural development plan for Swazi areas. The applied nutrition aspects of the plan are mainly concerned with strengthening field supervision and refresher training of staff, including co-ordination courses for field personnel of all the participating departments. Staff training will take place at the new Short Course Centre established within the Agricultural College where planning courses for chiefs and senior local leaders, men and women, are also to be given. Courses for leaders of farmers' associations and of women's groups, and other resource persons who will participate in local seminars will be offered at the district training centres and the home economics centres. Besides promotion of home gardening, 75 school gardens and community gardens will be established, the latter repaying assistance received by free delivery of vegetables to school feeding projects. Eggs will also be delivered free by poultry farmers who receive initial assistance. Safe water supply projects for 12 communities and schools are planned for execution during the first year. UNICEF will provide supplies and equipment for 15 school gardens, 60 vegetable production gardens, and 50 poultry farms and 6 village and school water supply systems; teaching aids and equipment for the Short Course Centre, 4 district training centres and 5 home extension centres and 1 mobile unit; transport; training grants; and 2 fellowships of six months' duration in home economics and horticulture. FAO will continue to provide experts in the fields of agriculture and nutrition/home economics. The Department of Economic and Social Affairs of the United Nations is providing a community development adviser. The project will be co-ordinated with assistance being provided by the Oxford Committee for Famine Relief.

TOGO

SOCIAL SERVICES AND
COMMUNITY DEVELOPMENT
Continuation,
mid 1967 - mid 1969

Commitment approved: \$200,000
Allocation approved
for 1967/1968: \$140,000
Technical approval: UNICEF, WHO, FAO

E/ICEF/P/L.875

This project aims to organize and extend social welfare services in the rural areas and to stimulate community activities in an endeavour to raise the standard of living and to help prepare young people to take their place in a developing society as contributors in meeting its economic and social problems. The plan for 1967/1969 includes the following activities:

- (a) Social services: Seven newly created social teams will be equipped, and thirteen existing teams will be strengthened. Training of staff for the social centres will continue at the national training centre. Twenty social aides will complete the two-year course during 1967/1968 and a further thirty will enrol during that period. Short refresher courses will be provided for forty social aides and gardening instructors already in service. The Centre will be strengthened through the provision of supplementary equipment. Four new day-care centres will be created at Agbanankin, Lomnava, Tsevie and Badou.
- (b) Youth training: The hostel at the Glidji training centre will be modernized and the centre will have a connexion to the main water system, which has been established so that water will be available both for use at the centre and for irrigation. Twenty-four new agricultural clubs will be created and thirteen existing clubs will be equipped. More intensified agricultural methods will be adopted by the clubs with a view to raising production and extending the area under cultivation. Two hundred youths from the clubs will attend six-month training courses at the Glidji centre. Two hundred school teachers will receive six-week courses at Glidji and upon return to their schools, will initiate gardening and small animal raising clubs.

UNICEF will provide equipment for 37 agricultural clubs, 200 school clubs and the Glidji training centre; equipment for 7 social teams, 4 day-care centres and the national social welfare training centre; supplementary equipment for 13 existing social teams; transport; and training grants. FAO will provide the services of a home economics training adviser. The World Food Program and the Catholic Relief Services of the United States are providing food supplies. The Government of Israel is providing the services of three agricultural advisers.

TUNISIA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$184,000
Technical approval: WHO

E/ICEF/P/L.881

During 1967/1968, the programme will be extended to the Governorates of Bizerta and Beja, in the northern zone. These two Governorates have four health districts each and a total population of 641,500. The present health infrastructure consists of fourteen hospitals - three regional hospitals (1,009 beds) and eleven auxiliary hospitals (279 beds) - fifty-four dispensaries, nine maternity units, fourteen MCH centres, two school health centres and two public health laboratories. The existing staff is made up of thirty-one public health doctors, two public health supervisors, fifty-five public health nurses, fourteen midwives and ten assistant health officers. The plan for 1967/1968 provides for the establishment of a maternity ward in the Beja regional hospital, six new dispensaries, five maternity units and four MCH centres. It is also planned to improve the existing regional hospitals, dispensaries, maternity units, MCH centres, school health centres and public health laboratories. In addition to the regular training of medical personnel, which will continue in the normal way, orientation seminars and follow-up courses will be held for 390 doctors, midwives, health auxiliaries, nurses and school teachers. UNICEF will provide basic or additional equipment and supplies for 16 new institutions and 75 existing institutions of various kinds, including anti-malarial drugs for distribution through the health centres; transport; and stipends.

The above allocation includes the cost of project assistance called forward in 1966/1967. Allocation of funds for this purpose was deferred in 1966, as the National Committee for UNICEF of the Federal Republic of Germany planned to raise funds for this project. Funds are not yet available from this campaign, but any contributions which are received in future will be credited to the project and duly reported to the Executive Board.

TUNISIA

SOCIAL SERVICES AND
MOTHERCRAFT/HOMECRAFT
Continuation,
mid 1967 - mid 1968

Allocation approved: \$125,000
Technical approval: UNDESA, FAO

E/ICEF/P/L.870

The aim of this programme of social action is to establish an adequate system of social services for the protection of children, young people and families through a national network of social centres of various kinds and through a training programme adapted to national and local needs. During the period under consideration, the plan provides for the opening of 57 new social centres, including 10 nursery schools, 20 children's clubs, 7 youth centres and 20 local social centres. Three new family social service sectors will be organized also and 3 mobile social units. In addition, 12 youth centres, 11 regional centres, 30 local centres and 13 home economics training centres, as well as the School for Educators, will be strengthened. Courses and practical training are planned for 502 workers in different categories, including 125 child-care workers, 35 youth workers and 332 family service workers. The plan also provides for the creation of a centre for the basic and advanced training of social workers at Tunis, where seminars will be held for all social service personnel, including both experienced social workers and beginners. Thanks to the centre, it will be possible to organize seminars throughout the year for the various categories of personnel and also to provide advance training for administrators. An over-all evaluation of the programme is planned for 1968. UNICEF will provide basic or supplementary equipment for 123 social centres, 3 social service sectors, 3 mobile social units, the School for Educators and the centre for the basic and advanced training of social workers; transport; and stipends and honoraria.

TUNISIA

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$162,000
against approved commitment

TUNISIA

VOCATIONAL TRAINING
Continuation,
mid 1967 - mid 1968

Allocation approved: \$279,000
Technical approval: ILO, FAO

E/ICEF/P/L.843

The purpose of this project is to provide young people with some elementary knowledge of various subjects, in order to give them an idea of practical work, discover their aptitudes and facilitate subsequent acquisition of skills which will equip them for productive work. During 1967/1968, the network of centres will be constituted as follows:

- There will be 70 urban centres for boys; as planned, the enrolment of 50 of them will be increased from 40 to 64 students. Forty-five centres will be supplied with teaching and sports equipment; the other 25 have already been equipped.
- In October 1967, 8 new centres will be added to the 12 existing rural centres for boys, which include 2 established as part of the rural pilot project and 2 maritime centres.
- 10 girls' centres are planned; 3 already exist, 2 will open in September 1967 and 5 in 1968.

Personnel training will continue at the National Vocational Training Institute (INFP) at Rades, while agricultural technical instructors and workshop instructors will continue to be training at the La Manouba rural centre. Seventy technical instructors, 35 vocational counsellors, 35 teachers, 40 women instructors, 30 agricultural technical instructors and 10 workshop instructors will be given basic training. In addition, 30 agricultural and workshop instructors will attend a one-month refresher course. UNICEF will provide basic equipment for 7 girls' centres and 8 rural centres for boys, supplementary equipment for 45 urban centres, demonstration materials for 13 supervisors, transport, stipends for 250 trainees, travel grants and honoraria. The ILO will provide an expert in pre-vocational training for girls and an agricultural instructor. FAO will assist through its experts stationed in the country. The World Food Program will continue to provide assistance.

The above allocation include the cost of project assistance called forward in 1966/1967. Allocation of funds for this purpose was deferred in 1966, as the National Committee for UNICEF of the Federal Republic of Germany planned to raise funds for this project. Funds are not yet available from this campaign, but any contributions which are received in future will be credited to the project and duly reported to the Executive Board.

TUNISIA

INTEGRATED SERVICES FOR CHILDREN
Continuation,
mid 1967 - mid 1968

Allocation approved: \$73,000
Technical approval: UNDESA, ILO,
FAO, UNESCO and
WHO

E/ICEF/P/L.943

This pilot project has been conceived with a view to trying out in the Governorate of Jendouba (formerly Souk-el-Arba), an area chosen by the Government for priority action, various methods of achieving integral rural social development for mothers and children. During 1967/1968 the activities scheduled for the three original regions will continue to be developed and will be extended under the Government plan for home improvement in the resettlement villages. In addition, two new regions will be established in Ghardimaou and Fou-salem. A socio-economic base-line study will be undertaken in the new regions. Concurrently, seven new social complexes will be established, each comprising a local social centre, an MCH centre, a multi-purpose

TUNISIA (continued)

dispensary, a primary school with a playing field, community showers and a day-care centre. In addition, a new civil service centre will be established, and the activities relating to community gardens and small-animal raising will reach approximately 1,000 families. It is estimated that about 25,000 persons will benefit from the extension of the project. The programme, in which 195 civil servants will participate, includes specialized training courses for the social services personnel employed in the project, initiation courses for the teaching staff of schools of the regions in the project zone, and a seminar for all social and technical administrative personnel. UNICEF will provide basic equipment for 7 social complexes, tools for community gardens, basic equipment for 1 civil service centre and supplementary equipment for 3 centres established during the first stage, transport, stipends for 145 special staff members and 50 instructors, honoraria and local costs for base-line study.

UGANDA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$143,000
Technical approval: WHO

E/ICEF/P/L.846

During the next year, existing health services will continue to be consolidated and strengthened in terms of qualified staff and equipment. The twelve referral hospitals now under construction or extension will be put into operation; five additional dispensaries will be converted into health centres and the third regional health education unit will be established. The national immunization campaign will continue at an accelerated rate, and seven teams of a new type, performing combined immunization and MCH work, will be added. Training activities, regular and in-service, will be continued. UNICEF will provide clinic and ward equipment for existing health services and for the new services, vaccines and vaccination equipment, transport and training grants for 576 health staff members to attend various refresher courses and 150 participants in six nutrition seminars. Seven WHO advisers have participated in the preparation of this proposal, all of whom will continue to be involved in the implementation of the next phase of the project. WHO will also provide fellowships for administrative and tutorial staff members.

UGANDA

COMMUNITY DEVELOPMENT
AND SOCIAL SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$35,000
Technical approval: UNCESA, FAO, WHO

E/ICEF/P/L.861

The Government's long-term plan foresees the gradual establishment of a network of 612 community centres throughout the country. So far 152 have been completed and 155 more are now under construction. Assistance from UNICEF has been provided to 75 selected areas. During 1967/1968 a further 125 centres will receive assistance. Staff training will be continued at the Nsamizi Training Centre as well as at the fifteen rural training centres. Emphasis will be given to home economics and nutrition with assistance from an expert provided from bilateral sources. Mass education will also be intensified, and the Government is organizing a radio programme aimed at groups gathered in community and training centres as well as home listeners, so as to achieve the greatest impact.

The plan for social welfare services for children will concentrate on the further strengthening of child welfare institutions and extension of their activities to include case-work and follow-up of the children who have returned to their homes or to foster parents. Special attention will be given to preventive services. A Family Welfare Service is being established which will be developed during the initial phase under the direction of an expert provided by bilateral aid. The Service will be responsible for the creation of separate cadre of family welfare officers; and, in close co-operation with existing voluntary groups, will expand

UGANDA (continued)

residential care for children, especially children without parental care. The Service will also be responsible for day-care centres and for remand homes where training is provided for young people who have been the subject of court action. UNICEF will provide mothercraft/homecraft and home economics equipment for 125 community centres, equipment for 6 nurseries, transport and training grants for 430 trainees in four-month courses and honoraria for part-time lecturers. The United States Agency for International Development has provided assistance in the form of furniture for a number of rural community centres. The United Kingdom Freedom from Hunger Committee provides a home economics expert, and an adviser on social services for children from the United Kingdom is assisting in the establishment of the Family Welfare Service.

UGANDA

EDUCATION

First request for UNICEF
aid, mid 1967 - mid 1968

Commitment approved: \$450,000
Allocation approved
for 1967/1968: \$248,000
Technical approval: UNESCO

E/ICEF/P/L.917

The plan is to improve primary education through a comprehensive in-service training programme and the strengthening of teacher-training institutions.

- (a) In-service training will be provided for almost 5,000 inadequately trained teachers now entrusted with the teaching of nearly a quarter of a million children. The first phase of this programme, lasting three years, will require 1,000 selected Grade I teachers to attend three-week courses during the first year during vacations, at seven selected teacher-training colleges and to undertake directed studies at home which will include a correspondence course, during the intervals. This programme will be continued the second and third years, with two three-week courses a year. The Institute of Education will be responsible for the correspondence course and will produce radio programme booklets etc. for the use of the teachers.
- (b) Special three-month science courses will be provided to reorientate 100 selected Grade II teachers each year at the Institute of Education. This course will be followed by a two-week practical demonstration course at the end of which each trainee will arrange courses locally for 30 of his Grade II colleagues. By training 300 such specialized teacher educators, over the three-year period the Government hopes that it will become possible to organize the reorientation of some 9,000 teachers.
- (c) Seminars to strengthen and streamline methods of teaching the lower primary classes will be arranged for the 200 teachers who have already studied the subject in the United Kingdom, Australia and the United States of America. A first two-week seminar will be held in December 1967, and a one-week follow-up seminar in 1968.
- (d) Teacher-training facilities will be up-graded at the 26 training institutions, and reorientation of their tutorial staff will be continued in appropriate short courses at the Institute of Education.

UNICEF will provide science teaching and workshop equipment, visual aids and reference books for 26 teacher-training colleges and the Institute of Education; printing and filmstrip production equipment, paper and radio receivers for loan to trainees; transport; training grants for 1,300 trainees and 200 participants in seminars and honoraria for 60 tutors; and the salaries of 1 senior teacher-training adviser and 1 science specialist for 18 months each. UNESCO will recruit, against reimbursement by UNICEF, a senior teacher-training adviser and an elementary science specialist. Subject to availability of funds, UNESCO will also provide a specialist in the training of younger children and child development. The United States Agency for International Development will continue to provide faculty members for the National Institute and the British Council will continue to provide lecturers for the in-service training programme.

UNITED REPUBLIC
OF TANZANIA
(Mainland and
Islands)

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968
E/ICEF/P/L.827

Allocation approved: \$269,000
Technical approval: WHO

The aim of the project is to strengthen and develop health services and to increase the training of health personnel through expansion of existing training institutions, provision of new facilities, and improvement of rural sanitation.

- (a) Mainland: During the next year, it is planned to establish seven new rural health centres, and twenty sub-centres under local Government and administration, and to promote the further expansion of activities through voluntary agencies. The existing rural health infrastructure will be strengthened with equipment and trained personnel, especially maternal and child welfare services, involving 31 main units and 128 sub-units in rural areas. Expansion of training will continue at Dar-es-Salaam Medical School, as well as for the essential grades of intermediate medical, health and nursing personnel. UNICEF will supply basic MCH, teaching and service equipment, transport and training grants.
- (b) Islands: An over-all development plan for Zanzibar and Pemba is under study by the Government and details are expected to be released shortly. The proposals for health development are understood to be based on an expert study carried out recently in co-operation with WHO. It is intended to promote self-help projects involving rural development and the expansion of the network of health centres providing integrated services. The immediate target is to up-grade 25 health units. The group of 10 midwives now completing training will be posted to key rural health centres in order to improve midwifery services. A pilot project for tuberculosis control through BCG vaccination is being organized with the assistance of a WHO team, based on a survey carried out by a WHO consultant in 1966. UNICEF will provide supplies and equipment for 25 health units, rural water supply requirements, transport and stipends.

Assistance from other sources includes bilateral aid from the Federal Republic of Germany and the United Kingdom. Support is also being provided by the Basel Foundation for Developing Countries (Switzerland), the Rockefeller Foundation (United States) and Norwegian and Swedish voluntary agencies.

UNITED REPUBLIC
OF TANZANIA

MALARIA ERADICATION
(Zanzibar and Pemba)
Continuation,
mid 1967 - mid 1968
E/ICEF/P/L.864

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

The plan for 1967/1968 is as follows:

- (a) Pemba island: The evaluation of the finding of the most recent WHO assessment indicates that interruption of transmission can be achieved on the island of Pemba probably by the end of 1968, based on two annual rounds of DDT spraying, given a slight strengthening of administrative staff and some supplementary transport. The latter would include motorcycles, which WHO has undertaken to provide, for supervision of the surveillance activities carried out by the 21 surveillance agents. Special attention is also to be directed to ensuring regular drug administration for entrées from the mainland and for fishermen and other unrecorded travellers. Health education will be continued and expanded with special emphasis on the need to report new buildings, culture huts, arrivals, etc. A further assessment of the situation will be carried out at the end of 1967. Present indications are that spraying may be discontinued and that complete eradication may be achieved within three to four years.

UNITED REPUBLIC OF TANZANIA (continued)

- (b) Zanzibar Island: The situation in Zanzibar appears to preclude hope of achieving an early solution of the difficulties which are responsible for continued transmission of malaria. It therefore appears necessary to accept the fact that malaria eradication on this island may not be feasible. WHO proposes to discuss with the Government the steps to be taken for a gradual return to a control programme based on a single round of residual spraying and gradual phasing out to complete suspension of spraying operations. Supplementary control measures will be required, including mass drug prophylaxis or treatment to remove clinical symptoms and increased attention to health education with strengthening of the general public health services.

UNICEF will provide DDT, anti-malaria drugs, equipment and spare parts for sprayers. WHO will continue to provide a team of five experts headed by a malarialogist and such additional staff as may be required.

UNITED REPUBLIC
OF TANZANIA

MILK CONSERVATION
(Arusha)
Continuation,
mid 1967 - mid 1968

Allocation approved: \$43,000
against approved commitment

UNITED REPUBLIC
OF TANZANIA

MILK CONSERVATION (Mara)
Continuation,
mid 1967 - mid 1969

Allocation approved: \$75,000
Technical approval: FAO

E/ICEF/P/L.862

This project represents a second phase in the development of a sound Government policy of milk production and processing on the Mainland, through the establishment of a network of collecting centres in the milk shed surrounding a new central dairy in the Mara region. The Wafugaji wa Mara Co-operative Union, which represents eleven primary societies comprising on the one hand cattle owners who separate their milk, and on the other, groups of middle-men operating milk-separating centres, has established a new milk-processing factory which began operations in January 1967. With the improved facilities and technical management services now available the Co-operative Union proposes immediately to expand collection arrangements by the establishment of 40 small collecting centres and 4 cooling centres, the objective being to obtain acceptance of liquid whole milk as rapidly as possible. Simultaneously, with assistance from officials of the Agricultural and Co-operative Ministries, the possibilities of establishing the most convenient and economic outlets within the country for pasteurized fluid milk and acidified low-fat or skim milk will be explored. Efforts will be made to strengthen the co-operative societies by progressive elimination of existing non-agricultural middle-men, and to increase the membership of those who are themselves milk producers. One incentive will be the provision of simple equipment for the establishment of collecting centres for use by members. Progressively, as the shift to whole milk collection develops, milk testing, filtering and cooling equipment will be provided to selected locations.

As part of the programme for nutrition education of the public and food demonstration to popularize generally the use of milk and milk products, a welfare distribution will be organized through health institutions and women's community groups for the benefit of young children, nursing and expectant mothers. The distribution plan will be established by mutual agreement between the Government and UNICEF and will be continued for a minimum of seven years. UNICEF will provide equipment for 40 small collecting centres and 4 chilling centres; milk filtering and pasteurizing equipment, filling units, insulated cans and 2 insulated portable tanks; laboratory equipment; and transport. FAO will provide technical advice and guidance to the project through its sub-regional office in Nairobi and through visiting experts from Headquarters, as may be required. The Governments of Sweden and New Zealand have expressed specific interest in the scheme and are expected to help in the provision of fellowships for training of dairy workers.

UNITED REPUBLIC
OF TANZANIA
(Mainland)

MOTHERCRAFT/HOMECRAFT
AND COMMUNITY DEVELOPMENT
Continuation,
mid 1967 - mid 1968

Allocation approved: \$48,000
Technical approval: UNDESA, FAO, WFC

E/ICEF/P/L.840

It is the policy of the Government that community development should play an important role in building the nation through self reliance, and that training facilities should be further strengthened. Self-help schemes planned by the respective village development committees are encouraged. It is hoped to complete the expansion of the National Training Centre in Tengeru by mid 1967, doubling the present intake capacity of 65 trainees and thus replacing the temporary facilities at Rungemba. The establishment of twelve more district training centres during the period is already financially ensured. The Home Economics Training Centre at Musoma will continue to train women community development staff and leaders of women's organizations in all aspects of home economics; day-care centre assistants will also be trained with a view to establishing new centres. The district training centres and the mobile teams visiting rural areas will continue to place emphasis on women's education in child care, homecraft, nutrition, better farming methods and the improvement of environmental sanitation, working in co-operation with the Ministries of Health, Education and Agriculture. The Government has decided to establish a permanent evaluation unit based at Tengeru, which will carry out continuous assessment of the work already completed and will assist in bringing about modifications in training curricula and reorientation of policy in the light of its findings. UNICEF will continue its assistance with equipment, transport and training grants. The UN community development adviser for research and evaluation will assist the Government in establishing the evaluation unit at Tengeru and will undertake periodic assessments of the over-all community development project. Assistance being provided from other sources includes bilateral aid from the United States Agency for International Development, Sweden and Norway, the Federal Republic of Germany, the Netherlands, the Oxford Famine Relief Campaign of the United Kingdom and the New Zealand Council of Organizations for Relief Service Overseas.

UPPER VOLTA

HEALTH AND SOCIAL SERVICES
Continuation,
mid 1967 - mid 1970

Commitment approved: \$300,000
Allocation approved
for 1967/1968: \$120,000
Technical approval: UNDESA, FAO, WFC

E/ICEF/P/L.847

During the next three years, the network of health services will continue to be strengthened through the provision of additional staff and supplementary equipment for 13 urban dispensaries, 24 health centres, 43 rural dispensaries, 2 urban maternities and the paediatric services of the central hospital at Ouagadougou. Ten social centres and a children's home will be modernized and equipped. The campaign against endemic diseases will be continued.

- (a) Leprosy: Priority will be given to bringing at least 75 per cent of the known lepromatous cases under regular treatment. The total number of cases to be treated in the present phase will remain at 85,000; 42,000 of these are expected to be treated regularly.
- (b) Trachoma: A study of the endemicity of trachoma is being undertaken and a pilot project will be established in the region of Gushigouya and Dori. In the initial phase 2,500 school children will be treated and self-treatment will be organized for 8,000 inhabitants in areas of high incidence.
- (c) Tuberculosis: Direct BCG vaccination of children up to the age of ten will be intensified and it is expected that some 300,000 persons will be reached each year through the endemic disease service. BCG vaccinations will continue to be provided in maternities, schools and through the static services.

UPPER VOLTA (continued)

A nutrition centre for special care of children suffering from malnutrition but not requiring hospitalization, will be created in the Cuagadougou central dispensary. While the children are under treatment, the mothers will receive simple education in nutrition and child care. Training of para-medical personnel will continue at the National Training School for Nurses. The standard of training will be raised by extending the courses from two to three years and limiting admission to holders of the Certificat d'etudes primaires (6 years of schooling). Nine trainees will be enrolled in the School of Social Work in 1967, and twelve in 1968. Thirty rural animatrices will be trained each year in the Gacua Centre. UNICEF will provide supplementary equipment for 24 health centres, 43 dispensaries, 2 maternities and 1 hospital; demonstration material for 10 social centres and 1 kindergarten; drugs and campaign equipment for leprosy, tuberculosis and trachoma; transport; and training grants. WHO will provide technical guidance for the project through its resident adviser in public health administration and through the services of two nurse tutors at the National School of Nursing. FAO will continue to assist in the training of personnel in nutrition and home economics. The Government of France will provide doctors and material assistance. The United States Agency for International Development will assist a measles campaign.

UPPER VOLTA

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$80,000
against approved commitment

ZAMBIA

EDUCATION
First request for UNICEF
aid, mid 1967 - mid 1969

Allocation approved: \$78,000
Technical approval: UNESCO

E/ICEF/P/L.905

The aim of this project is to improve the basic educational system through strengthening the teaching of science at the secondary school level. The project will be concerned with developing suitable curricula, teaching methods, and educational material for secondary school science students. Initial attention will be directed to introducing the science scheme developed by the Nuffield Foundation (United Kingdom) into five selected secondary schools and one teacher-training college as a pilot activity from which valuable experience is expected.

The Science Education Centre of the University of Zambia's School of Education will initiate the first phase of the project by conducting an in-service training programme for the science teachers from five secondary schools and one teacher-training college for secondary school teachers. The programme will acquaint the teachers with the aims, methods and equipment of the new science scheme. The courses will be held during the two school holidays and will involve approximately 25 participants including school inspectors and principals. The School of Education will be responsible for the over-all supervision of the project and the Director of the Science Education Centre and the Government's Chief Science Inspector will follow its implementation in the five schools, each of which will receive sets of special equipment. The project will be continuously evaluated, and the results of these evaluations will be channeled to the Science Education Centre for use as a basis for in-service training courses, and for examination and revision of the curricula, teaching methods and educational aids for all teacher-training colleges and secondary schools. The Government has in view the eventual modification of the entire educational system. UNICEF will provide science equipment including books and visual aids for five secondary schools, one teacher-training college and the Science Education Centre; and stipends for participants attending in-service training programmes at the Science Education Centre.

AFRICA REGION

HEALTH SERVICES: POST-BASIC
NURSING EDUCATION (Lagos)
Continuation,
mid 1967 - mid 1968

Allocation approved: \$54,000
against approved commitment

AFRICA REGION

HEALTH SERVICES: POST-BASIC
NURSING EDUCATION (Dakar)
First request for UNICEF aid,
mid 1967 - mid 1969

Commitment approved: \$44,000
Allocation approved
for mid 1967/1968: \$22,000
Technical approval: WHO

E/ICEF/P/L.907

The aim of the project is to create a Centre for Post-Basic Nursing (Centre d'Enseignement Superieur en Soins Infirmiers) at Dakar where qualified personnel from the health and social services of French-speaking countries in Africa South of the Sahara may receive advanced training under African conditions. Upon completion of the Centre late in 1967, a special two-year diploma course will be established which will be directed towards the training of nursing tutors, nursing administrators and supervisors for specialized fields such as medical, surgical, public health, paediatric and obstetrical nursing. At a later stage, as staff and facilities become available, psychiatric nursing will be added. The University of Dakar will assist in the preparation of the curricula, and will provide teaching staff for the centre. Practical training will be provided at the Dakar Hospital le Dantec and in selected health centres in the Dakar area, including the rural demonstration and training area at Khombole.

The course will enrol 20 trainees from French-speaking countries in Africa South of the Sahara. The admission level will be the Brevet elementaire du premier cycle (10 years of general education) or a state diploma in nursing, midwifery or social work, plus two years of practical experience. Other candidates may qualify through competitive entrance examinations. Trainees from Senegal who are in government service will be maintained on the government payroll and will receive, in addition, a stipend to cover supplementary expenses incurred as a result of their study assignment to Dakar. Non-Senegalese trainees will receive scholarships through WHO. UNICEF will provide teaching and training equipment for the Centre and supplementary equipment for the students hostel; transport; and training grants for 5 students for two years each. WHO will provide technical guidance to the project through its resident team of four nurse tutors, and will also provide fellowships for students from countries outside Senegal.

AFRICA REGION

TRAINING IN FOOD SCIENCE
AND APPLIED NUTRITION
(UNIVERSITY OF IBADAN,
NIGERIA)
First request for UNICEF aid
1968 - 1969

Commitment approved: \$108,000
Allocation approved
for 1968: \$54,000
Technical approval: FAO, WHO

E/ICEF/P/L.936

The University of Ibadan will establish within the quinquennium beginning 1968, a School of Food Science and Applied Nutrition with the long-term aim of developing staff and training facilities adequate to offer certificate, diploma and degree courses for English-speaking students in Nigeria and other African countries. The present plan is concerned only with the certificate course and an evaluation of the experience of the first two years will be undertaken during 1969 to determine the timing and staffing requirements of a diploma course.

AFRICA REGION (continued)

The course will consist of ten months' study and will be interdisciplinary. The curriculum will cover the science of nutrition with particular emphasis on the needs of mothers and children; methods of assessing the state of nutrition; the relation between malnutrition and food consumption; agricultural, economic and social factors underlying problems of nutrition; methods of securing increased production and better distribution of food; the application of food science and technology; supplementary feeding and food enrichment; planning of diets for population groups; nutrition education. The interrelationship of health, agricultural social, economic and technological aspects will be stressed and teaching will include lectures, seminars and field practice in selected areas. The course will accommodate 40 students of whom 20 are expected to be Nigerians. UNICEF will provide supplies and equipment, 2 small buses for training, salary of an associate professor and a lecturer for 2 years, honoraria for ad hoc lecturers, clerical and field study expenses and 10 fellowships for 10 months each year. FAO and WHO have participated actively in the negotiations leading to the preparation of this project. Both agencies will assist in the nomination of candidates from non-Nigerian countries in Africa for the courses and, if requested by the University, will co-operate in the final selection. The continued co-operation of the University of London (School of Hygiene and Tropical Medicine) on subjects of mutual technical interest has been assured.

B. ASIA ^{a/}

AFGHANISTAN

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$122,000
Technical approval: WHO

E/ICEF/P/L.824

The MCH programme will be introduced in two additional provincial towns, which will bring the total of provincial projects to seven. The projects include the opening of MCH centres, the improvement of obstetric and paediatric wards in provincial hospitals, and retraining of personnel. Five new schools for training of auxiliary nurse-midwives will be established in provincial localities, bringing the total of such schools to thirteen. In addition, it is proposed to begin the development at Jalalabad of a demonstration and training centre in which health personnel may gain experience in rural public health work. Establishment of a health infrastructure will begin in 1968 in Kwajagar, which is the second area expected to achieve malaria eradication. A primary health centre and seventeen sub-centres are to be established in this area in locations already selected.

Further expansion of environmental sanitation work is planned. Supplies and equipment will be provided by UNICEF for continued development of the 23 existing projects; for 4 large gravity-piped schemes which, by the end of 1968, will be providing clean water for 223,000 people; for sanitary installations at 160 selected institutions (schools, health centres); and for continued experimental work in the development of solar heaters for public bath-houses. Finally, it is proposed in 1968 to begin the expansion of tuberculosis control activities. BCG vaccination will be introduced at six existing provincial health centres, initially on a mass campaign basis among all school children and then as a periodic activity of the health centres, covering new-born infants and first-year school children. Case finding and treatment of tuberculosis patients will be conducted in accordance with the methods recommended by WHO, also as an integrated activity of the health centres. All activities will be directed and supervised by the personnel of the main tuberculosis centre in Kabul. UNICEF will provide supplies and equipment for health centres, training activities and sanitation projects; drugs and laboratory equipment for tuberculosis control; transport; and stipends for orientation and refresher courses. WHO will provide the services of fifteen experts to advise on the various aspects of the project.

AFGHANISTAN

MALARIA ERADICATION
Continuation, 1968

Allocation approved: \$440,000
Technical approval: WHO

E/ICEF/P/L.980

It is proposed during 1968 to maintain spraying of previously sprayed areas in order not to lose ground. A total population of 6,403,000 will be covered, including 5,043,000 in areas in the attack phase and 1,360,000 in areas under consolidation. In addition, about 800,000 persons will be protected by anti-larval measures; 296,000 people will be in the maintenance phase. UNICEF will provide DDT, drugs, laboratory equipment, sprayers, transport and tools, equipment and spare parts for Central Transport Organization. The WHO team assigned to assist the eradication programme consists of eleven persons.

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

AFGHANISTAN

EDUCATION
Continuation, 1968

Allocation approved: \$107,000
Technical approval: UNESCO

E/ICEF/P/L.828

During 1968, the UNICEF/UNESCO-assisted teacher-training programme will be extended to five provincial primary teacher-training colleges. UNICEF is providing supplies and equipment to improve the teaching facilities of these five colleges. There is a great need for more and better equipment, books, libraries, and teaching materials. With the assignment to these colleges of newly graduated teacher educators, there is also a great need to help them to establish themselves and the modern teaching methods in which they have been trained. Conditions in the provincial colleges are very different from those obtaining in Kabul, and it is expected that conservative elements will put up considerable resistance to change and modernization. For this reason it is planned to assign one international expert to each of the provincial teacher-training colleges, to work with the new educators during their initial two years until the new methods have been firmly established.

For 1968 UNICEF will provide the additional equipment necessary to complete the provisions for the five provincial colleges, and reimbursement for UNESCO advisers for three of the colleges. (The other two colleges will not yet be ready to receive advisers.) UNICEF will also continue to share with UNESCO the cost of advisers for the Kabul Academy of Teacher Educators, and will provide additional supplies and equipment for that Academy and its model teacher-training school.

BURMA

HEALTH SERVICES
Continuation, 1968

Allocation approved: \$638,000
Technical approval: WHO

E/ICEF/P/L.807

The Government will continue to establish new health centres and to improve existing ones. One hundred rural health centres will be opened and 20 township hospitals will be up-graded and fitted with water supply and waste disposal systems. Thirty additional district/divisional hospitals will be up-graded so that all 40 district/divisional hospitals will be equipped to treat effectively the cases referred to them from rural health centres and township hospitals. Selected district/divisional hospitals will be provided with supplementary laboratory equipment to improve diagnostic and training facilities. The vaccinators in rural health centres, whose work is being broadened to include rural sanitation, registration of vital statistics and health education, will be provided with bicycles to increase their coverage and with vaccination kits to facilitate their work. Teaching institutions where para-medical and nursing personnel are trained will be strengthened and the training of health, education and social welfare personnel in health education will be intensified. Paediatric training and services will be improved and hospital medical records will be standardized and further improved. Handicapped children will continue to be treated in increasing numbers and service facilities will be maintained. Training of township medical officers, township health officers, lady health visitors and laboratory technicians will be accelerated. UNICEF will provide supplies and equipment for health centres, hospitals and laboratories; health education and training equipment; drugs and diet supplements; transport; and training stipends.

BURMA

TUBERCULOSIS CONTROL
Continuation,
1968 - 1971

Commitment approved: \$652,000
Allocation approved
for 1968: \$156,000
Technical approval: WHO

E/ICEF/P/L.822

With the assistance of a WHO adviser, the Government has drawn up a long-term plan for gradual expansion of the integrated tuberculosis control programme so that within five years all six health divisions of the country will be covered. By the end of 1971 it is anticipated that approximately 60,450 cases will be under treatment in Rangoon and Mandalay, in 9 divisional centres and in 100 township and 101 rural treatment centres. Priority will be given to treatment for a 12-month period of bacteriologically confirmed cases. A major factor in the successful implementation of the programme is the availability of qualified personnel and to this end the Government proposes to recruit and train in tuberculosis control work 662 additional health personnel during the five-year period. The BCG consolidation programme will continue and, beginning in 1968 direct vaccination will be introduced gradually into the general programme. Ultimately, BCG will be included in the vaccinations given routinely to all new-born infants. Until large-scale direct BCG vaccination is achieved, continued effort will be made to increase the coverage of pre-school children. During the five-year period, 1967-1971, it is estimated that a total of 4.15 million children will be vaccinated. UNICEF will provide drugs, laboratory equipment and supplies, office and health education equipment, freeze-dried BCG vaccine, BCG field supplies, transport and stipends for the training of 662 health personnel.

BURMA

TRACHOMA CONTROL
First request for UNICEF aid,
mid 1967 - mid 1970

Commitment approved: \$193,000
Allocation approved
for 1967/1968: \$73,000
Technical approval: WHO

E/ICEF/P/L.798

Surveys conducted by the Government from 1962 to 1964 provided confirmatory evidence of a very high prevalence of trachoma in the central arid part of Burma known as the Dry Zone. The Dry Zone contains eleven districts, with a population of about 6.3 million. The trachoma control programme already instituted by the Government is now operative in four of these districts, where four trachoma teams are operating. Two regional trachoma centres have been established, to direct and supervise operations in these districts. The Government will now complete epidemiological surveys in the other districts and will expand operations into them at the rate of two districts per year. New regional centres and new teams will be established to keep pace with the expanding operations. The programme will particularly emphasize the involvement of existing health services. They will immediately be responsible for trachoma control in areas of low endemicity, and will take over maintenance operations in areas of medium and high endemicity when the teams have completed the "attack" phase. Treatment will be by the intermittent six-cycle schedule (three days a month, for six consecutive months) which has already been proved in Burma as the most effective and economical method. The drug used will be one of the tetracyclines. In the attack phase, two courses of treatment may be given in areas of highest endemicity. In the maintenance phase, emphasis will be placed on self-treatment under supervision and encouragement by existing health personnel. A Trachoma Advisory Committee will be established to guide the programme as a whole, and a central Trachoma Centre will be established to ensure coherent planning and administration of the programme, high standards of training, and assessment. UNICEF will provide ophthalmic ointment, field supplies and transport. WHO will provide, subject to the availability of funds, two three-month fellowships and any additional fellowships as may be necessary to the development of the project.

Allocation approved: \$47,000
against approved commitment

BURMA

LEPROSY CONTROL
Continuation,
mid 1967 - mid 1968

BURMA
GOITRE CONTROL
First request for UNICEF aid,
mid 1967 - mid 1968

E/ICEF/P/L.809

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

The Government wishes to develop a phased national programme of goitre control to cover all regions of high endemicity or iodine deficiency. Since it is believed that the provision of iodine in the normal diet will reduce, and eventually eliminate, the disease in all endemic areas, the plan is to iodate all salt used for human consumption in these regions. The prospects for the effectiveness of the proposed project are enhanced by the fact that the production of salt is controlled by the Government. The initial phase of the programme will cover the areas known as the Chin and Naga Hills and the district of Mawlaik which have an estimated population of 650,000. An iodation plant will be installed in a salt warehouse in Rangoon which handles all the salt distributed in these areas. The plant, which will iodate 4,000 tons of salt per year, will be operated by the Government Trade Corporation in charge of salt production and distribution which will also handle the packing, transportation and distribution of the iodated salt. Further surveys will be carried out to determine incidence levels as a basis for later expansion of the programme to other areas of Burma where endemic goitre occurs. A health education programme will be carried out during evaluation and survey visits. A small laboratory service will be provided for routine control of the iodation level and for testing. UNICEF will provide equipment for iodation unit, potassium iodate, supplies for laboratory and surveys and transport.

BURMA
SOCIAL SERVICES
Continuation, 1968

E/ICEF/P/L.821

Allocation approved: \$57,000
Technical approval: UNDESA

During 1968, the training programme for professional and voluntary social workers will be continued. The Directorate of Social Welfare will continue to co-operate in the training of school teachers and of various categories of health personnel by offering courses in family and child welfare. Five urban and twenty rural day nurseries will be established, eight pre-primary schools will be opened and additional night schools will be opened for those children who are unable to attend the regular schools. Existing institutions will be strengthened and community programmes for children will be continued. UNICEF will provide training equipment, recreational and play equipment, transport for supervision and training and training grants.

BURMA
EDUCATION
Continuation,
mid 1968 - mid 1970

E/ICEF/P/L.808

Commitment approved: \$547,000
Allocation approved
for 1968/1969: \$366,000
Technical approval: FAO and UNESCO

In view of the importance attached by the Government to this programme, and its successful implementation thus far, the Government has accelerated the opening of new schools and wishes, as quickly as possible, to have them properly equipped for science teaching and agricultural and vocational education. By mid 1967, there will be 609 high schools and 949 middle schools in the country. By mid 1968, 358 high schools and 578 middle schools will have been provided with science teaching equipment. It is planned during the ensuing two years to equip for science teaching the remaining 251 high schools and 371 middle schools. A total of 409 high schools will be provided with domestic science teaching equipment, completing coverage of all high schools. Three-week refresher training courses will be held for domestic science teachers. One hundred primary schools will be equipped with simple carpentry and agricultural equipment. UNICEF will provide science-teaching equipment for 251 high schools and 371 middle schools; domestic science teaching equipment for 409 high schools; carpentry and agricultural education equipment for 100 primary schools; audio-visual aids for three teacher-training colleges and institutes; paper for printing middle school textbooks; raw materials for local production of science teaching equipment; transport for agricultural schools for field work; and stipends for refresher training of 42 domestic science teachers and of 130 junior assistant teachers.

CAMBODIA

HEALTH SERVICES
Continuation, 1968

Allocation approved: \$104,000
Technical approval: WHO

E/ICEF/P/L.858

During 1968, 11 more health centres are to be opened, and 20 more rural infirmaries are to be up-graded. All training programmes will continue. The intake of rural midwives will be increased from 130 to 265; UNICEF will provide equipment for the two new schools and stipends for 35 of the additional students. In one province where the development of health services is comparatively advanced, an experiment will be carried out to improve and intensify MCH activities by establishing a supervisory structure at provincial level. Activities under the school health programme, including the training programme for provincial school teachers, will continue. Yaws work will continue through existing rural health centres, except in remote provinces with comparatively high incidences of the disease where two mobile teams are still operating.

With technical assistance from FAO and WHO, the Government plans to launch a nutrition programme. An interministerial Nutrition and Food Committee has been created which will formulate the national nutrition policy. The National Institute of Nutrition and Feeding will be responsible for project activities, including in the first phase an investigation of food intake and a study of the nutritive values of foods consumed in Cambodia. The Government has appointed as head of the Institute a public health officer who recently participated in the UNICEF-assisted Paris/Dakar nutrition course. UNICEF will provide supplies and equipment for basic health services and training schools, equipment for sanitation programmes, supplies and equipment for yaws control, drugs and diet supplements, transport for supervision and training, equipment and transport for the Nutrition Institute and training grants for health workers. Subject to the availability of funds and an expected Government request, WHO will provide a short-term consultant to evaluate the health services project and advise on future development. For the nutrition project WHO will provide a medical nutritionist and a fellowship; FAO will provide subject to Government request, nutrition experts and fellowships as required.

CAMBODIA

TUBERCULOSIS CONTROL
Continuation, 1968

Allocation approved: \$36,000
Technical approval: WHO

E/ICEF/P/L.877

The Government plans to extend its tuberculosis control activities to ten provinces covering over 3 million of Cambodia's estimated 5 million population. Eight new teams will be created and provincial health services will be assisted in organizing case finding by simple microscopic examination of sputum, and domiciliary treatment of infectious cases through chemotherapy. Training and demonstration activities will be continued in order to support this extension. A national tuberculosis prevalence survey will be undertaken with the assistance of the WHO Regional Tuberculosis Advisory Team and trials will be conducted in Phnom Penh to determine the practicability of administering tuberculosis and smallpox vaccinations simultaneously. UNICEF will provide laboratory supplies and equipment, anti-tuberculosis drugs, BCG field supplies and vaccine, training supplies and equipment and transport. WHO will continue to provide the services of a senior adviser in tuberculosis and a public health nurse.

CAMBODIA

EDUCATION (PRIMARY)
Continuation,
mid 1967 - mid 1968

Allocation approved: \$52,000
against approved commitment

CAI-BCDIA

EDUCATION (SECONDARY)
Continuation,
mid 1967 - mid 1968

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

E/ICEF/P/L.851

In 1966 the Board approved a two-year commitment of assistance for a pilot project to expand secondary education by introducing the teaching of practical subjects. Provision was made for equipping 20 selected secondary schools to teach agriculture, carpentry, mechanics and home economics, and for the intensive training of teachers in these subjects at the selected schools. Because of increased enrolment, additional teaching equipment will be required for the 20 secondary schools and it is planned to train an additional 100 teachers, rather than the 75 originally foreseen. The Government also plans to establish in each of the schools a small technical library and facilities for the reproduction of teaching materials. Practical training in the four fields will be introduced in the eighth grade of the twenty schools. UNICEF will provide 20 sets of teaching supplies and equipment, reference books for 20 technical libraries, 20 sets of supplies and equipment for reproduction of teaching materials and training grants for 100 teachers. UNESCC will provide the services of an adviser in secondary education and an adviser in home economics.

CEYLON

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$276,000
Technical approval: WHO

E/ICEF/P/L.965/Rev.1

The objective is to assist the Government of Ceylon in co-ordinating and strengthening existing health institutions and facilities in order to form a comprehensive integrated rural health service. In the first instance, the Government will establish on an experimental basis one divisional headquarters (at Kurunegala), and one district health organization (at Kuliyaipitita) with four peripheral health units. As soon as some experience is available, two more divisional headquarters and five more district health organizations will be established, and 31 more peripheral health units will be restaffed according to the new pattern. At the same time, six provincial laboratories and fifteen district hospitals will be developed. Retraining will be given to 850 midwives in service and 70 supervising public health nurses and midwives. The facilities of six midwifery training schools, the Post-Basic Nurse Training School and the Public Health Inspectors School will be improved. In addition, there will be an expansion of an experimental training project conducted jointly by the Department of Health and Social Services to give social welfare experience to health personnel. One demonstration area has already been established with UNICEF assistance, and a second is to be started at Kotte, where there is a training institution for medical undergraduates. In the district of Wariyapola there is to be a special experiment in integrating malaria surveillance into the basic health services. UNICEF will provide equipment and transport for divisional and district health organization, peripheral health units, training schools and the demonstration social welfare training project; equipment for provincial laboratories, district hospitals and dental clinics; transport for the malaria integration experiment; spare parts for transport organization; and training grants.

CEYLON

TUBERCULOSIS CONTROL
AND BCG VACCINATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$43,000
Technical approval: WHO

E/ICEF/P/L.820

The tuberculosis control programme in Ceylon includes the country-wide BCG vaccination campaign which started in 1949, and the tuberculosis control project which started in June 1966. The aim of the pilot project is to establish in the northwestern province of Ceylon a community-oriented tuberculosis control programme which would serve as a testing ground for gradual extension to all provinces of the country. During 1967/1968 vaccination of new-born infants will be further expanded throughout the country to cover approximately 250,000 infants. Training programmes will be accelerated for public health inspectors, who will be responsible for direct BCG vaccination of all school entrants and school leavers (of whom there are approximately 400,000 and 100,000 per year respectively). The pilot control project in the northwestern province will be continued and strengthened to cover treatment of about 1,000 patients. UNICEF will provide laboratory equipment and supplies, BCG field equipment and supplies, anti-tuberculosis drugs, freeze-dried BCG vaccine and transport. WHO will provide the services of three short-term consultants and fellowships.

CEYLON

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$129,000
against approved commitment

CEYLON

EDUCATION (TEXTBOOK PRODUCTION)
Continuation, 1968

Allocation approved: \$234,000
Technical approval: UNESCO

E/ICEF/P/L.981

The Government intends to produce 676,000 copies of 32 improved textbooks (16 in Sinhala and 16 in Tamil) in mathematics, physics, chemistry, and biology at senior high school level. These books will be revisions of existing texts, the revisions based on various studies in modernizing science textbooks. Particular stress will be laid on improving the illustrations. The Government has made financial provision for the cost of writing, editing, printing, and production. UNICEF is requested to provide the necessary paper. Textbooks produced with paper provided by UNICEF will be sold to students at a subsidized price based on the cost to the Government of printing and production only; the Government's saving on paper will be passed on to the students as a direct benefit in the form of a lower price. In addition to paper, UNICEF will provide printing inks, materials for production of blocks for illustrations and book-binding materials.

CHINA

HEALTH SERVICES (TAIWAN)
Continuation,
mid 1967 - mid 1968

Allocation approved: \$233,000
against approved commitment

CHINA

HEALTH SERVICES (TAIWAN)
(SCHOOL HEALTH AND DENTAL
SERVICES)
Continuation, 1968 - 1972

Commitment approved: \$266,000
Allocation approved
for 1968: \$57,000
Technical approval: WHO

E/ICEF/P/L.932

During the next three years the Government plans to further improve the teaching facilities of the Taipei Normal University, of the ten normal schools and colleges and of the Elementary School Teachers' In-Service Training Centre. A series of annual seminars for evaluation and planning of health education activities will be held for all categories of teaching, supervisory and administrative personnel. In addition to the regular school health education activities, which reach over 2 million school children, it has been recognized that close attention must be given to the physical development of children aged 6 - 13 years. Periodic examination of all school children has accordingly been included in the programme, and the Government and local educational departments will provide scales for 2,200 of the 2,500 elementary schools expected to be in existence by 1970. UNICEF is requested to provide scales for the remaining 300 elementary schools which are in low-income areas (aboriginal, fishing and mining areas and salt fields) where local school funds are not available.

The Government wishes to expand the hitherto limited dental health project to cover the entire elementary school population by establishing school dental clinics and training private practising dentists, school principals and school teachers.

- (a) During the five-year period a total of 360 work points will be established, with UNICEF assistance, as demonstration units attached to 360 pilot schools.
- (b) Local private dentists will give voluntary service in rotation. This custom has already been established in the 150 existing school clinics, and the Government pays the dentists a small honorarium. When the programme is in full operation, it will be possible to treat almost every child needing dental attention (about two million) once a year. The private dentists will be given a brief orientation in public health. In addition, brief courses in the basic techniques of dental health and treatment will be given by the staff of the Taichung Dental College to the principals and school health teachers of the schools involved.

UNICEF will provide equipment and teaching aids for health education, scales for primary schools, 360 sets dental equipment, 360 sets dental expendable supplies, transport and training grants.

CHINA

SOCIAL SERVICES (TAIWAN)
Continuation, 1967/1968

Allocation approved: \$79,000
Technical approval: UNDESA

E/ICEF/P/L.810

During 1967/1968, an additional 200 child-care workers will be trained and 180 more day-care nurseries will be established or up-graded. Training courses will be given for the head workers of the 22 demonstration day-care nurseries and for town office personnel, home economists and agency supervisors concerned with operation of the nurseries and with family and community welfare activities. Two teams will be formed to conduct twenty sessions of intensified in-service field training and two regional seminars will be held for local government, agency and project personnel. UNICEF will provide supplies and equipment for 180 nurseries, transport, stipends and honoraria for training and refresher training of child-care workers and salaries for four child welfare workers. The United Nations Department of Economic and Social Affairs is providing an adviser in family and child welfare. Subject to a Government request and the availability of funds, fellowships will be provided for selected project personnel for observation visits to countries having similar programmes.

CHINA

EDUCATION (TAIWAN)
Continuation,
mid 1967 - mid 1968

Allocation approved: \$163,000
against approved commitment

CHINA

EDUCATION (TAIWAN)
(INDUSTRIAL ARTS)
Continuation,
mid 1967 - mid 1972

Commitment approved: \$564,000
Allocation approved
for 1967/1968: \$108,000
Technical approval: UNESCO

E/ICEF/P/L.852

The purpose of the project is to introduce industrial arts into the junior high school curriculum. During the next five years, the following activities are planned:

- (a) Refresher training for industrial arts teachers to qualify them in five subjects: woodwork, carpentry, masonry, electricity, and handicrafts (bamboo and rattan work). About 1,500 industrial arts teachers are presently employed, of whom 500 would be trained during the programme in 24-week courses.
- (b) A series of three-week courses, for vocational guidance teachers during which a total of 80 will be trained.
- (c) A series of five-day seminars (eight per year) during which school principals, supervisors, administrators, teachers, and personnel connected with educational programmes will be informed of the objectives of the programme and acquainted with its operation.
- (d) Study tours for a few selected personnel to enable them to observe industrial arts and vocational guidance systems abroad.
- (e) Establishment of a total of 66 demonstration junior high schools, 3 in each of the 22 administrative divisions of Taiwan.
- (f) Publishing of a series of texts designed to inform students and parents about job opportunities, salary scales, employer/employee relationships, etc., in a wide variety of skills.
- (g) Production of a series of filmstrips and coloured slides about industrial arts as audio-visual educational aids for both teachers and the general public.
- (h) The introduction of industrial arts training at the primary teacher-training level in the province's ten normal schools.

UNICEF will provide equipment for the refresher course; industrial arts equipment for 50 demonstration schools, and equipment for girls' training in the 30 schools which will be co-educational; equipment for the introduction of industrial arts education in primary teacher-training schools; transport for supervision; paper and other materials and costs for the production of publications and audio-visual teaching aids; stipends and other local costs for training; and three fellowships for observation abroad (in the first year).

HONG KONG

SOCIAL SERVICES

Continuation,
1968 - 1970

E/ICEF/P/L.889

Commitment approved: \$173,000

Allocation approved
for 1968: \$84,000

Technical approval: UNDESA

The objective of this project is to provide day-care facilities for Hong Kong's large number of children whose mothers work, and recreational opportunities for young people living in severely overcrowded areas. During the period 1968-1970, voluntary agencies will establish eight to ten new nurseries per year, each catering to 100 children. Seven youth centres will be up-graded each year. Training will be continued and the demonstration nursery and youth centre will be opened with accommodation for 100 children. Adequate staff, including a nursery supervisor, day-care workers, a social welfare officer, group workers and other necessary personnel, will be appointed by the Government to operate the demonstration and training centre. Health education activities related to child welfare will also be increased through the maternal and child health clinics. UNICEF will provide equipment for 26 nurseries, 21 youth centres, the demonstration nursery and youth centre and for improvement of existing community centres; health education materials; and the salaries of a nursery supervisor, 3 day-care workers, a youth training officer and 2 youth group workers for the initial two years.

INDIA

HEALTH SERVICES

Continuation,
mid 1967 - mid 1968

E/ICEF/P/L.876

Allocation approved: \$2,400,000

Technical approval: WHO

The objectives of this project are the expansion of basic health services throughout India, in connexion with the community development programme, mainly by the establishment of primary health centres and sub-centres; the up-grading of district hospitals and public health laboratories to support the health-centre services; the creation of district supervisory units to guide and direct them; and the training of personnel to staff all these services.

The programme will continue in 1968, with the following modifications regarding UNICEF assistance:

- (a) Although there are acute shortages of personnel at all levels, the shortage of medical officers is comparatively less serious than that of nurses and midwives. This means that there are a large number of primary health centres which have doctors on their staff, but not yet a sufficient number of nurses and midwives to qualify for UNICEF assistance under previous criteria. It has now been agreed that such centres may receive UNICEF clinic equipment and drugs and diet supplements, but not a vehicle.
- (b) UNICEF is already providing kits for nurses, midwives, and trained indigenous midwives. In addition, UNICEF will now provide a kit for basic health workers.

Under these revised criteria, it is expected that 600 primary health centres and 1,300 sub-centres will qualify for UNICEF assistance. It is hoped that 5 referral hospitals and 10 public health laboratories will be up-graded to a stage where UNICEF equipment may be issued to them. It is hoped that a large number of new staff for district supervisory teams will become available, requiring up to 90 additional UNICEF vehicles. Another 54 district-level and 4 state-level health education units are expected to be established. Equipment will be needed for another 20 nurse-training and 30 midwife-training schools. With regard to the rural water supply programme, it is expected that there will be progress in two schemes which have already been started, and it may be possible to begin another four schemes. For the health transport organization, equipment is required for an additional 7 static and 28 mobile transport maintenance units, plus equipment to begin the equipment-maintenance part of the programme in three States. UNICEF will provide equipment for primary health centres and sub-centres, drugs and diet supplements for primary health centres and FCH centres, equipment for referral hospitals and public health laboratories, training equipment, equipment of health education and rural water supply schemes, transport and training grants. WHO will continue to provide the services of six medical officers, sixteen nurses, a sanitarian engineer, three health educators and a laboratory technician.

INDIA

SMALLPOX VACCINE PRODUCTION
Continuation,
mid 1967 - mid 1968

Allocation approved: ₹380,000
Technical approval: WHO

E/ICEF/P/L.910

UNICEF has previously approved assistance for the provision of equipment for production of freeze-dried smallpox vaccine at four production centres. The available equipment enables the centres to produce about 60 million doses of vaccine annually, whereas the estimated total annual requirement of the country is about 200 million doses. To raise the present production level to this figure and to make India self-sufficient to meet the requirements during the maintenance phase of the smallpox eradication programme, additional freeze-drying equipment is required. As a preparatory measure the Government of India deputed an official to visit Europe under a WHO fellowship to study modern large-scale shelf-drying methods, with a view to switching over from the present small-scale laboratory production of the vaccine to industrial production.

With the addition of the requested equipment, the four production centres will produce about 200 million doses of vaccine annually, which allows a small margin for local epidemics and testing and control purposes, and takes into account the annual increase in population of some twelve million persons. It is expected that industrial vaccine production will be started by mid 1968. The practice of cost-free vaccinations will be continued. UNICEF will provide supplies and equipment for large scale industrial production of freeze-dried smallpox vaccine in Patwadangar and Belgaum; supplementary supplies and equipment for existing plants at Guindy and Hyderabad; supplies and equipment for reference laboratory at the National Institute of Communicable Diseases, Delhi; and erection costs. In 1967 and 1968, WHO will provide three three-month fellowships each year and two short-term consultants for a duration of three months each year. WHO has already assigned a consultant to the country for a period of nine months to assist in the utilization and control of the smallpox vaccine.

INDIA

TUBERCULOSIS CONTROL
AND BCG VACCINATION
Continuation,
mid 1967 - mid 1968

Allocation approved: ₹476,000
Technical approval: WHO

E/ICEF/P/L.836

The nation-wide control programme is being implemented through a National Tuberculosis Institute, the central body for the training of personnel and experimentation in methodology; state-level demonstration and training centres; and district-level tuberculosis centres. The BCG vaccination programme, which has been guided in its operations by the National Tuberculosis Institute, is progressively being integrated into the control programme by the attachment of BCG teams to district-level tuberculosis centres. During 1967/1968 the National Tuberculosis Institute will train 60-75 additional teams for district-level centres. Two additional state-level demonstration and training centres will be established. Thirty more district-level centres will be up-graded, bringing the total number of these centres assisted by UNICEF to 207. Twenty-eight new BCG teams are to be activated by mid 1968 making a total of 250, all UNICEF-assisted. UNICEF will provide static X-ray units and laboratory equipment for district centres; laboratory equipment for the National Institute and for Guindy laboratory; equipment for 28 new BCG teams and expendable supplies for all BCG teams; and vehicle spare parts. WHO will provide the services of a senior medical officer, two medical officers, an X-ray technician and a short-term consultant.

INDIA

APPLIED NUTRITION
Continuation,
1968 - 1969

Commitment approved: \$3,032,000
Allocation approved
for 1968: \$2,119,000

E/ICEF/P/L.920

Technical approval: FAO and WHO

The programme has been initiated in selected community development blocks. Activities include horticulture through school and community gardens and orchards; poultry raising and egg production; and fish production through the use of community ponds in inland areas and the improvement of inshore fisheries in coastal areas. To support these activities production centres, including seed farms, poultry farms, intensive fish-breeding centres, and food and fruit preservation units are developed at the regional or block level. School and village feeding programmes for mothers and children are conducted to demonstrate the use of protective foods. Training is of vital importance to the programme, and the plan provides for a large number of training schemes for personnel ranging from state nutrition officers to village fishermen and poultry keepers.

UNICEF has been assisting this programme for seven years. It is operating in a total of 423 community development blocks, and extension to another 170 blocks is planned for 1968. (Thirty additional blocks are being assisted through funds contributed to UNICEF through various special fund-raising drives). In 1968 UNICEF will provide initial assistance to 170 blocks, 15 training institutions and 16 production centres; additional equipment for activities in blocks previously assisted; assistance to mothers' and youth clubs at \$90 each for the former and \$60 each for the latter, and reimbursement to FAO for 5 experts. FAO has established posts for ten experts, six of whom are currently financed under reimbursement by UNICEF and the remaining four under the United Nations Development Programme. WHO has provided one nutrition expert for developing the health aspects of the programme.

INDIA

MILK CONSERVATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$351,000
Technical approval: FAO

E/ICEF/P/L.878

Integrated Milk Project in Hyderabad and Vijayawada (State of Andhra Pradesh): In order to ensure sufficient milk supplies for capacity operation of both plants, the Government wishes to extend the intensive cattle development scheme to Guntur, district of the Vijayawada milk shed. FAO/UNICEF staff have visited the area three times to survey the area and to discuss plans with the project officers. It is estimated that in the 184 villages surveyed, a marketable surplus of about 80,000 litres of milk per day can be produced. It is proposed to provide cooling and transport facilities to collect 50,000 litres per day of this surplus. Because there are good all-weather roads in the area, the Government proposes to establish a larger number of comparatively small-capacity cooling centres (6,000 litres per day). UNICEF has been requested to provide equipment for eight cooling centres of 6,000 litre capacity, and five road tankers of 7,000 litre capacity for transportation of milk to the Vijayawada plant.

Milk Plant at Calcutta (Belgachia): This plant, equipped in the first instance through multilateral and UNICEF assistance, with a capacity of 180,000 litres per day, has been operating four years. The Government has now requested UNICEF to provide equipment to increase the capacity of the plant to 300,000 litres per day. Technical plans have been reviewed in detail by project, UNICEF, and FAO officers. Plans and estimates for extension of the building costing Rs. 3.7 million (\$US 500,000) have been approved by the Government of West Bengal. Construction is expected to be completed by the end of 1968. The new equipment is expected to be ready to run early in 1969.

INDIA (continued)

World Dairy (Bombay): To help relieve the grave situation in India, in 1966 the Australian Committee for the Freedom from Hunger Campaign, together with the Australian National Committee for UNICEF, made a joint donation through UNICEF of approximately 150 tons of skimmed milk powder. The Government of India considered that this gift would most effectively be used in an urban dairy to offset the current deficit in skim milk powder required for production of double-toned milk. The milk powder was accordingly allocated to the plant at World which UNICEF has assisted to produce low-fat milk for distribution on a subsidized basis to low-income groups in the Greater Bombay area. It is estimated that the donated milk powder would produce sufficient double-toned milk to meet the needs of 50,000 families with 150,000 - 200,000 children for about four months. The Board was therefore asked retroactively to approve the allocation of the funds to UNICEF for this purpose, amounting to 32,125 Australian dollars (\$US 36,000). The Australian Government generously undertook to ship the milk powder to India at its own expense.

INDIA

HIGH-PROTEIN FOOD DEVELOPMENT
Continuation, mid 1967 - mid 1972

E/ICEF/P/L.966

Commitment approved: \$830,000
Allocation approved
for 1967/1968: \$230,000
Technical approval: FAO and WHO

Production and marketing of weaning foods: The project is expected to be developed in three phases. The first phase is considered as a pilot study of processing methods, formulations, nutritional value, costing, consumer acceptability and marketing of supplementary foods for weanlings and young children. It is expected that in this phase, lasting approximately one year, 500 tons of the product will be manufactured. The second and third phases of the project, which will be implemented only if the results of the pilot phase indicate likely prospects of success, will gradually expand production to 6,000 tons annually. To ensure the economic viability of the project the product will first be offered through regular commercial channels to that segment of the public who are able to purchase the product in a conventional package. After the successful introduction of this product in the market, a lower-priced product will be introduced through commercial and non-commercial channels such as fair-price shops, milk booths, co-operative stores and health centres. This product will be priced to be available to the children of families of low/middle-income groups. The basic ingredients to be used in the manufacture of the mixtures are or can be produced locally in India. Initially certain components of the mixtures, i.e. soya flour and skim milk powder, will have to be supplied to India from abroad. The United States Agency for International Development (US/AID) has been requested to provide the quantities of soya flour and skim milk powder required for the first three years of operation of the project, as well as a grant to organize marketing and nutrition education campaigns. UNICEF will provide an integrated line of equipment and spare parts for processing and packaging production in the first phase, and additional handling, processing and packaging equipment for the second and third phases.

Groundnut flour production: With UNICEF assistance and the participation of commercial concerns, the Government of India installed two plants, one in Bombay and one in Coimbatore for pilot-scale production of edible groundnut flour, to be used in the development of low-cost high-protein food products suitable for children. In 1966, the Government undertook effective steps to bring the two plants into regular production. Several products which include groundnut flour as raw material have been developed especially for the feeding of children. Arrangements have also been made to distribute foods made of edible groundnut flour in the drought affected areas of the northern States of India. UNICEF's previous assistance included two integrated units for cleaning, roasting, blanching and inspecting groundnuts, plus one set of grinding and mixing equipment. Grinding and mixing equipment was supplied to the Bombay unit only, in order to judge the technical performance of the equipment before an identical unit would be supplied to Coimbatore. In view of the action now taken by the Government to introduce groundnut flour in suitable formulations into the diet, and in view of the technical experience gained with the grinding equipment in Bombay, UNICEF will also supply grinding and mixing equipment to the unit at Coimbatore.

INDIA

SOCIAL SERVICES
First request for UNICEF
aid, mid 1967 - mid 1968

Allocation approved: \$177,000
Technical approval: UNDESA

E/ICEF/P/L.931

The objective of this project is to reorient and expand family and child welfare services for the rural population. It is proposed in the first instance to convert a number of existing rural welfare services to the new approach, beginning with those in community development blocks in which applied nutrition projects are being implemented and where there will be access to the services of a health centre. Each service unit will have a main centre and five village sub-centres staffed by a team of nine workers. At all six centres special activities will be offered for the day care of pre-school children along the lines of existing services, which emphasize informal education through play activities with the aim of effecting a smooth transition from home to school, the development of good habits, the awakening of sensitivity, etc. Special attention will be paid to nutrition through the serving of supplementary meals. At the main centre, premises will be provided in which fifteen young mothers at a time may reside during a two-week training course stressing child development, home management, mothercraft and home hygiene.

In order to remedy inadequacies in the present training of field-level child welfare and social welfare workers, a major programme is being organized for the refresher training of existing staff and the training of new staff. It is proposed first to retrain 35 faculty members of centres which train village-level workers, as well as 15 state child welfare officers. Then three-month refresher courses will be instituted for about 500 village-level workers, sufficient staff for the 50 service units which the Government intends to convert to the new type of approach during 1968. Training will continue for the staff of other existing units and for new staff for the expanding programme. UNICEF will provide equipment for 50 service units and 4 training centres, transport and training grants for instructors and village-level workers.

INDIA

EDUCATION
Continuation,
1968 - 1970

Commitment approved: \$275,000
Allocation approved
for 1968: \$161,000
Technical approval: UNESCO

E/ICEF/P/L.983

Paper will be made available for the next three years to the National Council of Educational Research and Training (NCERT) of the Ministry of Education, to allow its Department of Science Education and its Publication Unit to prepare model textbooks and other educational materials which will be adapted by the States to local languages and programmes and published by them on a large scale. The NCERT, which was set up in 1961, is engaged in developmental programmes aimed at diversifying and better adapting the content of primary, secondary and teacher education. It is composed of a number of departments and units, including the Department of Science Education (National Institute of Education) and the Publication Unit. The objective of the Department of Science Education is to bring about a qualitative improvement in the teaching of science at all levels in schools and teacher training institutions. Toward this end, it is developing new science teaching materials through a number of multilateral projects. The Publication Unit centralizes editorial, publication, distribution and sales work of the NCERT. Printing is arranged through commercial publishing houses.

INDIA

EMERGENCY DROUGHT RELIEF ^{b/}

Allocation approved: \$1,404,000

E/ICEF/P/L.800

In order to assist in the relief of severe food and water shortages in the States of Bihar and Uttar Pradesh which are causing acute distress to about 60 million people in the stricken areas, UNICEF is providing foodstuffs, vehicles, drugs and pharmaceuticals, equipment and training costs for well-drilling, and equipment and supplies for the implementation of the applied nutrition project in one additional community development block (with funds donated by the Australian FFHC). In addition, UNICEF has arranged to ship donations in kind received for the relief of the stricken population.

The Government has mobilized its own resources to relieve the situation, and is obtaining assistance from a number of countries and agencies. To help revive the almost extinct purchasing power of the affected population, relief works have been organized which are employing about 5 million persons. Grain from States with surpluses is being diverted to the two stricken States for sale through Government-controlled "fair price" shops, and for free distribution to the most vulnerable groups. The feeding programmes for these groups are being supported for the most part by large donations of grain and other foodstuffs from assisting countries and agencies. Special health measures have been taken to avert epidemics. Drugs and diet supplements are being distributed on a wide scale. Every effort is being made to accelerate the sinking of wells in affected areas to provide vital drinking water and also as much water as possible for irrigation. The public health engineering departments of both States have organized all their own available personnel and have also employed accredited commercial sanitary engineering firms for the drilling of handpump wells at depths of 150 to 200 feet, using available equipment. A total of 6,500 such wells have been authorized in Bihar, and several thousand more in Uttar Pradesh. The drilling of wells in rocky areas presents a greater problem and is presently being studied. In some areas where it will not be possible to drill wells, arrangements will need to be made for transporting water to the inhabitants. Aid from all sources is being co-ordinated through the Central and the two State Governments.

INDONESIA

HEALTH SERVICES
Resumption, 1968

Allocation approved: \$1,168,000
Technical approval: WHO

E/ICEF/P/L.938

The aim of this programme is to develop integrated health services in each of the 25 provinces of Indonesia, which would include maternal and child care, health and nutrition education, prevention and control of communicable diseases, environmental sanitation and public health nursing. The Government intends to rehabilitate the ten provincial training centres as rapidly as possible; during 1968 this work will be given priority. The 300 health centres attached to these training centres will be among the first to be properly staffed and equipped so that they may play their part in the training activities. The rehabilitation of the network of 4,500 MCH centres, a review of their staffing needs, and co-ordination of their work with that of polyclinics will be started. Supply lines for issuing equipment and drugs and diet supplements to these thousands of work points will be re-established. A team of supervisors will make a tour of provincial nurse and midwife training schools to assess their needs in an effort to restore training to a high level. The training or retraining of provincial nurse and midwife supervisors will be resumed. Attention will be paid to environmental sanitation, with particular emphasis on the provision of wells in areas where droughts occur. Health centre staff will be trained in BCG vaccination work. It is not now possible to set numerical targets for accomplishment in 1968 in these many activities, but every effort will be made to resume and revitalize the whole programme as rapidly as possible. UNICEF will provide equipment and supplies for health centres, training equipment, hospital equipment, school health equipment, water supply equipment, BCG supplies and equipment, equipment and supplies for vaccine production, transport, vehicles and equipment for transport organization and training grants. WHO will provide a paediatrician and nurse for paediatric services, and a public health adviser. Funds are also budgeted for five short-term consultants to assist in the development of rural health services, and for two one-year fellowships.

b/ Approved by mail poll.

INDONESIA

YAWS CONTROL
Resumption,
mid 1967 - end 1968

Allocation approved: \$181,000
Technical approval: WHO

E/ICEF/P/L.891

The Government intends to reactivate the programme in sub-districts where it has become inactive and, at the same time, extend it to sub-districts which have not yet been included in the campaign. By the end of 1968, 400 new sub-district projects will be established, with the result that more than 2,500 of the 2,847 sub-districts of Indonesia will be included in the programme. The remaining sub-districts are in very remote areas, with sparse population, where it may not be feasible to establish the existing method of work. Other methods may be used, such as the assignment of yaws personnel to work with malaria personnel, making common use of vehicles where other means of transport are unavailable, in order to effect quick and economical coverage. Concurrently, 660 of the approximately 1,000 inactive sub-district projects will be reactivated in order to ensure completion of the attack phase of the programme in those sub-districts where consolidation has not yet been achieved, and continued surveillance in consolidated areas. Training of workers to staff new projects will be undertaken at the Treponematoses Training Centres in Jogjakarta, as well as locally in the provinces by instructors sent out from yaws-programme headquarters. Refresher training of staff for reactivated projects will be undertaken in the same manner. UNICEF will provide field supplies and equipment, equipment for the training centre, penicillin, transport and training grants.

INDONESIA

LEPROSY CONTROL
Resumption,
mid 1967 - end 1968

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

E/ICEF/P/L.941

The project will operate in conformity with WHO policy, and active case finding will be pursued by methods indicated by the local situation:

- (a) Regular yearly examination of household contacts will be the method of choice in areas with an estimated prevalence below one per thousand;
- (b) In areas with estimated prevalence rates ranging between one per thousand and ten per thousand, school surveys will be conducted, in addition to the household contact surveys and possible focal surveys of special groups;
- (c) In areas with an estimated prevalence rate of ten per thousand or more, such as South Sulawesi, selected mass surveys will be necessary.

Treatment will be carried out by the following means: in static leprosy clinics or in general polyclinics for ambulatory patients by leprosy personnel; in polyclinics at sub-district level by general nurses who may use drug distributors for domiciliary treatment; in general hospitals, wherever possible; and in mobile treatment circuits. It is estimated that approximately 80 per cent of drug distribution will be carried out through the general health services, primarily in polyclinics, and the remainder directly through the leprosy service. A caseload of about 17,000 patients is foreseen for the plan period.

Training in leprosy work will be co-ordinated so that qualified personnel will be available for integration into the public health structure of the country as it develops. Each province will send an agreed number of sub-district nurses from polyclinics or health centres to receive a comprehensive three-month training course in leprosy control at one of six training centres. It is anticipated that 325 to 350 nurses will be trained each year over a four-year period. Refresher training will be given to 83 new leprosy workers and supervisors and 23 of the 45 nurse supervisors presently in the field. UNICEF will provide drugs, laboratory and training equipment, transport and training grants. WHO will provide the services of a leprologist through 1967.

E/ICEF/P/L.940

The plan for 1968 is as follows:

- (a) The two provincial training centres will resume their programmes as rapidly as possible. Priority will be given to training and re-training the instructors of the 90 rural community-education centres. Of these, sixty will resume their own training programmes in the second half of 1967, and the remaining thirty during 1968. Their courses, each for about 40 girls and young women, last 10 months. In 1968, in addition to the regular home economics teaching, the rural community-education centres will assist in the promotion of soyabean production by distributing seeds, supervising the planting of home gardens, arranging for assistance from the agricultural extension workers and teaching their students methods of cooking soyabeans for family meals. Training of agricultural, fishery, and poultry extension workers will continue.
- (b) The fish hatcheries hope to produce and distribute in 1968 a total of 60 million fingerlings, and thus to increase fish production throughout the province by 20 per cent.
- (c) It is expected that in 1968 soyabean production will be increased by 20 per cent, to a total of 45,000 tons. In addition to soya, the project will begin to develop more intensive production of legumes, of which seeds for about 200 varieties are available.
- (d) Every effort will be made to rehabilitate school gardens, to ensure adequate water supplies in dry parts of the province by installing wells and to promote good school crops. Thirty-five existing kindergartens will be brought into the programme; twice a week meals including fish or soya or eggs produced through the other aspects of the programme will be served to all the children. The refresher training of home economics teachers in all the elementary schools will be resumed as rapidly as possible.
- (e) The poultry project will resume its activities, particularly the production of vaccine which had to be halted two years ago for lack of equipment. Efforts to develop better strains will continue. An intensive demonstration project in eight villages will be resumed. Social workers will be given nutrition training so that they will be in a position to further the objectives of the applied nutrition programme among the village communities, to help organize and conduct child feeding programmes and to give nutrition education in connexion with these programmes.

At the national level, the Nutrition Institute, the Academy of Nutritionists and the Nutrition School have for many years been engaged in training nutritionists and nutrition assistants who then become available for employment in the provinces. The three institutions and their field branches urgently require equipment and supplies to rehabilitate their training programmes. UNICEF will provide teaching supplies, equipment and transport for the national training institutions; supplies, equipment and transport for applied nutrition activities; and reimbursement to FAO for a two-month study tour by a home economics extension supervisor. Subject to the availability of funds, FAO will assign an adviser in agricultural extension and a non-medical nutritionist.

INDONESIA

SOCIAL SERVICES

Resumption,
mid 1967 - end 1968

Allocation approved: \$200,000
Technical approval: UNESA, WHO

E/ICEF/P/L.945

The plan for 1968 includes the following activities:

- (a) Multi-purpose community centres: The Djakarta centre has continued to operate very successfully. It is hoped by the end of 1968 to establish four more multi-purpose community centres in the capital cities of the three provinces of Java, and in West Sumatra. Training of youth leaders for these centres will be undertaken in each province.
- (b) Other centres: It is planned to establish nine youth centres in other provincial capitals. Nine day-care centres are planned in localities where there are particular needs. Three or four more centres for vagrant children and problem children will be set up in provincial capitals where urbanization is creating particular stress for low-income groups.
- (c) Foster-care: The foster-care demonstration project will be resumed in two project areas: in one children will be placed in foster homes, under supervision, in the ordinary manner; in another eight or ten children in groups will be provided with foster parents.
- (d) Blind children: Activities for the education of blind children will be intensified particularly the publication of braille texts and instruction material.
- (e) Residential care: It is intended to establish in each province a model residential children's institution based on the modern concept of providing an atmosphere of family life as much as possible. Two model cottage complexes were established before 1964; in 1967/1968 it is proposed to establish up to eight more.
- (f) Training: The training of house parents and child welfare officers will be resumed at the Bandung Training Institute. By the end of 1968, 180 house parents will have been trained. In addition, a refresher seminar will be held in Sumatra for 60 house parents previously trained. In 1967 and 1968, 105 child welfare officers will be given refresher training.

UNICEF will provide supplies and equipment for child-care and training centres, transport and training grants. Subject to a Government request, the United Nations Department of Economic and Social Affairs will provide an adviser in social work training.

INDONESIA

EDUCATION

Resumption,
mid 1967 - end 1968

Allocation approved: \$750,000
Technical approval: UNESCO

E/ICEF/P/L.951

The experiments in teacher training and in curricula revision will be continued. In 1968, 20 more provincial teacher-training schools will be equipped, making a total of 40 equipped since the project began. Refresher courses in library science, science teaching and the production of teaching aids will be resumed for selected teachers from these teacher-training schools. The two existing development teacher-training schools will be further expanded and two new ones established. In the emergency teacher-training programme, a determined effort will be made to open 3,300 classes of 25 to 30 students each, and a large number of texts already prepared for the correspondence courses will be printed and distributed.

INDONESIA (continued)

Vocational training: Four of the largest technical high schools will be enlarged and improved by structural alterations to receive additional teaching equipment. UNICEF will assist in improving the equipment for teaching one of the subjects taught in each school, so that in all better facilities will be available for teaching four subjects: machine shop mechanics, electronics, chemistry and agriculture.

Family life education: It hoped to establish five regency training centres, and up to ten sub-district centres. The village-level centres provide accommodation for 20 or 30 village women at a time who are selected from the community associations of the surrounding villages. Training at this level is designed simply and practically to instil principles of child care, child nutrition and home management. It is also planned to establish training programmes in home economics designed for junior and senior high school girls in 20 schools which will then serve as field practice areas for demonstration and training. At the main centre in Djakarta and at regency centres already established, training courses and seminars will be conducted for school principals and teachers, community education workers, instructors of sub-district centres and other categories of personnel. UNICEF will provide supplies and equipment for teacher-training schools, primary schools and technical senior high schools; supplies and equipment for family life and community education centres; paper and printing costs for production of teacher-training texts; transport; training stipends; and travel grants for supervision. Subject to a Government request, UNESCO will provide the services of an adviser in education.

LAOS

HEALTH SERVICES
Continuation, 1968

Allocation approved: \$57,000
Technical approval: WHO

E/ICEF/P/L.816

The Government intends to establish three new MCH centres and four sub-centres. Two new hospitals with ten-bed maternity wards each are to be opened in two of the localities where the MCH centres are to start their activities. Three more small provincial public health laboratories are to be opened. The four midwifery schools will train 52 rural midwives and three of them will provide refresher courses for 36 previously trained rural midwives. The main Vientiane MCH centre will give MCH training to 15 nurse-midwives originally trained in Thailand and it will train 10 qualified midwives as tutor-supervisors. Also in 1968, the Vientiane Nursing School will continue its activities and will accept 20 to 25 students in its new first-year class. The rural health development project will continue its activities with emphasis on self-help environmental sanitation projects. Finally, it is expected that the tuberculosis and leprosy departments of the Ministry of Health will organize, through existing health services, new activities to control these diseases. UNICEF will provide supplies and equipment for MCH centres, hospitals, training schools and public health laboratories; drugs and diet supplements and soap; supplies and drugs for tuberculosis and leprosy control; transport; and stipends. WHO is providing a team consisting of a medical officer and three nurses for the MCH project; a rural health development team consisting of a medical officer, a nurse-midwife and a sanitarian; a nursing education team of four nurse-tutors; and a public health laboratory adviser.

MALAYSIA

HEALTH SERVICES
(WEST MALAYSIA)
Continuation, 1968

Allocation approved: \$173,000
Technical approval: WHO

E/ICEF/P/L.890

The Government plans to establish 20 new sub-centres and 10 midwifery clinics. Four mobile units will conduct health education campaigns in the rural areas. The development of safe rural water supplies will be undertaken in eleven environmental health pilot project areas, as a basis for future expansion to other parts of the country. It is planned to install 275 wells in these areas. Training of public health personnel will continue. To facilitate evaluation and ensure effective planning for the rural health programme, the compilation of epidemiological data and health statistics will be improved by introducing a system of medical

MALAYSIA (continued)

records into the health centres. To meet the shortage of laboratory technicians the Government plans to expand the teacher facilities of the Institute for Medical Research so that 50 students in 1969. Upon completing a two-year course the technicians will be assigned to district or state hospitals or to the 7 regional laboratories which serve the 39 main health centres. UNICEF will provide equipment and supplies for sub-centres and midwifery clinics, equipment for sanitation and visual aids for sanitation training, statistical records and health education equipment, laboratory equipment for School of Laboratory Technicians and transport. WHO will continue to provide a public health team consisting of a medical officer, a sanitary engineer, a public health nurse and a health educator.

<u>MALAYSIA</u>	HEALTH SERVICES <u>(SABAH AND SARAWAK)</u> Continuation, mid 1967 - mid 1968	Allocations approved: <u>\$112,000</u> against approved commitment
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The United Kingdom Committee for UNICEF agreed to raise funds for these projects in 1966. The funds are now being transferred to UNICEF, and allocations to cover the actual requirements of the projects since mid 1966 have been approved post facto (Sabah, \$30,000; Sarawak, \$15,000). Additional allocations were approved to meet the needs of these projects through mid 1968 (Sabah, \$47,000; Sarawak, \$20,000).

<u>MALAYSIA</u>	<u>MALARIA ERADICATION (SABAH)</u> Continuation, 1968	Allocation approved: <u>\$28,000</u> Technical approval: WHO
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E/ICEF/P/L.801

In 1968, it will be necessary to continue spraying in areas with a population of 248,000 persons, and maintenance will be extended to include a total of 266,000. UNICEF will provide DDT, anti-malaria drugs, laboratory supplies and transport. WHO will provide the services of a malariologist, an entomologist and a sanitarian, as well as fellowships for the training of local personnel.

<u>MALAYSIA</u>	<u>MALARIA ERADICATION (SARAWAK)</u> Continuation, mid 1967 - mid 1968	Allocation approved: <u>\$19,000</u> against approved commitment
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<u>MALAYSIA</u>	<u>TUBERCULOSIS CONTROL</u> <u>(SARAWAK)</u> First request for UNICEF aid, 1968	Allocation approved: <u>\$20,000</u> Technical approval: WHO
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E/ICEF/P/L.921

The objective of this project is to develop, within the framework of the general health services, a comprehensive tuberculosis control service which will eventually eliminate the disease as a public health problem. The plan comprises the following major activities:

- (a) BCG vaccination of susceptible children, including newborn infants;
- (b) Selective case-finding based mainly on sputum examination of people with respiratory symptoms;

MALAYSIA (continued)

- (c) Chemotherapy, mainly on a domiciliary basis, of all diagnosed tuberculosis cases;
- (d) Supervision and follow-up of persons with an undetermined diagnosis and those in close contact with known cases; and
- (e) Training of professional and auxiliary personnel in appropriate techniques.

UNICEF will provide laboratory equipment and BCG supplies, anti-tuberculosis drugs and transport. WHO will assign a tuberculosis adviser to Sarawak at the beginning of 1968 for two years. Members of the WHO Regional Tuberculosis Advisory Team will, during the latter half of 1967, assist in refresher training of national staff.

NEPAL

HEALTH SERVICES
Continuation, 1968

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

E/ICEF/P/L.979

In the light of experience over the last few years, the Health Department plans to give priority to the development of supervisory units at zonal and district headquarters, before posting field personnel who, at this stage of development, are necessarily isolated. In 1968, two zones which are already partially developed will be extended with the opening of health posts which zonal and district staff will be in a position to supervise. Two more zonal and district headquarters will be developed. Training programmes for nurses, auxiliary nurse-midwives and auxiliary health workers will continue to be expanded. Establishment of a third school for auxiliary nurse-midwives will permit enrolment to be increased to 60. The intake of auxiliary health workers will soon increase to 200, whose training will be expanded to include experience at the new public health laboratory.

The plans for expansion of community water supplies have been made. Ten students per annum from the engineering school will be selected to take additional training which will be given by the Department of Irrigation and Water Supply, and will include instruction in water supply and sewage disposal as applied to environmental health. UNICEF will provide environmental sanitation supplies and equipment for a number of training and service projects connected with the sanitation of schools, and also a well drilling rig to be located in the Terai region. UNICEF will also provide equipment for zonal and district health centres, health posts and hospitals, the public health laboratory and training schools; drugs and diet supplements and soap; supplies and drugs for tuberculosis and leprosy campaigns; transport; and training grants. WHO will continue the provision of a group of expert personnel comprising a WHO representative, two public health officers, a medical officer for MCH, a lady doctor as nursing adviser, two public health nurses, a leprosy control officer, a medical officer for communicable disease control and a sanitary engineer.

NEPAL

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$253,000
Technical approval: UNESCO

E/ICEF/P/L.967

The Government plans to strengthen further the facilities of the College of Education and the normal schools for teaching science, physical education and language teaching. Graded science and physical education equipment will be provided to primary and secondary schools meeting requirements with regard to physical facilities and teaching staff. On the recommendation of the UNESCO advisers, a School Science Equipment Centre will be established which will initially stock, distribute and repair UNICEF-donated science equipment and provide science work rooms for in-service training and demonstration courses for teachers. It is hoped eventually to develop in the Centre a science equipment production workshop. The Government also proposes to strengthen the administrative set-up for the education system by providing necessary office equipment to the 14 zonal and 75 district education offices which are responsible for administration and supervision of all elementary and secondary schools throughout the country.

NEPAL (continued)

The Government plans to strengthen further the facilities of the College of Education and the normal schools for teaching science, physical education and language teaching. Graded science and physical education equipment will be provided to primary and secondary schools meeting requirements with regard to physical facilities and teaching staff. On the recommendation of the UNESCO advisers, a School Science Equipment Centre will be established which will initially stock, distribute and repair UNICEF-donated science equipment and provide science work rooms for in-service training and demonstration courses for teachers. It is hoped eventually to develop in the Centre a science equipment production workshop. The Government also proposes to strengthen the administrative set-up for the education system by providing necessary office equipment to the 14 zonal and 75 district education offices which are responsible for administration and supervision of all elementary and secondary schools throughout the country.

Plans have been made for three types of in-service training courses of a pilot nature. The first is for 10 normal school instructors who will be trained in new methods of science teaching in a three-session course given progressively at each of the three normal schools. Training courses of eight and six weeks' duration will be held for 90 secondary school science teachers; and four-week courses for 60 primary school science teachers. UNICEF will provide science teaching equipment and audio-visual aids for teacher-training centres and schools, physical education equipment, equipment for the School Science Centre, Office equipment for administration, transport, stipends for in-service training and reimbursement to UNESCO for the services of 4 experts. UNESCO will provide the services of two advisers and will be responsible for recruitment of the four experts who will participate in this project under UNICEF reimbursement. Nepal is also receiving substantial support for education from the United States Agency for International Development.

PACIFIC ISLAND COUNTRIES
AND TERRITORIES

BLCK ALLOCATIN
Continuation,
1967 - 1968

Allocation approved: \$200,000

E/ICEF/P/L.831

The Executive Board has previously approved four allocations of funds to meet requests for assistance to small projects in the countries and territories of the Southwest Pacific. A total of sixteen projects have received assistance, of which twelve are on-going. The projects currently assisted include:

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

Up to now, the amount apportioned has not exceeded \$20,000 per project per year. It is now proposed, while maintaining this maximum as a general rule, to approve slightly larger apportionments in special cases where circumstances warrant and all normal criteria for assistance are met.

PAKISTAN

HEALTH SERVICES
Continuation, 1968

Allocation approved: \$1,998,000
Technical approval: WHO

The plan to establish 120 rural health units and 260 sub-centres during 1967 and 1968 has had to be modified. The Government has sanctioned the construction of 50 instead of 120 new rural health units and is considering the adaptation of existing buildings for the remainder. The establishment of small centres is, however proceeding approximately as planned. Some new small health centres will be equipped with lying-in facilities and ten referral hospitals will be up-graded. The training programmes will continue. There has been a marked increase in health education activities, which include considerable emphasis on maternal and child welfare.

In the rural sanitation programme UNICEF assistance has been allocated for a total of 131 community water-supply projects, in addition to 101 that the Government is installing with its own resources. UNICEF-assisted projects are located in communities served by a health centre, and priority is given to water connexions for the health centre and the primary schools of the district. The current allocation includes assistance for another 20 projects to be completed by mid 1970. In the same period, the Government will install another 30 projects from its own resources, for a grand total of 282 projects. BCG vaccination work will continue. Due to prolonged discussions between the provincial and central governments on details of the tuberculosis control programme, implementation has been considerably delayed. It is expected, however, that progress will soon be made. The basic plan involves the introduction of tuberculosis control activities in all existing health institutions under the direction of tuberculosis control officers in each district. It is expected that this will be accomplished within three years. Thereafter, it is planned to absorb the BCG doctors and technicians into the district tuberculosis structure, thus effectively integrating tuberculosis and BCG activities and considerably increasing the available personnel. UNICEF will provide equipment for rural health units, MCH centres, maternities and paediatrics hospitals; drugs and diet supplements and soap; equipment for training schools and health education units; BCG equipment and vaccine; sanitation equipment and supplies; transport; and training grants. WHO is providing advisory services in tuberculosis control, nursing education, hospital and health centre statistics, and sanitary engineering (also in laboratory services, and the Public Health Institute). At the request of the Government, WHO is planning to assign a total of 36 advisory personnel to Pakistan in 1968.

PAKISTAN

SOCIAL SERVICES
Continuation, 1968

Allocation approved: \$279,000
Technical approval: UNLESA

E/ICEF/P/L.939

The work of the existing 99 urban community development projects will be consolidated and strengthened and an additional 10 centres will be established during 1968. Eight additional rural community development projects will be initiated. Twenty-two community welfare centres in urban areas will be strengthened, as will the medical and school social work projects. A number of child welfare demonstration and training projects are planned, mainly in West Pakistan, including a mothers' and children's home, an abandoned babies' home and model orphanages. The programme of training of personnel for social welfare projects will be continued at the Child Welfare Training Institutes of East and West Pakistan. In West Pakistan, the home economics content of the training programme will be strengthened by the addition of a home economics instructor to work with the senior child welfare training officer. The Government will also appoint a recruiting officer to facilitate selection of suitable trainees in West Pakistan. In addition, an in-service training programme, similar to the one in operation in East Pakistan, will be established in the West wing. It is estimated that about 100 officers and 96 auxiliary workers and instructors now working in social welfare programmes can benefit from such training. By 1968, an additional 60 officers and 102 auxiliary workers will be appointed who will require some further training and orientation before taking up their work in the field. The In-service Training Institute will be separate from the Child Welfare Training Institute, but co-ordination will be effected by having one principal in charge of both training programmes. The seven university social work departments will be up-graded with demonstration supplies and equipment. UNICEF will provide supplies and equipment for community development projects, welfare centres, demonstration welfare projects, training institutions and for evaluation and research; transport; training grants and travel grants for supervisory personnel; and salary of a recruiting officer and a home economics instructor.

PAKISTAN

EDUCATION
Continuation,
1968 - 1972

Commitment approved: \$5,270,000
Allocation approved
for 1968: \$1,005,000
Technical approval: UNESCO

E/ICEF/P/L.964

The Government of East Pakistan will continue its programme of improving primary schools. During the Second Plan period, 7,000 schools were improved, and funds have been earmarked for the improvement of another 7,000 during the Third Plan period (1966-1970). In East Pakistan, 47 primary teacher-training schools will be up-graded, as will the UNESCO-assisted audio-visual aids production centre. Of approximately 24,000 untrained teachers, about 18,000 have completed secondary education and will be admitted in small groups to the existing teacher-training schools. The remaining 6,000, who are not qualified for teacher training, will be given an intensive two-month orientation course. District and sub-district education officers and supervisors in East Pakistan will also be given orientation training to improve their knowledge and ability.

The programme of diversifying the secondary school curricula in both East and West Pakistan will continue through the provision of teaching aids to secondary schools, teacher-training colleges and comprehensive schools. Refresher training of secondary school teachers in both wings will continue, as will in-service training and supervision by mobile teams. In addition, in an attempt to increase the number of secondary-level science teachers, it is proposed, in East Pakistan, to offer scholarships to 100 students who will take up the study of science teaching and, in West Pakistan, to experiment with a correspondence course, in the first instance for about 350 existing teachers who will be offered the opportunity of improving their qualifications. Teachers' manuals will be produced, and a Pakistani education specialist will study and draw up a plan by which continuous assessment of the programme may be undertaken. UNICEF will provide equipment for primary schools, primary teacher-training schools, the audio-visual aids production centre, secondary schools and secondary teacher-training colleges in both wings and comprehensive schools and the correspondence course in West Pakistan; paper for teachers' manuals; transport for supervision; training grants; the salary of an education specialist for one year; and reimbursement to UNESCO for cost of 20 fellowships. UNESCO will administer the fellowships and will provide an education specialist for the assessment, against reimbursement by UNICEF. Two UNESCO advisers are assigned to assist the secondary education programmes in the East and West wings.

PAKISTAN

VOCATIONAL TRAINING
Expansion,
mid 1967 - mid 1968

Allocation approved: \$82,000
Technical approval: ILO

E/ICEF/P/L.954

Seven additional vocational training institutes will be opened during the next year and the first ten will be expanded and improved. In each institute a course will be offered composed of two of the following subjects: woodwork; machine mechanics; farm mechanics (including welding and forging and auto-diesel mechanics); electricity; and foundry. The courses will be of two years' duration and will include a high percentage of practical work. Initially, there will be an annual enrolment of 20 students per course, with a gradual rise in admissions as the programme develops. Admission will be limited to boys who have reached the age of 15 and have passed class VIII. The staff, comprising a superintendent assisted by two craft instructors per course, will be drawn from the Staff and Vocational Training Centre in Chittagong, the Pakistan-Swedish Vocational Training Institute and the ILO-assisted Marine Diesel Training Centre. Before taking up their appointment they will take a three-month accelerated course at the Pakistan Industrial and Technical Assistance Centre in Dacca. In addition, each institute will have a teacher to instruct in the humanities. UNICEF will provide supplies and equipment, including power tools and books, for the 7 new vocational training institutes and transport for supervision.

PHILIPPINES

HEALTH SERVICES
Continuation, 1968

Allocation approved: \$405,000
Technical approval: WHO

E/ICEF/P/L.806

One hundred additional rural health units will be established and water supply systems will be improved in ten provincial hospitals. Leprosy control activities will be continued within the general health service, treating an estimated 21,000 cases. Community health programmes will be fostered, including, besides leprosy control, yaws control, vaccination services and campaigns and dental services. The operation of provincial and local health services will be improved through the preparation of a general health services manual and through increased attention to the assignment of duties to staff consistent with their training and experience. UNICEF will provide health centre equipment, including drugs and diet supplements; anti-leprosy drugs; water supply equipment; equipment and supplies for dental health services in 100 health centres; school clinic equipment for 1,000 primary schools; statistical equipment, library materials and funds for production of public health manuals; supplementary equipment for the production of BCG, DPT and freeze-dried smallpox vaccines; vehicle spare parts and equipment for the national transport organization and its regional workshops; and training grants for 1,000 indigenous midwives and for 136 trainees from regional health offices in general public health training courses at the Institute of Maternal and Child Health. WHO will provide short-term consultants in environmental health, dental health and medical services administration; a long-term public health nurse; and fellowships.

PHILIPPINES

TUBERCULOSIS CONTROL,
INCLUDING BCG VACCINATION
Continuation, 1968

Allocation approved: \$101,000
Technical approval: WHO

E/ICEF/P/L.797

BCG vaccinations will be given by rural health unit personnel and school nurses to one million children. These will include 300,000 infants who will receive direct vaccination and, where feasible, simultaneous smallpox vaccination; and 700,000 school entrants. Intensified efforts will be made to improve case finding through wider use of sputum examination and reconditioning of available X-ray facilities. It is estimated that 12,000 cases that have been bacteriologically proven and/or show X-ray evidence of cavitation will be treated with drugs provided by UNICEF; and that 30,000 patients with X-ray or clinical suggestion of active tuberculosis will be treated with INH provided by the Government. Training of health unit personnel in various aspects of tuberculosis control will be extended through regional seminars and conferences under the auspices of the Cebu demonstration and training centre in collaboration with the Philippine Tuberculosis Society. UNICEF will provide BCG supplies and equipment, including freeze-dried vaccine, anti-tuberculosis drugs, laboratory supplies, X-ray spare parts, and stipends and honoraria for training seminars. A WHO senior medical adviser and public health nurse will be assigned to assist in the operation of the programme in 1968; a twelve-month fellowship will also be provided by WHO.

PHILIPPINES

APPLIED NUTRITION
Continuation,
mid 1967 - end 1968

Allocation approved: \$62,000
Technical approval: FAO and WHO

E/ICEF/P/L.911

Based on the experience to date, it is planned during the next eighteen months to enlarge the area of the original pilot project and expand the programme to an area in Cebu, where the primary teacher-training school serving the central part of the country is situated, as well as to an area in Bukidnon, where another teacher-training school serving the southern part of the country is situated. The number of communities and schools included in the programme will be increased to a total of 112, 53 in Bayambang, 52 in Cebu, and

PHILIPPINES (continued)

7 for the first year in Bukidnon. The launching of project activities in each expanded area will be preceded by a brief base-line survey of a selected sample of the population, and by training programmes geared to the needs and objectives of the programme. UNICEF will provide supplies and equipment for 3 project areas, transport and training grants. FAO will provide three fellowships in animal husbandry, horticulture and nutrition/school feeding. WHO will provide two fellowships for medical nutritionists.

PHILIPPINES

EDUCATION
Continuation, 1968

Allocation approved: \$204,000
Technical approval: UNESCO

E/ICEF/P/L.853

The Government of the Philippines is in the process of formulating a national programme of educational development which will synthesize a number of plans on which various bureaux of the Department of Education are operating, will co-ordinate the sources of aid available to the Government for educational development, and will utilize as effectively as possible the Government's own resources. UNICEF assistance is required in three main areas:

- (a) i. Government/United States Agency for International Development five-year textbook production project which phased out during 1966 succeeded in publishing and distributing 21.3 million textbooks for both primary and secondary grades. However, a number of Teachers' Subject Guides which should accompany the textbooks have not yet been printed. Using the facilities of the three regional educational materials production centres, it will be possible to publish a large number of these guides. Seventy-five titles are in final form awaiting publication and another 175 titles are in preparation.
- (b) There are 27 Government-operated teacher-training schools. Some of these have previously had some equipment from UNICEF, and others have been assisted from other sources. All, however, are still in urgent need of various types of equipment to improve the quality of their training. The equipment will be varied according to the type of school concerned.
- (c) The Government is implementing a programme to establish a total of 75 special experimental science high schools in strategic geographic locations to serve as regional science teaching centres. So far, 15 of these schools have been established. Their teachers are specially trained, and each year a series of two-week regional science workshops are conducted based on the schools.

UNICEF will provide supplies and equipment for production of teachers' guides, supplies and equipment for 27 teacher-training institutions, libraries and chemicals for 15 science high schools, transport and training grants for 15 teachers and 450 participants in regional workshops.

REPUBLIC OF KOREA

HEALTH SERVICES
Continuation, 1968

Allocation approved: \$336,000
Technical approval: WHO

E/ICEF/P/L.879

In addition to the 189 main health centres, the Government intends to establish a total of 1,334 village-level sub-centres, staffed by nursing auxiliaries and family planning workers with special training in MCH. Orientation and refresher training of doctors, school health nurses and public health nurses, and training of nursing auxiliaries will continue at the National Institute of Health. In order to meet the need for more highly trained public health nurses, a programme of evening courses is being established at the Seoul National University; new supervisory posts will be created for these nurses in the Ministry of Health and in each of the provinces. Intensive training in MCH will continue to be given to senior family planning workers. Simple

REPUBLIC OF KOREA (continued)

water supply schemes for schools and villages have been successfully devised in the area of the demonstration project. This activity will be extended to demonstration areas in other provinces. In the demonstration project, work will continue on the development of fully integrated health services. UNICEF will provide supplies, equipment and books for training courses at the National Institute of Health; supplies and equipment for the demonstration province, health centres and 450 fully staffed sub-centres; drugs and diet supplements; supplies and equipment for water supply systems; transport; training grants; and subsidies for supervision. WHO will continue to provide the full-time services of a public health nurse in the training project, a team (comprising a medical officer, a public health nurse, a health educator and a sanitarian) in the demonstration project and its extension work, and a sanitary engineer for the national programme. The services of an MCH adviser will also be made available to assist development of child health programmes in connexion with the national family planning programme throughout the country.

REPUBLIC OF KOREA

TUBERCULOSIS CONTROL
Continuation, 1968

Allocation approved: \$153,000
Technical approval: WHO

E/ICEF/P/L.960

The Government will give high priority to increasing the coverage and quality of the BCG programme, with the objective of immunizing all children before they are exposed to infection. It is hoped substantially to increase vaccinations of pre-school children (which are given without prior testing) as the number of sub-centre auxiliary health workers trained in BCG and tuberculosis work is progressively increased. It is hoped within the next two years to have more than 1,300 of these personnel in the field. The personnel of main health centres are already responsible for BCG vaccination of pre-school children in their vicinity. The 26 BCG teams will continue to be responsible for the vaccination of school children, primarily school entrants. In 1968 it is expected that 2.1 million tests and 1.4 million vaccinations will be performed in schools.

In the national domiciliary treatment programme, the Government intends to make a concerted effort to put under treatment all existing sputum-positive cases (estimated at 200,000) by the end of 1968. Closer association with hospital and voluntary agency clinics treating tuberculosis cases will also be undertaken. The urban and rural pilot projects will be reorganized to allow them to increase their support of the national programme. Training courses will be given for 250 follow-up workers, 1,334 auxiliary workers, 300 school nurses, 43 supervisory officers and 20 provincial laboratory technicians. UNICEF will provide BCG supplies and equipment, anti-tuberculosis drugs, laboratory supplies and equipment, vehicle spare parts and training grants. WHO will provide the services of members of the Regional Tuberculosis Advisory Team for an appropriate period in 1968.

REPUBLIC OF KOREA

APPLIED NUTRITION
First request for UNICEF
aid 1968 - 1970

Commitment approved: \$170,000
Allocation approved
for 1968: \$63,000
Technical approval: FAO and WHO

E/ICEF/P/L.950

Initially, a base-line survey of nutritional and health data will be conducted in selected villages to provide guide-lines for development of the national programme and a basis for future evaluation. The survey will consist of a four-day household food consumption study, including dietary, socio-economic and home-life aspects, and height and weight measurement. This work will be done by ten investigators, either personnel of the Office of Rural Development (ORD) or senior or graduate university students majoring in nutrition. Through ORD, the Government intends to promote the production and consumption of vitamin-rich protective foods. Since the diet of the weanling is deficient, preparation of soya for feeding infants and children will be part of the work. Nutrition stations for infants and toddlers, operated by trained village voluntary workers, will be established in each pilot village to provide direct feeding of protective foods produced by the project.

REPUBLIC OF KOREA (continued)

Orientation and basic training will be carried out at the national, provincial and village levels. A two-week conference on the practical implementation of an applied nutrition programme will be held for designated representatives of the Ministries of Education, Health and Social Affairs, and Agriculture and Forestry; responsible officials and specialists of CRD; provincial officers; and members of the Co-ordinating Committee. The participants will then organize in their respective provinces a one-week training course, emphasizing the techniques of operation, for provincial and district personnel, including the public health nurses and school teachers of the pilot villages. After the return of these participants to their respective districts or cities, they will co-operate with home economics specialists in preparing courses for village leaders. A three-day leadership training course for community leaders will stimulate the interest and enthusiasm of the community concerned, mobilize local resources and formulate a plan of action, including a time schedule of the activities fitted to local conditions. The actual activities will be introduced through short, four or five hour seminars on individual subjects, emphasizing demonstration and practice. An intensive six-day training course will be held for personnel concerned with the base-line survey. Specific classes will be held in the villages for mothers and teachers on preparation of soya for infants and toddlers and for fish pond custodians on management of breeding farms and village ponds. UNICEF will provide supplies and equipment for the survey, supplies and equipment for food production, training equipment, transport, training grants and reimbursement to FAO for services of a nutrition expert for 6 months. FAO will provide a nutrition education expert for 18 months and, subject to the availability of funds, will also provide consultants in agriculture, horticulture, poultry and fisheries as requested by the Government. WHO will provide advisory services, particularly in health education, environmental sanitation and nutritional surveys and, subject to the availability of funds, fellowships as requested.

REPUBLIC OF KOREA

SOCIAL SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$23,000
against approved commitment

REPUBLIC OF KOREA

EDUCATION
First request for UNICEF
aid, mid 1967 - end 1970

E/ICEF/P/L.844

Commitment approved: \$221,000
Allocation approved
for mid 1967-1968: \$82,000
Technical approval: UNESCO

It is proposed to increase the number and improve the quality of science teachers in three ways:

- (a) Refresher training of high school teachers: This is an ongoing activity of the Ministry of Education; it is now proposed to lengthen the refresher training course from four weeks to three months, and to schedule it so that all trainees will receive (if necessary at different periods) essential training in the five major groups of science - physics, chemistry, biology, earth science and mathematics. Three existing teacher-training colleges will be used for refresher training courses for 360 teachers a year. Before the refresher training begins, the instructors of the refresher training courses will themselves be trained in the modern science teaching methods mentioned above.
- (b) Correspondence courses: It is proposed to send to Australia a selected Korean educator to study the correspondence course method that has been successfully established in that country. Upon his return, he will establish a similar system in Korea by which middle school science teachers and teachers of mathematics may improve their knowledge during a period of approximately four months. Following this, the teachers will be given a brief four-week personal tuition refresher course at one of the existing universities.

REPUBLIC OF KOREA (continued)

- (c) Scholarships will be established by the Government for about 100 teachers a year to undertake the study of science teaching.

Following their refresher training, high school science teachers will be given the opportunity to select from a list that will be drawn up a small quantity of equipment which they themselves feel will be most useful to them in applying the modern methods of teaching that they have learned. The equipment will be provided to the school to which they are assigned to supplement whatever existing equipment may be available. Middle school science and mathematics teachers who have completed the correspondence course will be provided with a small kit.

During the course of the project the Ministry of Education will continue with the task which it has already undertaken of formulating a satisfactory and efficient science syllabus suitable to the 3+3 year plan of the Korean secondary education system. Some attention will also be given to introducing science teaching in primary schools. A group of 60 schools will be selected to which small science kits will be provided, together with teachers' manuals. UNICEF will provide training equipment and supplies for 3 teacher-training colleges, equipment for refresher-trained teachers, equipment for correspondence courses, science teaching equipment for primary schools, local costs for the preparation of texts and for the science status survey, training grants for science teachers and reimbursement to UNESCO for the services of a science adviser for 18 months and for one six-month fellowship.

REPUBLIC OF VIET-NAM

HEALTH SERVICES
Continuation, 1968

Allocation approved: \$187,000
Technical approval: WHO

E/ICEF/P/L.804

The Government plans to continue and extend the MCH project through the improvement of paediatric, maternity and out-patient facilities at five provincial hospitals, and of maternity ward and child health services at three major hospitals in Saigon and two other urban centres. An additional provincial school for rural midwives will be established. Refresher or orientation training will continue to be given to midwife-tutors, supervisors, paediatricians, nurses and rural midwives. Sixteen additional mobile DPT (diphtheria, pertussis/tetanus) immunization teams will be equipped for increased activities. School health services will be expanded to cover 140,000 additional children in private primary schools in the capital and its surroundings, while in the provinces ten new school health centres will be opened. UNICEF will provide supplies, equipment, transport drugs and diet supplements and training grants for midwife-tutors, supervisors and rural midwives; supplies for sixteen immunization teams; and equipment and transport for school health centres and clinics. WHO provided an MCH team until mid 1965 and continues to provide guidance through its regional office. A short-term consultant will assist the Government in assessing the development of the programme.

REPUBLIC OF VIET-NAM

TUBERCULOSIS CONTROL
AND BCG VACCINATION
Continuation, 1968

Allocation approved: \$44,000
Technical approval: WHO

E/ICEF/P/L.854

Work will continue as much as possible in the three regional tuberculosis centres. It is hoped that the employment of twenty lay tuberculosis workers for follow-up of patients will help to improve and increase the work in Saigon. It is planned to introduce diagnosis by microscopy and to carry out trials with double-drug regimens, particularly isoniazid and thiacetazone. As much training as possible will be given, particularly to laboratory technicians and microscopists. Training of ECG personnel will continue through the efforts of a travelling team. It is hoped that 300 workers will be trained and that the target of 400,000 vaccinations will be reached. UNICEF will provide laboratory supplies, BCG supplies, drugs, transport, stipends for training of ECG workers, salaries for 20 home visitors and subsidies for BCG supervision. WHO will provide the services of three advisers and two laboratory technicians.

REPUBLIC OF VIET-NAM

SOCIAL SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$114,000
Technical approval: UNICEF

E/ICEF/P/L.823

Training will be continued for 105 child-care workers (short courses) and for 25 social workers (one-year course), in Saigon. In addition, it is planned to expand the training to four regional centres, where another 100 child-care workers (25 in each centre) will participate in short-term courses. It is planned to establish four more supervisory posts in the four regional centres. A number of nurseries, day-care centres, and other institutions, mostly in the provinces, which have been visited by members of the Ministry's supervisory staff, will be provided with equipment.

The Vietnamese Red Cross has requested the League of Red Cross Societies for assistance, and a team representing the League is now in Viet-Nam working with Vietnamese teams. A plan of operations has been drawn up under which the associated Red Cross teams will handle distribution of emergency relief supplies through a total of five sub-offices for which field teams will be trained. A number of first-aid workers will also be trained for field work. UNICEF will provide transport and first-aid kits to be used in these operations, equipment for child-care and training centres, transport for training and supervision, stipends and honoraria and salaries and per diem for social workers engaged in supervision and training. The United Nations Department of Economic and Social Affairs will continue to provide an adviser in family and child welfare and will also administer funds made available to the United Nations by the Government of the Netherlands to finance a programme to initiate long-term social welfare training. WHO has assigned a short-term consultant to advise on the health aspects of the project.

REPUBLIC OF VIET-NAM

EDUCATION
Continuation,
mid 1967 - end 1968

Allocation approved: \$227,000
Technical approval: UNESCO

E/ICEF/P/L.914

The objective of this programme is to convert the traditional academic type of primary education to a practical type of "community education" well suited to rural life in Viet-Nam. The first community teacher-training centre in Viet-Nam was established at Tan-An, 45 kilometres southwest of Saigon. Based on the successful experience at Tan-An, the Government has converted the four other primary teacher-training schools into community teacher-training schools. The total enrolment in all five schools in the academic year 1966/1967 is 2,887, and this is expected to be increased in 1967/1968 to 3,326. Graduates of these schools in the country and will progressively convert them into community schools. To accelerate this conversion, the Government is also planning to hold orientation courses in community education for 4,700 existing teachers. This orientation will be given at the provincial level for approximately 100 teachers in each of the 47 provinces. Orientation courses will also be given to the principals and supervisors of primary schools at the existing refresher training centre in Saigon.

As a first step, 750 existing primary schools will be provided with some simple equipment so that the newly trained teachers will be able to put their training to effective use. Eventually, the Government intends to convert all the 4,500-odd primary schools into community education schools. UNICEF will provide supplies and equipment for 4 teacher-training schools and 750 primary schools, and supplementary supplies for the central Directorate and the 47 provincial departments of education; transport for the community teacher-training schools; stipends for teacher trainees and for teachers attending refresher courses; and honoraria for teaching staff.

SINGAPORE

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

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

E/ICEF/P/L.699

The Government plans to develop basic training programmes in health education methods for public health inspectors and public health nurses; in-service training programmes for nurse-trainees, midwives, staff nurses, sanitary inspectors and allied para-medical workers; and, in collaboration with the Ministry of Education, a school health programme and in-service training of teachers. A basic production unit will be established to prepare and produce printed materials, audio-visual materials and teaching aids. For the population of 1.8 million, of whom 46 per cent are under the age of fifteen, it is planned to prepare posters, leaflets, bulletins or booklets in the four basic languages (Chinese, English, Malay and Tamil) for mass distribution through government channels and for use in newspapers and on the radio. The unit will also be responsible for planning, testing and reproducing health education materials for programmes of the Ministry of Education and other government ministries. UNICEF is requested to provide the basic production unit, including an offset lithopress and photo offset camera, audio-visual aids, reproduction equipment and a vehicle to be operated as a public address van and used in connexion with the training of health education personnel. WHO will continue to provide the services of a health educator.

THAILAND

HEALTH SERVICES
Continuation, 1968

Allocation approved: \$339,000
Technical approval: WHO

E/ICEF/P/L.892

The Government plans during 1968 to establish 75 new first-class and 435 second-class health centres in rural areas, and to up-grade 6 additional provincial laboratories. The 4 existing urban health centres in Thonburi will be up-graded to provide comprehensive maternal and child health services for the approximately 50,000 population served by each centre. These centres will include dental units and will also provide health services to schools in their areas. Three additional health centres will be established in Bangkok, bringing the total to 24 centres. A third school for junior health workers will be opened, which will bring the total number of graduates to 500 each year; and a fifth midwifery training school will be established to serve both as a centre for midwifery refresher training and as an MCH centre. Refresher training will be given to 450 nurses and midwives, 650 junior health workers and 800 traditional birth attendants. The transport division of the Department of Health will reorganize and extend its activities with a view to assuming full responsibility for the maintenance of all vehicles used by the Health Department. The Division of Health Education of the Faculty of Public Health will be strengthened by provision of teaching equipment, library books and transport for students in field practice training. UNICEF will also provide equipment and supplies for health centres and public health laboratories, field equipment and drugs for yaws control, supplies and equipment for 7 urban health centres, training equipment for a midwifery school, transport and vehicle spare parts for Transport Organization and stipends and honoraria. WHO will continue to provide the services of a public health officer and a public nurse and will provide a short-term consultant in laboratory services. WHO is also providing a short-term adviser to the health education training project and a fellowship for one of the faculty; other fellowships are being provided by US/AID.

THAILANDTUBERCULOSIS CONTROL
AND BCG VACCINATION
Continuation, 1968Allocation approved: \$171,000
Technical approval: WHO

E/ICEF/P/L.812

Emphasis will continue to be placed on vaccination of new-born infants and on the estimated 20 per cent of children up to the age of seven who are not reached in the current campaign. Beginning in 1968, the personnel of the health centres, supervised by four regional BCG assessment teams, will bear the major responsibility for future vaccinations. It is expected that 710,000 vaccinations will be performed by health staff. One BCG technician will be posted to each province to work with the nurse supervisor. Case finding and treatment of active cases will be continued by six mobile X-ray units and four regional tuberculosis centres. Sixty-one trained tuberculosis workers will be assigned to first class health centres by mid 1968 and it is expected that approximately 3,600 cases will be detected and put under treatment annually. During 1968 an evaluation will be made of the regularity of drug-taking by patients who are under treatment. Refresher courses in BCG vaccination techniques and in methods of case finding and treatment will be held in each province for the provincial health staff engaged in the programme. It is hoped that by the end of 1968 the BCG campaign will be completely integrated into the rural health infrastructure. UNICEF will provide field equipment, drugs, vaccine and transport. WHO will continue to assist the project by providing the services of a medical officer and a laboratory technician and fellowships.

THAILANDTRACHOMA CONTROL
Continuation,
1968 - 1970Commitment approved: \$60,000
Allocation approved
for 1968: \$12,000
Technical approval: WHO

E/ICEF/P/L.799

Operations are conducted by teams which proceed from district to district, each team surveying a total of about 100,000 persons per year. Five teams are working in 1967. The teams initiate treatment in all households where cases are found. A tube of ointment is issued free of charge to each case and the heads of households are taught how to administer the ointment. A short course of intensive health education, emphasizing control of environmental factors aiding in the transmission of the disease, is given in each community. The teams then withdraw to begin their survey in the next district, leaving follow-up work to be carried out by trained auxiliary workers who are attached to and supervised by health centres. The Government then makes ophthalmic ointment available for sale through health centres (or, where possible, through Government-operated commercial channels). At this point, the project enters its integration phase in which health centre staff, assisted by the trachoma auxiliary workers, encourage and supervise self-treatment by villagers with ointment that they purchase themselves at prices subsidized by the Government.

It is planned to continue the present phase of the programme through 1970, by which time a total of 3,120,000 persons will have been covered in six provinces and nine teams will be in operation. UNICEF will provide antibiotic ointment, transport and field equipment. WHO will continue to assist the programme by provision of a short-term consultant.

THAILANDLEPRCSY
Continuation,
mid 1967 - mid 1968Allocation approved: \$72,000
against approved commitment

THAILAND

NUTRITION
Continuation,
mid 1967 - end 1968

Allocation approved: \$42,000
Technical approval: FAO and WHO

E/ICEF/P/L.928

With a view to bridging the gap between academic training in nutrition and applied nutrition at the village level, the Government wishes not only to develop further the applied nutrition projects in Ubol and Chiangmai Provinces, but also to develop a third project unit in a group of villages near Bangkok which would provide a convenient practical training field for the Prasarnmitr School. The Ubol project will be expanded from 39 to 60 villages and the Chiangmai project from 5 to 27 villages, together covering a population of 260,000 of whom about 100,000 are children under 15 years of age. The three project areas will also be used for field practice of trainees, and emphasis will be placed on working in close collaboration with all the government departments concerned (Health, Agriculture, Education and Community Development), as well as on encouraging community participation.

It is planned that the Nutrition Training Centre will give courses for 56 additional trainees from the faculties of teacher-training colleges; 28 staff members of the Community Development Department of the Ministry of Interior; 50 secondary school home economics teachers; and 100 professional and voluntary youth leaders. In addition, a two-month training course, conducted by the Division of Nutrition of the Health Department, will be given to 100 agricultural extension auxiliaries who will be employed by the Government. UNICEF will provide teaching and laboratory equipment; supplies and equipment for poultry raising, gardening, fisheries and school feeding; transport for training; and training grants. Subject to the availability of funds, FAO will continue to provide the services of a nutrition expert.

THAILAND

SOCIAL SERVICES
Continuation, 1968

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

E/ICEF/P/L.874

The aim of this project is to improve and expand facilities for residential care of homeless children and for the training of child welfare personnel. During 1968, three newly-established institutions for 1,150 boys and 50 girls and the nine previously-assisted homes will be provided with equipment mainly for vocational training. In-service training courses will be held for an estimated total of 168 trainees including 120 house-parents and child-care attendants, 28 social workers and 20 superintendents. The Department of Public Welfare will establish a special training unit within the Division of Child Welfare which will plan and implement long-term development of in-service training of institutional personnel at various levels. Two additional social work training officers will be assigned to this unit. UNICEF will provide equipment for 3 new institutions; supplementary equipment for 9 previously-assisted institutions; and books and operational equipment for Child Welfare Division; stipends and honoraria for 168 trainees; and the salaries of 2 social workers for two years. The United Nations Department of Economic and Social Affairs will provide the services of a social welfare adviser. WHO will continue to give advice on the health content of curricula and on health standards and facilities in the assisted institutions.

THAILANDSOCIAL SERVICESFirst request for UNICEF
aid, mid 1967 - mid 1969

Commitment approved: \$57,000

Allocation approved
for 1967/1968: \$24,000

Technical approval: UNESCA

E/ICEF/P/L.873

The objective of the project is to establish on a trial basis village centres for pre-school age children, which will give day care to children whose mothers are working, and at the same time prepare them for the transition from home to school. The programme will be conducted by the Department of Community Development in 12 villages the first year, and another 12 the second. Simple centres will be established in premises which will usually, it is expected, be provided by the temple. Children of pre-school age will be admitted for a daily programme which will include personal cleanliness; play activities designed to enhance their development, social relationships and their readiness for formal education; rhythmic activities, such as marching and dancing; and imaginative activities, such as story telling and simple plays. The health personnel of the village will co-operate in providing medical supervision. Special attention will be paid to nutrition; a small lunch or snacks will be served to the children daily.

In order to give the project the best possible chance of success, five selected young women from each village will be given special training at the nursery teacher-training centre attached to one of Thailand's biggest teacher-training schools. These young women will be selected on the basis of their character, their degree of literacy and their aptitude for working with young children. They will agree to serve the project for two years after training and will be paid a small salary. UNICEF will provide supplies and equipment for 24 children's centres, training grants for 120 trainees and per diem for day-care workers.

THAILANDEDUCATION

Continuation, 1968

Allocation approved: \$541,000

Technical approval: UNESCO

E/ICEF/P/L.918

During 1968, the pilot project in primary education will be enlarged by the addition of 14 schools in the two original provinces and 20 schools in six other provinces. Supervision and refresher training of teachers will be strengthened to keep pace with the expansion. At the secondary education level, 6 provincial schools will be up-graded and 2 teacher-training centres, one for agriculture and one for manual and industrial arts, will be established to accommodate 400 trainees per year. Assistance for vocational education will be provided to 12 schools and concentrated on those subjects which have attracted the highest enrolment and in which future employment is most likely to be available, i.e. secretarial, clothing, food preparation and ceramics classes. Three new demonstration schools (elementary level) will be added to the teacher-training programme and the libraries of the 27 existing colleges will be strengthened. In 1968, the Department of Teacher Training also plans to launch an experimental programme which will extend the practical training of student teachers to include work with pre-school children. For this purpose 27 centres for pre-school children will be established, and provided with play equipment, in 27 of the villages in which primary teacher trainees are now carrying out three-month practice teaching. Training and refresher training will continue in all aspects of the project. UNICEF will provide supplies and equipment for primary education, secondary education, vocational training and teacher training; transport and training grants. UNESCO will continue to provide the services of advisers in primary and secondary education.

C. EASTERN MEDITERRANEAN

ADEN AND THE PROTECTCRATE
OF SOUTH ARABIA

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$28,000
Technical approval: UNESCO

E/ICEF/P/L.926

The project aims at improving and accelerating the training of primary school teachers for whom the very significant expansion in primary education is creating increasing demands. During 1967/1968 the Government plans to concentrate on the continuation of the present training programme. It is anticipated that there will be 60 trainees at Al Ittihad teacher-training centre, 15 at the men's intermediate teacher-training centre of Dis and around 30 girls at the women's teacher-training centre of Mukalla. Refresher courses for 90 teachers with no previous professional training will also be organized. The Government is financing entirely the training offered at Mukalla. UNICEF will provide stipends and honoraria for the other courses. UNICEF will also provide some duplicating materials for the schools and a truck for the field training of the students of Dis. UNESCO will provide the services of an expert in the education of girls and the training of women teachers'. The expert will advise on the organization and curricula of the women's teacher-training centre at Mukalla.

IRAN

MALARIA ERADICATION
Continuation, 1968

Allocation approved: \$818,000
Technical approval: WHO

E/ICEF/P/L.897

Subject to modifications which may result from the evaluation of the 1967 operations, the plan of action for 1968 would be similar to the one for 1967. A total population of 7.6 million would be protected under the attack phase through spraying with DDT supplemented with larviciding where appropriate and with malathion in areas where A. Stephensi is the main vector. The total population in northern areas under consolidation would remain at 7.6 million while prophylactic measures would continue to be applied to the tribal population. The total cost of the operations in southern Iran in 1968, including imported supplies and equipment, will be borne by the Government. UNICEF will provide insecticides, spare parts for sprayers and anti-malarial drugs for use in the northern areas. WHO will continue to assist in the evaluation and assessment of the project and has budgeted for a malaricologist, fellowships and some supplies and equipment.

IRAN

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$225,000
Technical approval: UNESCO

E/ICEF/P/L.944

The plan for the next year includes the following basic elements requiring support from UNICEF:

- (a) Teacher-training institutions: The number of institutions providing regular pre-service training for primary school teachers will be brought up to 50 by the establishment of 11 normal schools, including 2 for girls. It is also planned to strengthen the 4 rural teacher-training centres for girls established earlier and to include in the training centre for supervisors at Mamazan a course for women supervisors. It is anticipated that about 100 girls will be trained each year as village school supervisors. The curriculum will include subjects such as nutrition, health, children's care and home economics. UNICEF will provide training and demonstration equipment for the training institutions, training grants, translation fees and honoraria for the girls' supervisors' courses. UNICEF will also provide a bus for the practical training of the students of the tribal teacher-training centre in Shiraz as well as a mobile library.

IRAN (continued)

- (b) Village schools: There are at present some 27,000 primary schools in the country. Some 11,000 of these, which have adequately trained teachers, are located in poor and remote areas. A number of them were built with community participation. To a varying degree, these schools are devoid of teaching aids and the Government proposes, with the help of UNICEF, to provide those in greatest need with a modest supply of items such as chalkboard panels, wall maps, globes and paper.

IRAQ

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$235,000
Technical approval: WHO

E/ICEF/P/L.817

During 1967/1968 the Government will continue to expand the rural health services and to develop public health orientation courses for key personnel who will be assigned to the new primary health units.

- (a) Rural health services: Forty-one new primary health units will be established. As in the case of earlier units, each new unit will consist of one main rural health centre and four sub-centres, supplemented by four mobile health teams which will be based on the sub-centres. Priority will be given to establishing the primary health units in the northern liwas which have been difficult to reach up to the present time because of civil unrest. The primary health units will be staffed on the same pattern as those established in 1966/1967. UNICEF will provide supplies and equipment for 41 main rural health centres and 164 sub-centres and 41 vehicles for supervision. Bicycles will also be provided for all sub-centres.
- (b) Training courses: Refresher and public health orientation courses and in-service training will be organized in the three pilot training areas of Baghdad, Mosul and Basrah. These will include four-week courses for 41 medical officers, 41 sanitarians, 41 nurses and 205 health officials. UNICEF will provide stipends and honoraria.

The WHO advisory team assigned to Iraq comprises a public health adviser, a sanitary engineer and a public health nurse; the team will continue to provide technical advice and guidance as required.

IRAQ

MALARIA ERADICATION
Continuation, 1968

Allocation approved: \$193,000
Technical approval: WHO

E/ICEF/P/L.834

The plan for 1968 will be based upon the results of the usual assessment that is undertaken at the end of each year of the work done in the preceding year. It is anticipated that the 1968 campaign will be carried out essentially as an attack-phase operation involving mainly spraying, although on a reduced scale, and surveillance. The aim will be to reach a total population of about 5.1 million. Spraying will continue in the North where a parasite rate study will be initiated to prepare the ground for the launching of a full-scale active surveillance in 1969. A reduction in the spraying operations is foreseen for the Central and Southern regions. The operations in the South will be supplemented by focal spraying of border areas and larviciding as required. Surveillance will continue. It is expected that the whole country can be brought under consolidation in 1970. UNICEF will provide slightly over one quarter of the DDT requirements, the rest being supplied by the Government. UNICEF will also provide anti-malaria drugs, spare parts for sprayers and transport. WHO will maintain a team of one senior adviser, one malariologist, one entomologist and one sanitarian. WHO will also provide fellowships and some supplies.

JORDAN

SOCIAL SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$22,000
against approved commitment

JORDAN

EMERGENCY FEEDING
Continuation, 1968

Allocation approved: \$103,000

E/ICEF/P/L.802

Since 1952, UNICEF has been providing rations for approximately 50,000 refugee children living in the border villages of West Jordan. The plan for 1968 is similar to those approved in previous years. Rations would be distributed four times a year to 44,900 children, each ration consisting of five kilos of cornmeal, which was recently substituted for burghol, one kilo of fats, one kilo of sugar and two cakes of soap. The remaining 5,100 rations, supplemented by dried codfish, would be issued in the form of hot meals through feeding centres, orphanages and schools operated by charitable institutions. UNICEF would also provide about 300,000 pounds of dried milk or an alternate source of protein to fifteen milk centres operated or directly supervised by the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) which seconds a staff member to supervise the project. The salary and allowances of this supervisor, as well as the cost of operating the milk centres, transporting supplies and operating a UNICEF utility vehicle for field work and other expenses will be reimbursed to UNRWA. The cornmeal, dried milk or any other alternate food supplies are subject to their being made available free to UNICEF by donor countries.

JORDAN

EMERGENCY AID

Allocation approved: \$200,000

E/ICEF/P/L.989

The purpose of this allocation is to provide emergency relief to mothers and children in Jordan who were displaced as a result of recent hostilities in the Middle East. The Board also authorized additional expenditures at the discretion of the Executive Director so as to provide similar relief for mothers and children anywhere in the affected areas if this became necessary. (See para. 165.)

From information received from the League of Red Cross Societies, which had sent delegates to the area to evaluate needs, and from the Commissioner General of UNRWA, who had personally visited the region, it appeared that UNICEF assistance could be provided in the first instance to the estimated 100,000 displaced persons on the east bank of the Jordan River who are without adequate food, clothing and shelter. It is estimated that out of the total number of all these displaced persons, 50 per cent or about 50,000 are mothers and children. In view of the fact that the greatest immediate need continues to be food, UNICEF agreed to provide basic rations on the UNRWA scale - about 1,600 calories daily - to the 12,500 mothers and children not registered with UNRWA for six months, and protein supplements for all the displaced mothers and children (50,000) for two months. It was further agreed that UNRWA, in co-operation with the Jordan Government Co-ordinating Committee and voluntary agencies, would be directly responsible for all food distribution operations and that UNICEF would contribute \$10,000 towards the cost of the operations relating to the displaced persons not registered on UNRWA's relief rolls. UNICEF has also shipped about four tons of medical supplies and 1,400 baby blankets from the Packing and Assembly Centre in Copenhagen. UNICEF has assigned to the region a special staff member experienced in relief operations.

It is anticipated that, as the situation in the Middle East continues to be explored, further needs will appear in other areas. The Executive Director was therefore authorized to expend an amount of up to \$300,000 if this becomes necessary, to meet emergency requirements of mothers and children in the entire area. Should the emergency so require he will submit a recommendation for any further allocation which he deems justifiable up to \$1,000,000.

LEBANON

SOCIAL SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$28,000
against approved commitment

LIBYA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$29,000
Technical approval: WHO

E/ICEF/P/L.805

The main elements of the plan for the next period are as follows:

- (a) Basic health services: An additional 6 MCH centres are to be established and 6 rural health centres with 17 dispensaries completed. UNICEF will provide equipment and supplies for the MCH and the rural health centres while the Government will equip the dispensaries. Supervisory vehicles for the MCH centres were supplied under previous allocations.
- (b) School health services: The Government's plan calls for the establishment of school health centres to serve about 402,000 students by 1971/1972. Each centre would serve some 5,000 school children. In addition to the two school health polyclinics of Tripoli and Benghazi, one school health centre is already operating in each of the country's eight governorates. As a first step, the Government intends to strengthen these centres by increasing their staff which would then include for each centre a chief physician, three medical officers and five nurses. The school health department of the Ministry of Education is responsible for the administration of the programme and provides the administrative staff while the Ministry of Health has technical responsibility for the health aspects and furnishes the medical personnel. UNICEF will provide eight vehicles to enable the chief physician in each governorate to supervise work in the schools.

LIBYA

SOCIAL SERVICES
Continuation,
mid 1967 - mid 1969

Commitment approved: \$52,000
Allocation approved
for 1967/1968: \$26,000
Technical approval: UNDESA

E/ICEF/P/L.895

Four additional urban family and child welfare centres similar to those already in operation, will be established, one in the Eastern Region (at Beida), two in the Western Region (Zawia and Gharian), and one in the Southern Region (Sebha). Each centre will have a staff of about eighteen persons and serve approximately 600 families through its two sections. In order to provide the rural population with essential services, six rural social welfare centres will be established in areas where as yet no health facilities are available. Each centre will have a day-care section, which will accommodate about 200 children, and a community activities section. Through four sub-sections, the community activities section will provide services in fields such as agricultural development, for the improvement of family farm crops, poultry raising and kitchen gardens; rural industries, to foster manual skills and teach crafts such as sewing, weaving, pottery, and basket-making; and recreation, through the use of a public library and community radio and cinema programmes. The fourth sub-section will be concerned with health and will include an out-patient clinic with a pharmacy and a laboratory. It will also provide MCH and preventive health services. UNICEF will provide training and demonstration equipment, play materials and audio-visual aids for 4 urban family and child welfare centres and 6 rural social welfare centres. The Bureau of Social Affairs of the United Nations Secretariat will participate in the execution of the programme through its social welfare adviser and family and child welfare adviser assigned to the country.

LIBYA

EDUCATION
Continuation,
mid 1967 - mid 1972

Commitment approved: \$112,000
Allocation approved
for 1967/1968: \$32,000
Technical approval: FAO, UNESCO, WHO

E/ICEF/P/L.885

During this period the plan aims at introducing the teaching of modern home economics in 123 establishments.

- (a) Elementary schools: Revised home economics syllabi will be introduced in all existing 106 schools at the approximate rate of 20 schools per year starting from the academic year 1967/1968. Fifth and sixth grade students will be taught home economics for two periods a week by teachers who attended the in-service training courses organized in the earlier phase.
- (b) Preparatory schools: Starting in 1967/1968, home economics will be introduced in all three grades of the existing nine schools at the rate of three periods a week in the first and third grades and two periods in the second grade.
- (c) Secondary schools: The existing three schools will start teaching home economics in 1967/1968 on a selective basis. There will be one period a week in the three grades for the science section students and two periods per week for the art section students in the second and third grades.
- (d) Teacher-training colleges for girls: In all five general teacher-training colleges, one of which has already been equipped by UNICEF, home economics will be taught by expatriate teachers, graduates of the Higher Home Economics Institute in Cairo, at the rate of four periods per week in the first and second grades and three periods in the third and fourth grades.
- (e) Home economics extension: These courses will be conducted by elementary school teachers in various establishments according to the convenience of the location. They will aim at reaching women and out-of-school girls so as to help them play a more effective role in the home, family and community. The courses will cover aspects such as mother and child care, home management and nursing, hygiene and sanitation, sewing and needlework, poultry raising and home gardening.
- (f) In-service training: Various in-service training courses will continue to be conducted by the Government for insufficiently qualified elementary school teachers, instructors and graduates of the general women teacher-training colleges.

UNICEF will provide supplies and equipment for 106 elementary schools, 9 preparatory schools and 4 teacher-training colleges for girls; and reference books. At the request of the Government, FAO will provide, under a funds-in-trust arrangement, one expert in home economics for an initial period of two years.

SUDAN

TRACHOMA CONTROL
Continuation, 1968

Allocation approved: \$23,000
Technical approval: WHO

E/ICEF/P/L.818

The objective of the project is to test in a selected pilot area various new drugs and treatment schedules with the aim of establishing appropriate methods for reducing the prevalence of communicable eye diseases to a level where they cease to be a public health problem and where further control can be handled by the permanent health services. The present method of treatment consists of a local application of a 1 per cent antibiotic during twelve consecutive days each month for three months; the course is repeated six months later. It is now performed in the evening hours during house-to-house visits and is carried out almost exclusively by para-medical and ancillary staff of the Ministry of Health. In the schools the treatment is applied by older boys and girls at the end of the day under the supervision of selected and trained teachers.

SUDAN (continued)

On the recommendations of a WHO consultant, the Government plans to expand the coverage within the Northern Province so as to reach 50,000 persons during 1968. A fifth and last round of treatment will be organized in an area situated on the eastern banks of the Nile comprising several villages of varying sizes. It will be preceded by a survey of the attitudes and behaviour of the people in relation to communicable eye diseases on the basis of which an intensive health education programme will be organized. The evaluation of the first four rounds as well as the analysis of the fifth one will determine the Government's action in the following years. UNICEF will provide antibiotics, soap, field and health education equipment and three vehicles. WHO will provide a senior communicable eye diseases adviser, a public health nurse and fellowships as required; and will also participate in the evaluation of the project.

SYRIA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$131,000
Technical approval: WHO

E/ICEF/P/L.962

During 1967/1968 the standards of training will be up-graded in two nursing schools with special attention being given to public health and child care. The teaching which is provided at the MCH Demonstration and Training Centre in Damascus, and particularly the field training of the future health visitors/midwives, will be strengthened and supplemented with special accelerated courses as required so as to increase the yearly output. An Environmental Health Institute for the training of sanitarians in two-year courses and sanitarian aides in one-year courses was opened in September 1966 with 34 students. It is anticipated that in the near future the Institute will graduate about 40 students each year. The Government plans to establish a school for laboratory technicians which will offer a two-year course for secondary school graduates. The Government also proposes to up-grade the health facilities and the teaching provided at the Damascus (Mujtahed) referral hospital and to build a new one at Hama.

The Government has established eight community development units which have rural health centres as an integral component. These centres provide the rural communities with a broad range of preventive and curative health services and, in addition, serve for the practical training of health workers including nurses, health visitors and sanitarian aides. The Government plans to up-grade four of these centres during the next year. Existing rural dispensaries will gradually be converted into integrated health centres; during this period eighteen dispensaries will be up-graded. There are at present 51 MCH centres, 23 in urban areas and 28 in rural ones. During the next year, 20 urban centres will be strengthened, and nine additional MCH centres will be opened in rural areas.

With assistance from WHO a pilot communicable eye disease control project was started in 1966 in Deir-el-Zor centering around 16 primary schools. Towards the end of 1967 the project will be extended to cover about 40,000 children in the primary and complementary schools of Deir-el-Zor. Also during 1967/1968 100,000 children will be protected against tuberculosis and 50,000 against diphtheria/tetanus/pertussis. In order to improve the standards of care for mothers in the rural areas where trained health personnel is not readily available, short training courses for about 100 traditional birth attendants will be organized each year. UNICEF will provide training and demonstration supplies and equipment for 5 training institutions; supplies and equipment for the maternity and paediatric wards of 3 referral hospitals, for 22 rural health centres and for 9 new and 20 existing MCH centres; vitamins, diet supplements and soap; antibiotics for the communicable eye diseases pilot project; ECG and DPT vaccine and vaccination equipment and supplies, transport; and stipends for 100 local birth attendants. WHO will continue to provide advisory services and technical guidance through a team of about sixteen experts assigned to the country. WHO will also provide some supplies and equipment and fellowships as agreed with the Government.

SYRIA

EDUCATION

First request for UNICEF
aid, mid 1967 - mid 1970

Commitment approved: \$766,000
Allocation approved
for 1967/1968: \$338,000
Technical approval: UNESCO

E/ICEF/P/L.930

The Government proposes to strengthen and up-grade the training provided in all 24 teacher-training institutions, particularly in the field of sciences. The present three-year in-service training course will be intensified but will continue to take place during two months each summer. A first group of seven classes with 40 trainees per class will be organized in July 1967 in the five larger districts of Syria. Additional classes will be started in 1968 and 1969, with a similar number of trainees in each group. There will thus be 7 classes in 1967, 14 in 1968 and 21 in 1969, with a total of 840 trainees. The trainees who complete the full course will receive a certificate in teaching competence and be promoted one level in their respective civil service scales. The Government's plan for strengthening the teacher-training colleges also calls for a corresponding up-grading of the 100 primary schools used for practice teaching. During this period 250 new primary schools will be established - 220 in rural and 30 in urban areas - at the rate of 50 in 1967/1968 and 100 each in 1968/1969 and 1969/1970. This would bring the total number of public primary schools in Syria to about 5,000 with an estimated enrolment of 900,000 students.

A film section has already been established within the Ministry of Education where a film library comprising about 1,000 titles is also available; most of the films are, however, in foreign languages. With the assistance of a UNESCO adviser in audio-visual aids, the Government has proposed a plan for the expansion of the film section into a full production unit for educational filmstrips and slides, the printing of textbooks, maps and charts and for producing Arabic soundtracks for the educational and documentary films which are already available or which will be imported in the future from abroad. A central workshop will be established in Damascus for the maintenance and repair of all educational materials and teaching aids utilized in the educational system. UNICEF will provide training and demonstration equipment and supplies for 24 teacher-training colleges, 100 primary schools used for practice teaching and 250 new primary schools; photographic and printing equipment for the production unit; tools for the central workshop; paper for school textbooks; 20 vehicles for supervision; stipends for 840 trainees; honoraria; funds for study tours abroad by 2 technicians assigned to the production unit; reimbursement to UNESCO for the services of a teacher-training adviser for 12 months.

TURKEY

HEALTH SERVICES

Continuation,
mid 1967 - mid 1968

Allocation approved: \$164,000
Technical approval: WHO

E/ICEF/P/L.868

In 1967 health services will be integrated in five additional provinces with a total population of 1.4 million. One hundred and thirty sanitation technicians now completing their training at the Ankara Health College will be assigned to rural areas, including the newly integrated provinces. While the basic health and MCH services will continue to be developed in all seventeen integrated provinces, no further expansion will take place in 1968/1969, to allow for consolidation and for an evaluation of the project. It is expected that the results of this evaluation will guide the Government's planning for the future extension of the integration scheme to other provinces. In preparation for this phase and parallel to the expansion in integrated provinces, rural health services are also being developed in a few MCH pilot provinces as well as in provinces where the integration of malaria personnel in the basic health services is being pursued. The present integration plan calls for the establishment of 939 rural health stations in these nine provinces.

TURKEY (continued)

The long-term courses at the School of Public Health as well as shorter MCH and health education courses and travelling seminars for which UNICEF provides stipends and honoraria will continue. In addition, the training courses offered by the Ankara Nursing/Midwifery College, the Diyarbakir Health College and the two rural midwifery schools of Antalya and Kars will be strengthened and their enrolment capacities increased so as to provide for a much larger number of students. Finally, in order gradually to staff the rural health services with professionally trained sanitarians, a school of sanitation offering a four-year course will be established in Ankara and open for the 1968/1969 school year. UNICEF will provide basic MCH equipment and midwifery kits for non-integrated provinces, field equipment for 130 sanitation technicians; demonstration and training equipment for five schools, vitamin capsules, transport and stipends and honoraria for training courses and seminars. The team assigned by WHO to the country consists of a public health administrator, a public health nurse, a sanitary engineer, a sanitarian and a statistician.

TURKEY

MALARIA ERADICATION

Continuation, 1968

Allocation approved: \$146,000

Technical approval: WHO

E/ICEF/P/L.887

The plan for 1968 will be based upon the results of the assessment which, as a standard procedure, is undertaken at the end of each year of the work done in the preceding year. It is, however, anticipated that with the development of the public health services, particularly in the west of the country, the provinces in the European part of the country may enter the maintenance phase while the remaining areas in the attack phase in the southwestern part of the country would come under consolidation. A considerable number of indigenous cases occur in the attack phase areas in four southeastern provinces, where concentrated efforts will be made to achieve interruption of transmission by intensified spraying operations. Nearly 3 million persons live in these areas. Training will be provided in 1968 for 15 new chiefs of zone, 20 new and 20 existing microscope technicians and 15 surveillance agents. UNICEF will provide dieldrin, anti-malaria drugs, spare parts for spraying equipment, laboratory equipment, training grants for 70 participants and honoraria. WHO will continue to participate in the execution of this project through a team of nine experts assigned to the campaign.

TURKEY

TUBERCULOSIS CONTROL

Continuation, 1968-1969

Allocation approved: \$66,000

Technical approval: WHO

E/ICEF/P/L.819

It is expected that the third round of vaccinations will be completed in 1967. WHO will participate in the evaluation of the results. In view of the demonstrated effectiveness of BCG vaccination as a preventive measure, and of the fact that 1.4 million children are being born each year, the Government is planning a fourth and last round of vaccination during 1968 and 1969, prior to integrating tuberculosis control activities into the national health services. For this round, the country will be divided into ten regions and operations will be carried out by 100 teams. In addition, three fixed groups in Ankara, Istanbul and Izmir will conduct regular testing and vaccination programmes in schools and among the population of their respective communities as a whole, assisted by 20 X-ray teams and personnel from 147 dispensaries. It is expected that a total of 6.6 million persons will be tested and 1.2 million negative reactors vaccinated, while 4 million children in the 0-6 age group will be vaccinated without preliminary testing. The BCG teams and dispensary personnel will also help familiarize the staff of the regular health services with tuberculosis control and BCG vaccination techniques. UNICEF will provide supplies and equipment for the BCG campaign, freeze-dried BCG vaccine and transport. WHO will provide a consultant and fellowships.

TURKEYFOOD MIXTURES FOR CHILDREN

First request for UNICEF
aid, mid 1967 - mid 1969

E/ICEF/P/L.948

Commitment approved: \$350,000
Allocation approved
for 1967/1968: \$70,000
Technical approval: FAO and WHO

The project aims at the development and production of a low-cost, protein-rich food based on local raw materials which could be used both as a weaning food supplement and in the diets of young children. During the first year of the project, a small quantity of the food mixture based on the accepted formula (40 per cent hard wheat flour, 20 per cent chick pea flour, 20 per cent soy flour, 10 per cent skim milk powder, 8 per cent sugar and 2 per cent minerals, vitamins and flavouring) will be prepared in facilities available outside the country and sent to Turkey for testing and acceptability trials. Subject to satisfactory results, commercial quantities of the food mixture would then be brought in for marketing trials and promotion. An FAO marketing expert will organize this phase of the project, together with the commercial manager of the Istanbul milk plant who received marketing training on an FAO fellowship. A demonstration van equipped with audio-visual aids will play an important role in the promotion campaign. An evaluation of the results of the promotion and marketing trials would indicate the level of the potential market for the commercial distribution of the food mixture in addition to the Government's welfare programme.

Subject to the results of the evaluation showing a viable market, a production line for food mixtures would be established in the milk-processing plant in Istanbul which is being erected with bilateral assistance and is expected to begin milk production towards the end of 1967. To strengthen the technical competence of the plant personnel, a four-month fellowship will be provided for the technician in charge of production and an eight-month fellowship for the chief of the control and research laboratory. A distribution and marketing organization, which will be established for the sale of the dairy products, will be used for the weaning food. It is anticipated that the capacity of the production line would be around 1,000 tons of the food mixture per year. The Government has undertaken to distribute free about 15 per cent of the production through hospitals and schools. UNICEF will provide imported food mixtures for the development phase, equipment for an integrated production line for manufacture of food mixtures, initial supplies of vitamins and other additives and packaging materials, costs for product testing and analytical control, demonstration van with public address system and audio-visual equipment and reimbursement to FAO for 2 fellowships and a marketing expert for 12 months.

UNITED ARAB REPUBLICHEALTH SERVICES

Continuation,
mid 1967 - mid 1968

E/ICEF/P/L.929

Allocation approved: \$251,000
Technical approval: WHO

An additional 15 urban MCH centres, 10 rural health centres and 2 public health laboratories will be established. Dental clinics will be established in 30 urban MCH centres, 100 rural health centres and 100 rural combined units. The clinics will provide mainly preventive services through regular examination and care of the teeth, particularly for expectant and lactating mothers, pre-school and school children in the rural area. Two new schools of nursing will be established at Beni Suef and Shebin el Kom and offer a three-year course in nursing after preparatory education. Each will accommodate about 150 students, 50 in each class and be attached to general hospitals. Nine other existing hospital schools of nursing will be up-graded as will three schools for health visitors. Field training will be initiated for fourth year medical students at the Faculty of Medicine, Mansura.

UNITED ARAB REPUBLIC (continued)

Supervisory services were previously provided by the provincial health administration which was located in the capital town of the governorate. The substantial extension in the network of health centres and services has made it necessary to introduce a more effective supervisory system. The new plan envisages the establishment of health administrations at the district level. There are 123 districts in the country each including between 15 and 20 health centres. Forty district health administrations have already been established and provided with transport by UNICEF. Forty additional ones will be established during this period. Bilharziasis control operations will continue through 1968 and involve molluscicidal and herbicidal applications; collection and evaluation of data on snail populations; collection and evaluation of data on inspection in the human population to show the effectiveness of the control measures directed against snails. In-service training, technical briefings and practical training of the professional and the national auxiliary personnel dealing with the project will also be continued. The health education programme, which has been carried out since the inception of the project will lay emphasis on the prevention of water pollution and will be directed especially toward school children. UNICEF will provide supplies and equipment for 15 urban MCH centres, 10 rural health centres, 2 public health laboratories, 3 schools of health visitors, 11 schools of nursing and dental care in 230 centres; transport; field and laboratory equipment for bilharziasis control; and molluscicides and herbicides. WHO will provide an epidemiologist and a malacologist.

UNITED ARAB REPUBLIC

SOCIAL SERVICES

Continuation,
mid 1967 - mid 1970

E/ICEF/P/L.839

Commitment approved: \$91,000
Allocation approved
for 1967/1968: \$59,000
Technical approval: UNDESA

Of the 25 social welfare training centres planned by the Government, 13 are already in operation, and to date over 3,500 trainees have attended the courses provided. During the next three years the Government proposes to establish similar centres in ten more governorates at the rate of four each in 1967/1968 and 1968/1969 and two in 1969/1970. In addition the Government intends to strengthen nine previously established centres. The Government also proposes to strengthen the practical training of social workers which is being carried out in day-care centres, as well as the general supervision of the expanding project. Three day-care centres in the vicinity of each provincial social welfare training centre will be selected for up-grading. UNICEF will provide teaching and training equipment for 10 new social welfare training centres, supplementary equipment for 9 previously established centres, equipment for 69 day-care centres and 12 supervisory vehicles.

UNITED ARAB REPUBLIC

MOTHERCRAFT/HOMECRAFT

Continuation and expansion,
mid 1967 - mid 1970

E/ICEF/P/L.813

Commitment approved: \$282,000
Allocation approved
for 1967/1968: \$101,000
Technical approval: UNDESA and FAO

In view of the initial success of the programme, the Government plans to extend it to the whole country. A social welfare training centre will be established in each of the remaining fifteen governorates. Each centre will offer each year a basic five-month course to approximately 60 rural development women leader trainees as well as a one-month course to about 15 social workers who would be called upon to supervise the women leaders. It is anticipated that during this three-year period 3,600 women leaders and 900 supervisors will be trained. The Government

UNITED ARAB REPUBLIC (continued)

also proposes to establish 300 village women's clubs at the rate of 100 clubs a year. The clubs will supplement the contacts which the rural development women leaders normally have with the village women and girls in their own family environment, and help to stimulate community action through communal discussions and instruction. Periodic meetings and lectures will be held in the clubs on such activities as family and child welfare, health education, personal and environmental hygiene, cottage crafts, recreation and the needs of young children. Supervisory services will also be strengthened. UNICEF will provide teaching and training equipment for 15 social welfare training centres, training and demonstration equipment for 300 rural women's clubs, stipends for 3,600 women leaders and 900 supervisors and transport. Subject to a request from the Government and to availability of funds, the Bureau of Social Affairs of the United Nations Secretariat will provide the advisory services of an expert and three fellowships for women supervisors in the field of social welfare.

UNITED ARAB REPUBLIC

EDUCATION: TEACHER TRAINING
IN HEALTH EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$14,000
against approved commitment

UNITED ARAB REPUBLIC

EDUCATION AND
VOCATIONAL TRAINING
Continuation,
mid 1967 - mid 1969

Commitment approved: \$590,000
Allocation approved
for 1967/1968: \$300,000
Technical approval: UNDESA, ILO and UNESCO

E/ICEF/P/L.969

In view of the magnitude of the problem and the success of the earlier phase of the project, the Government has now decided to expand the vocational training programme and to introduce this type of training into the centres administered by the Ministry of Social Welfare and the Supreme Council for Youth Welfare as well as the Ministry of Education. The vocational training centres will offer a selection of an average of five crafts or skills, of which two will be mandatory, and will also provide education in general cultural subjects. The length of the courses will vary from four to twelve months depending on the crafts selected by the trainees. During the next two years, the following centres will be established or strengthened:

- (a) Ministry of Education: Ten new vocational training centres, similar to the 20 already in operation will be established, 5 in 1967/1968 and 5 in 1968/1969. Each centre will train about 100 students annually. In addition, vocational training will be strengthened and the teaching of environmental and industrial crafts introduced into 30 primary school teacher-training institutes.
- (b) Ministry of Social Welfare: Twenty community vocational training centres will be established at the governorate level, 10 in 1967/1968 and 10 in 1968/1969, each centre serving approximately 200 trainees annually. Vocational training activities will also be introduced in 80 social units at the rate of 40 each year for about 50 trainees in each unit.
- (c) Supreme Council for Youth Welfare: Vocational training will be introduced in 10 youth centres, 10 youth clubs and 20 rural youth clubs, half during the first year and the remainder during the second. Each rural youth club will train about 50 students each year while the youth centres and clubs will offer courses each for 100 trainees annually.

UNITED ARAB REPUBLIC (continued)

A vocational training demonstration centre will be established in Cairo in 1967 by the Ministry of Social Welfare and will serve the three operating agencies. The main functions of the centre will include establishing standards and developing suitable teaching methods and aids; assisting and advising all vocational training centres on the utilization of training equipment; participating in research work; organizing training courses for instructors and teachers; and developing a public relations programme in order to acquaint the parents and the public in general with the objectives of the national vocational training programme. Several in-service training and refresher courses of six weeks' duration are planned for the instructors and supervisors who are already assigned or will be assigned to the project. UNICEF will provide supplies and equipment for training as required in crafts such as woodwork, metalwork, leatherwork electricity and automotive, weaving, poultry, sewing, home cooking and laundry for 30 primary teacher-training institutes, 10 vocational training centres, 20 community vocational training centres, 80 social units, 10 youth centres, 10 youth clubs, 20 rural youth clubs and 1 demonstration centre; transport; and honoraria for in-service training courses.

YEMEN

HEALTH SERVICES

Continuation,
mid 1967 - mid 1968

Allocation approved: \$112,000

Technical approval: WHO

E/ICEF/P/L.909

In view of the acute shortage of trained personnel, which remains the major problem, the plan for this period will continue to give priority to training courses, with particular emphasis on practical training. The following courses are foreseen:

- (a) Pre-nursing courses: These courses will provide special preparatory instruction and aim at up-grading prospective candidates for the assistant nurse courses. A continuous course for an average attendance of 50 girls will be organized at Sana'a; the students enter when able and graduate when considered ready to join the assistant nurse course. A similar course, but of a six months' duration, will be given in Taiz and Hodeida for about 20 participants per course.
- (b) Assistant nurse courses: The duration of these courses, now 18 months, will be extended to 24 months. It is expected that two further groups of 20 students each will join the courses planned to start in Sana'a in July 1967 and April 1968. In Taiz, a course is planned to start in August 1967 for about 15 participants. It is anticipated that similar courses will be organized in Hodeida towards the end of 1968.
- (c) Laboratory assistants course: This eighteen-month course is given only in Sana'a where adequate accommodations and facilities are available. It is anticipated that a group of 12 students will join the course planned for May 1968.
- (d) Assistant sanitarian courses: These are eighteen-month courses in environmental sanitation intended for boys with an intermediate education. The present enrolment in Sana'a is 20. Ten students are participating in a similar course which was organized in Hodeida in January 1967.
- (e) X-ray technicians course: While X-ray facilities are available in all hospitals, the personnel responsible for the operation of the equipment is insufficiently trained. To complement this training, a twelve-month course will be organized for twelve trainees in Sana'a by the WHO X-ray technician assigned to the country.

YEMEN (continued)

The plan for this period calls for up-grading the following establishments which will receive either basic or supplementary equipment as well as service equipment to improve the facilities and services provided:

- (a) Sana'a: The health centre and the training school; the newly established paediatric ward at Suk-el-Baggar and the maternity unit attached to the nursing school; the existing 128-bed obstetrical/gynaecological ward and the newly established 50-bed paediatric ward at the General Hospital as well as the hospital's clinical laboratory.
- (b) Hodeida: The health centre and the training school as well as the existing 30-bed paediatric ward at the General Hospital. This ward, will be used for the practical training of the assistant nurses who start their training in 1968.
- (c) Taiz: A new 14-bed delivery hospital with a delivery room, an out-patient clinic and eight children's beds will be established and staffed by expatriate personnel. The health centre and training school as well as the maternity unit attached to them will be up-graded further.

As part of the health education programme, the Government, with the assistance of the WHO sanitarian and community participation, has started a small-scale latrine construction project in Hodeida. In view of the very favourable general response, the Government proposes to expand it so as to establish 2,000 latrines during this period. UNICEF will provide supplies and equipment for health establishments, supplies and equipment for the construction of latrines, training grants and honoraria and transport. A staff of fourteen WHO experts are assigned to the country.

YEMEN

NUTRITION
Continuation,
mid 1967 - mid 1969

Allocation approved: \$126,000
Technical approval: FAO, WHO

E/ICEF/P/L.947

There are about 21,600 students in the 46 primary, preparatory and secondary schools located in the four main cities (Sana'a, Taiz, Hodeida and Ibb). In each of these cities a central kitchen will be established on suitable premises provided by the Ministry of Education, to provide all the schools with free hot meals or snacks. All personnel concerned with the programme will participate in special two-week orientation courses. These courses will be organized and given by the FAO advisers assigned to the country and will emphasize cleanliness and operational efficiency. It is expected that a first course for 175 participants will be held in 1967 and a second one for 200 participants in 1968. The Ministry of Education will have over-all responsibility for the programme, and the director of its school-feeding department and two assistants will receive one-month fellowships for a study tour abroad. The bulk of the imported food will be provided by the World Food Program with supplements such as fresh vegetables, fruits, meat and eggs being supplied by the Ministry of Education.

YEMEN (continued)

A Nutrition Training Centre will be established in Sana'a under the auspices of the Ministry of Agriculture and the technical direction of an FAO nutrition adviser. The centre will offer training facilities in nutrition education and a workshop for the production of educational materials such as manuals, posters, charts, filmstrips and slides. It is also planned to equip the centre with a mobile nutrition education unit for food demonstrations, projection of films and talks to the public, particularly in rural areas around the main cities. As part of the nutrition education activities sixteen pilot school gardens will be established in selected schools and teacher-training institutes in the four main cities. Consumption of the produce will be encouraged, and efforts will also be made to promote community interest in gardening. In some of the schools, agricultural clubs will be established and lectures arranged after school hours on practical gardening and food technology. UNICEF will provide supplies and equipment for 4 central kitchens; demonstration, training and duplicating supplies and equipment for the Nutrition Training Centre; gardening supplies and equipment for 16 schools; transport; training grants for 375 participants; and 3 fellowships of one-month each.

YEMEN

EDUCATION

Continuation,
mid 1967 - mid 1968

Allocation approved: \$126,000

Technical approval: UNESCO

E/ICEF/P/L.908

Three additional teacher-training institutes will be established, one for boys in Ibb and two for girls in Sana'a and Hodeida. They will be similar to the four existing ones; however, home economics will be included in the curriculum of the institutes for girls. Instruction on health and nutrition education will be included in the programme of all teacher-training institutes. It is expected that the total output of the seven teacher-training institutes (four for boys and three for girls) will be approximately 120 elementary school teachers per year. By tradition all teacher-training institutes have some boarding facilities attached to them, in most cases inadequate. So as to attract a larger number of teacher trainees, particularly from remote areas, the Government plans to up-grade and expand the hostels attached to the institutes for boys in Hodeida, Ibb, Sana'a and Taiz.

The fourth primary school for girls, which opened in Ibb in 1966, will start teaching home economics and will also organize afternoon sessions for women, as is done in the other three schools. The first complete preparatory school for girls was started in Sana'a in 1966, and the teaching of home economics will be included in its curriculum. Science instruction will be introduced in five preparatory and three secondary schools in the four main cities. In four preparatory schools for boys, one in each of the major cities, the Government proposes to begin commercial courses including typing and elementary bookkeeping. Under the direction of the UNESCO science teaching expert, a two-month training course will be organized for a group of 50 teachers who would be selected from the best of those who attended one of the earlier in-service training courses. A two-month training course is planned for approximately 40 headmasters and graduates of teacher-training institutes to improve their knowledge of educational administration, office practice and management of students. UNICEF will provide basic or supplementary teaching supplies and equipment for seven teacher-training institutes, and service equipment for four hostels; supplies and equipment for 3 secondary boys' schools, 5 preparatory schools (1 for girls) and 1 primary school for girls; classroom supplies for 45 "approved" schools; training grants and honoraria; and transport. A team of three UNESCO experts in educational planning and administration, teacher training and science teaching will continue to be assigned to Yemen during this period under the Expanded Programme of Technical Assistance. The United Arab Republic and Iraq are providing respectively 200 and 20 teachers under bilateral arrangements.

D. EUROPE

<u>BULGARIA</u>	<u>MILK CONSERVATION</u> Continuation, mid 1967 - mid 1968	Allocation approved: <u>\$35,000</u> against approved commitment
<u>POLAND</u>	<u>MILK CONSERVATION</u> Continuation, mid 1967 - mid 1968	Allocation approved: <u>\$184,000</u> against approved commitment
<u>SPAIN</u>	<u>NUTRITION EDUCATION</u> Continuation, mid 1967 - mid 1968 E/ICEF/P/L.906	Allocation approved: <u>\$40,000</u> Technical approval: FAO

The project will continue to be developed mainly in rural areas with particular emphasis on training. Six senior staff members of participating agencies, having a university degree or equivalent, will attend an advanced nutrition course of ten months' duration. The course will include theoretical and practical training, individual field work and the preparation of a report. An official diploma will be issued to those trainees who will have met the required standards. Sixty nutrition educators will receive four months of intensive training and will then be assigned to field positions. A hundred nutrition educators already working in the project will attend a six-day refresher course for reorientation and assessment of programme plans. 3,750 primary school teachers and 50 assistants to provincial delegates of SEAN will receive 15 and 20 days nutrition training respectively. Three-day refresher courses will be given for 2,500 teachers previously trained. In addition about 100 short courses on nutrition education each lasting an average of four days will be given in MCH and community centres for the rural population. In preparation for a general evaluation of the project which will be undertaken in 1970, the Government is carrying out partial assessment surveys. As a final contribution to the project, UNICEF will provide audio-visual aids, printing costs of textbooks and manuals, training grants and assessment costs and 2 vehicles for supervision. The plan has been developed with the assistance of a consultant in home economics provided by FAO.

<u>SPAIN</u>	<u>MILK CONSERVATION</u> Continuation mid 1967 - mid 1968	Allocation approved: <u>\$103,000</u> against approved commitment
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YUGOSLAVIA

INTEGRATED SERVICES
FOR CHILDREN
Continuation,
mid 1967 - mid 1968

Allocation approved: \$106,000
Technical approval: UNDESA, ILO, FAO,
UNESCO and WHO

E/ICEF/P/L.955

The project aims at establishing and developing on a pilot basis a pattern of comprehensive services for mothers and children in the autonomous region of Kosovo-Metohija in the southern part of the Republic of Serbia. During the next year, four major, three intermediate and five smaller MCH units will be created and attached to existing health centres in towns and villages. The training programme for nurses and midwives will be extended to more schools. The Provincial Public Health Institute at Pristina will be strengthened further particularly in the fields of MCH and nutrition and health education by the addition of staff as required. In Gnjilane a ten-bed nutrition rehabilitation unit will be added to the MCH centre. The Home Economics Department of Pristina will continue and expand its village demonstration programme in nutrition and food preparation and preservation through the use of two additional mobile demonstration units. The staff of the Department will be strengthened with trained home economists and nutritionists and high priority given to problems connected with child feeding. Nutrition and home economics will also be emphasized in the teacher-training school of Gnjilane in relation particularly to the school feeding programme and to suitable methods of food production, preparation and preservation. Three additional day-care centres will be established in industrial urban areas. Comprehensive school services, including gardens, sanitation, health education, workshops, school health services, dental care and school feeding, will be introduced in fifteen additional primary schools. In five selected schools, workshops will be established for the teaching of carpentry, metal work, electricity and sewing, and for physics and chemistry demonstrations. For children leaving primary schools aged 15 to 17 and illiterate children of this age group, three youth pre-vocational training centres will be set up in selected urban areas where employment problems for school leavers are most acute.

E. THE AMERICAS

ARGENTINA

HEALTH SERVICES
Continuation,
1967 - 1969

Commitment approved: \$35,000
Allocation approved
for 1967: none
Technical approval: WHO

E/ICEF/P/L.903

The Government has found that more auxiliary personnel are needed to carry out the National Health Plan, which includes a programme for supplying safe drinking water and environmental sanitation in rural communities. About 2,000 sanitary inspectors are needed to carry out the programme and at present there are only 200 in the country. The Government will therefore have to train 325 sanitary inspectors between 1967 and 1969 in order to meet the most urgent needs. Nine-month regional training courses will be given for sanitary inspectors who will receive six months of theoretical and practical training and three months of practical field training. The training programme will begin in 1967 with 75 students in the three courses. One hundred will be trained in 1968, and 150 in 1969. The Government will enrol the participants under a contract guaranteeing each participant at least two years of full-time work. UNICEF will pay 75 per cent of the cost of stipends in 1967, 50 per cent in 1968 and 25 per cent in 1969; however, no allocation is recommended for approval at this session of the Board in view of the funds that are available. WHO will furnish three sanitary engineers, and nursing consultants for the training of nursing auxiliaries and supervisors.

ARGENTINA

MALARIA ERADICATION
Continuation, 1968

Allocation approved: \$28,000
Technical approval: WHO

E/ICEF/P/L.826

There are areas with 1,835,000 inhabitants in the consolidation or maintenance phase, where transmission has been interrupted. By 1968, it is foreseen that the remaining areas of the northwestern zone will pass to the consolidation phase. In the northeastern zone the Province of Formosa was in the preparatory phase during 1966, but insufficient funds have prevented the implementation of total coverage. Current plans foresee extension of the required operations in the northeastern zone, and by 1968 it is expected that the Province of Corrientes will pass to the consolidation phase leaving the Provinces of Chaco, Formosa and Misiones continuing in the attack phase. UNICEF will provide insecticides, supplies and transport on the condition that adequate local financing is assured.

BOLIVIA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1969

Commitment approved: \$224,000
Allocation approved
for 1967/1968: \$175,000
Technical approval: WHO

E/ICEF/P/L.883

The primary aim of the project is to improve the health level of both the rural and the urban populations by developing integrated health services in each of the country's ten health districts in conjunction with the recently-prepared National Health Plan.

The Government has selected the health districts in the Departments of Cochabamba and Tarija as the first two areas for the implementation of the programme. It is proposed to establish 4 health centres and 11 sub-centres in the two districts and to modernize 9 centres and 10 sub-centres. Improvements will be made in 3 regional hospitals and 2 regional laboratories, while 37 mothers' clubs and 10 day-care centres will be organized. A small training centre will be set up in each health district to prepare existing staff for their duties under the new health plan, and to train the new auxiliary staff which will be needed to

BOLIVIA (continued)

supplement the plan. The environmental sanitation programme will include the construction of latrines as well as the supply of potable water. The Government is proposing to establish a workshop in each health district to build latrines and repair sanitary equipment. UNICEF will provide basic and supplementary equipment for 13 health centres, 21 sub-centres and 3 regional hospitals; laboratory equipment and supplies for 22 regional centres and 2 regional laboratories; equipment and supplies for 12 dental clinics, 2 training centres, 37 mothers' clubs and 10 day-care centres; 155 kits for midwives, doctors and nurses; drugs and vaccines; equipment and supplies for 2 environmental sanitation workshops, drills, pumps and piping; transport and stipends for the training of 30 practical nurses in nine-month courses, 40 midwives in twenty-four-day courses and for in-service training. WHO will provide the services of a doctor specialized in public health, a specialist in public health administration, a public health nurse and a sanitation engineer for the specific purposes of the national health plan. It will also provide fellowships for study abroad.

<u>BOLIVIA</u>	<u>MALARIA ERADICATION</u> Continuation, 1968	Allocation approved: <u>\$20,000</u> Technical approval: <u>WHO</u>
	E/ICEF/P/L.826	

The campaign is in an advanced stage, with the major portion of the original malarious area in the consolidation phase. Some foci of infection were eliminated in the south during 1966. Attack operations are continuing in the Pando-Beni area in the north and in frontier areas. It is foreseen that attack operations may have to be continued beyond 1968 in border areas affected by population movements from neighbouring countries but that all other areas will be in the consolidation phase. Malaria operations in the frontier areas are being co-ordinated. UNICEF will provide insecticides, supplies and transport on the condition that adequate local financing is assured.

<u>BOLIVIA</u>	<u>EDUCATION</u> Continuation, mid 1967 - end 1969	Commitment approved: <u>\$258,000</u> Allocation approved for 1967/1968: <u>\$163,000</u> Technical approval: <u>UNESCO</u>
	E/ICEF/P/L.976	

The Ministries of Education and Rural Affairs have decided on the progressive integration of urban and rural education planning, with a view to achieving ultimately a unified common teaching system. Both Ministries will increase their budgets so as to provide greater facilities for education and have decided not to employ unqualified teachers in the future.

- (a) Urban education: The graduate courses for primary school directors and supervisors will be continued at the Institute of Higher Pedagogic Education in La Paz. During 1967, a national seminar on the co-ordination of urban and rural education will be held, for the purpose of working out new education plans and putting forward suggestions on the development of school curricula. At the Normal School in Santa Cruz, the training programme for unqualified teachers will be continued.

BOLIVIA (continued)

- (b) Rural education: Graduate courses will be continued at the Higher Institute of Rural Education (ISER). It is anticipated that 150 school directors, supervisors and instructors will attend these courses annually. The Government proposes to continue training 400 teachers a year through the in-service training programme for unqualified teachers at the Santiago de Huata Centre. The Government also proposes to increase the capacity of the seven normal schools over the next two years. A number of "practical secondary schools" will be established in order to fill the gap between the basic rural primary school education and the secondary schools, most of which core within the urban school system. The new schools will offer rural youth an opportunity to receive further practical education for the future, based on the plans for rural and agricultural development and for carpentry.

UNICEF will provide supplementary equipment and books for 4 urban normal schools and the Institute of Higher Pedagogic Education; teaching materials, books and supplies for 7 rural normal schools; equipment and books for 10 practical schools; equipment for the production of textbooks; transport and stipends. Under the United Nations Development Programme, UNESCO will provide the services of an expert in rural education and an expert in planning and teacher training.

BRAZIL

HEALTH SERVICES
(PAEDIATRIC TRAINING)
Continuation,
1968 - 1970

Commitment approved: \$25,000
Allocation approved
for 1968: \$12,000
Technical approval: WHO

E/ICEF/P/L.933

In view of the success of the project and the needs of the region, the University intends to expand the activities of the Paediatric Institute during the next three years. The facilities will be enlarged to permit the care of at least 1,200 children per month in out-patient clinics and 110 children as in-patients. The Institute will co-operate with the Centres of Surgery, Medicine and Paediatric Emergencies of the State Department of the Child in Recife in solving complicated medical problems, and will also undertake a systematic research programme. The training programme in Recife will continue, and the Institute will also conduct a series of intensive courses in localities in the interior of Pernambuco for doctors and public health personnel. To date UNICEF has provided full stipends for these courses; commencing in 1968 stipend costs will gradually be taken over by the Government, with UNICEF providing 75 per cent in 1968, 50 per cent in 1969 and 25 per cent in 1970. WHO will assign a consultant to assist in the training and research programmes. WHO will also provide fellowships and will collaborate in the study of child mortality in Recife and other areas of the State of Pernambuco.

BRAZIL

HEALTH SERVICES
(TRAINING IN BRACE MAKING)
Continuation,
mid 1967 - mid 1968

Allocation approved: \$3,500
against approved commitment

BRAZIL

NUTRITION
Continuation,
mid 1967 - mid 1969

E/ICEF/P/L.982

Commitment approved: \$47,600
Allocation approved
for 1967/1968: \$15,000
Technical approval: FAO and WHO

The plan envisages the improvement and expansion of the Brazilian system of rural extension, in order to introduce, in co-ordination with the other services operating in the rural areas, better concepts and plans through which the families will be helped to solve their own problems. Each year a 15-day course in health and hygiene will be organized for 25 technicians working at the federal level. The participants will then be responsible for supervising the training in this sector at the state level. State-level personnel will be trained at federal training centres. The 3 existing centres will be fully equipped and 3 new centres will be established bringing the total capacity to 536 resident trainees. Several types of courses are given:

- (a) Initial technical training in basic principles of rural extension, its organization, and the functioning of various services in relation to the rural area.
- (b) Pre-service courses for home extensionists who received their diplomas from normal schools or schools of social service and have not studied the technical aspects of home economics.
- (c) In-service training course for personnel already working in the rural extension services as well as for other personnel such as professors and rural leaders.

Short refresher courses will be organized to impart basic concepts of health and hygiene to 16,615 rural community leaders and of nutrition to 10,057 leaders. Under the guidance of 1,000 community leaders, 15,000 gardens will be created in rural schools and 4-H clubs and 35,000 rural family gardens will be encouraged. In addition 180 rural families will be encouraged to start demonstration projects in small-animal raising. UNICEF will provide equipment and supplies for kitchens, dining rooms, dormitories, laboratories of home economics and audio-visual aids for 6 training centres; insecticide sprayers, pulverisers, and seeds for gardens, travel grants for 50 federal-level technicians and stipends for 60,136 trainees in short courses of varying duration.

BRAZIL

EDUCATION
Continuation,
mid 1967 - mid 1968

E/ICEF/P/L.978

Allocation approved: \$413,000
Technical approval: UNESCO

A new training centre will be installed in the Amazonian Region, the seat of which will be Manaus, covering the states of Amazonas, Acre and Para and the Territories of Roraima and Amapa. A new centre will also be installed in Tocantinopolis (Goiás). In addition, the teaching facilities and residential quarters for students at the existing ten training centres will be improved or enlarged. Training will continue with courses foreseen for 310 supervisors, 205 primary school directors, 900 lay teachers, 200 student teachers, 300 rural teachers and 55 fifth and sixth grade teachers. By the end of 1967 there will be 7,020 rural primary schools where the teachers have received training and are working under the guidance of supervisors who graduated from the UNICEF-assisted courses. Each of the supervisors is assigned to work with 10 primary school teachers for a period of three years, to provide training and technical guidance and to stimulate their action in improving the physical aspects of the school and relations with the community. UNICEF will provide some basic teaching equipment and classroom supplies for these schools to facilitate the work of the teachers. UNICEF will also provide teaching equipment for 50 practice primary schools and 2 teacher-training centres; kitchen, dining and dormitory equipment for 11 teacher-training centres; honoraria and travel costs for Federal Co-ordinator; and stipends for 2,060 trainees. UNESCO has designated an expert to assist the national co-ordinator of the project in developing the services and evaluations required by the programme. The United States Agency for International Development is assisting the national education plan through the development and distribution of didactic materials and textbooks, aid to teacher-training centres, assistance in planning elementary education to selected States, school construction and studies related to school drop-outs and grade repetition.

BRITISH HONDURAS

MALARIA ERADICATION
Continuation, 1968

Allocation approved: \$33,000
Technical approval: WHO

E/ICEF/P/L.826

The entire country has been under consolidation since 1963. There was an outbreak of malaria in Toledo District in 1965 and focal attack measures were undertaken to control the situation. Later, cases were also found in the Districts of Corozal, Orange Walk and Stann Creek. The malaria situation was affected by imported sources of infection, but autochthonous cases show the re-establishment of transmission. In 1966 there were 558 cases. To overcome this situation, spraying operations have been reinitiated in the few affected districts and evaluation operations intensified, the Government increasing budget and providing additional personnel for this purpose. UNICEF will provide insecticides, supplies and transport.

BRITISH HONDURAS

EDUCATION
First request for UNICEF
aid, mid 1967 - mid 1970

Commitment approved: \$75,000
Allocation approved
for 1967/1968: \$32,000
Technical approval: UNESCO

E/ICEF/P/L.845

As the first stage in a long-term plan to establish a modern primary teacher-training programme, the three small training centres were merged in 1965 into the Belize Teachers' College. It was decided to concentrate all training efforts initially on bringing the group of certificated but untrained teachers up to standard. Therefore, the regular pre-service training of new teachers was postponed and an intensive in-service course was introduced on a small scale. The course includes one year of full-time study at the Teachers' College, followed by a probationary year during which the trainees teach under supervision. In order to modernize the curriculum, such subjects as general science, home economics and handicrafts are being added to the course and the teachers will be trained in the use of audio-visual aids.

It is planned to continue the in-service course for certificated teachers for the next three years. In order to enable all 230 to be up-graded during this period, enrolment at the College will be increased in September 1967 to 80. As the College has no residential facilities and the teachers come from rural areas, stipends are necessary to meet the additional expenses involved. The Government will pay the salaries of the teachers undergoing the in-service training and the salaries of their replacements. UNICEF is requested to provide stipends, as well as demonstration and audio-visual equipment for the College. UNESCO will provide a consultant for two visits to assess progress and advise, as necessary, on the development of the project.

COLOMBIA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$224,000
Technical approval: WHO

E/ICEF/P/L.959

During 1967/1968, it is hoped that another ten integrated health districts, comprising 10 main health centres, 49 centres and 76 sub-centres, will begin functioning. The environmental sanitation programme will be continued and extended to the 21 departments of the country. The targets for the coming year are: 800 wells to be dug, 185 wells to be drilled, 112 rural water mains and about 22,000 latrines. To meet the requirements for personnel for field activities related to basic health services, the Ministry of Health will continue the expansion of the training programme for professional and auxiliary staff which includes a twelve-month course for 400 nursing auxiliaries; two six-month courses for 30 sanitary inspectors; a six-month course for 20 statisticians; and seminars for professional personnel in various parts of the country. UNICEF will provide equipment and supplies for 135 health centres and sub-centres; kits for nurses or nursing

COLOMBIA (continued)

auxiliaries; piping and fittings, hand and power pumps and concrete mixers; transport; and stipends. WHO will continue to provide this programme with technical assistance through a representative in the country, a medical consultant, a public health nurse, a sanitary engineer and several consultants who will work part-time. In addition, within its budgetary limitations, WHO will continue to provide scholarships for the training abroad of professional personnel of Colombian nationality in subjects related to the execution of the programme.

<u>COLOMBIA</u>	<u>MALARIA ERADICATION</u> Continuation, 1968	Allocation approved: <u>\$369,000</u> Technical approval: WHO
	E/ICEF/P/L.826	

There are some 7,310,000 inhabitants in the areas now in the consolidation phase. Effective operations had not been feasible in some areas of civil strife, and remote jungle areas had not been included in the programme prior to 1966. Last year the Government arranged an increase in the budget to enable operations to be intensified in the attack phase areas and to extend the attack to areas not covered. Some of these areas were brought into the attack phase during the second spraying cycle in 1966, and the remainder are being incorporated this year. In localities of the Department of Cordoba with some 150,000 inhabitants, spraying operations have been suspended; these are under observation and expected to pass to the consolidation phase this year. UNICEF will provide insecticides, supplies and transport for the 1968 operations on the condition that adequate local financing is assured.

<u>COLOMBIA</u>	<u>NUTRITION</u> Continuation, mid 1967 - mid 1968	Allocation approved: <u>\$40,000</u> against approved commitment
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<u>COLOMBIA</u>	<u>EDUCATION</u> Continuation, mid 1967 - mid 1968	Allocation approved: <u>\$203,000</u> against approved commitment
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The above allocation includes the cost of project assistance called forward in 1966/1967. Allocation of funds for this purpose was deferred in 1966, as the Netherlands Committee for UNICEF planned to raise funds for the project. Funds are not yet available from this campaign, but any contributions which are received in future will be credited to the project and duly reported to the Executive Board.

COLOMBIA

EMERGENCY AID

Allocation approved: \$69,000
Technical approval: UNESCO, WHO

E/ICEF/P/L.987

On 9 February 1967 the west central region of Colombia was severely shaken by a violent earthquake whose epicentre was in Huila and southern Tolima. Investigation by the central and departmental authorities revealed very extensive damage, including the destruction of houses, municipal buildings, churches, hospitals, health centres and schools in Huila and southern Tolima. Under the co-ordination of the Ministry of the Interior, the Government has begun a programme of repair and construction work to provide housing and restore essential services, including health and education services. The Territorial Credit Institute, the Agricultural Credit Fund, the National Federation of Coffee Growers and other organizations are providing grants and loans to build houses and schools. Communities are rebuilding schools, health centres and houses through the Community Action programme (Accion Comunal). The UNICEF staff and the UNESCO and WHO resident advisers responsible for the health and education programmes currently receiving assistance have visited the stricken area and participated with the local authorities in planning the programme for restoring and developing basic health services and rehabilitating many of the schools. These services will be raised to the same level as other services assisted by UNICEF elsewhere in the country. The plans were examined in consultation with the United Nations Resident Representative in order to ensure co-ordination with other possible sources of aid. UNICEF will provide equipment for 46 health centres, 44 sub-centres and 3 hospitals; piping and accessories to supply water to 12 rural communities; and equipment for 228 schools.

COSTA RICA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$79,000
Technical approval: WHO

E/ICEF/P/L.953

During 1967/1968 it is planned to consolidate and improve the health services in the provinces of Guanacaste and Puntarenas and to start work with the same objectives in the provinces of Alajuela and Heredia and part of the province of San Jose. It is estimated that the combined population of these provinces represents roughly 50 per cent of the country's population. Basic equipment will be provided for 34 health centres and dental equipment for 15 health centres. In view of the good results obtained by the nutrition clinics established earlier, which give daily assistance in feeding pre-school children and teaching mothers about balanced diets, 31 new clinics of this kind will be established. In addition, the production of teaching materials for health education activities will be intensified. The training of auxiliary personnel will continue. UNICEF will provide basic equipment for 34 health centres and dental equipment for 15 health centres; equipment for 31 nutrition clinics; printing equipment for the Health Education Department of the Ministry of Public Health; and stipends for 319 persons attending training courses. WHO will provide technical assistance through its representative in the country, a sanitation engineer and a nurse. If it has the necessary funds, it will also provide equipment, supplies and fellowships.

COSTA RICA

MALARIA ERADICATION
Continuation, 1968

Allocation approved: \$66,000
Technical approval: WHO

E/ICEF/P/L.826

An evaluation at the end of 1966 revealed a deterioration in the malaria situation during the period of negotiating finances for the revised plan. To ensure the success of the programme, some areas previously in the consolidation phase have now been returned to the attack, and it is foreseen that spraying operations must be continued in 1968. UNICEF will provide insecticides, supplies and transport.

COSTA RICA

APPLIED NUTRITION
Continuation,
1968 - 1969

Allocation approved: \$66,000
Technical approval: FAO, WHO

E/ICEF/P/L.973

The purpose of this project is to improve the feeding and nutrition of the population, especially of mothers and children, by means of nutritional education and the production of foods containing the nutritive elements lacking in the diet. Having regard to the growing needs of the country, the Government proposes to:

- (a) Continue and intensify the programme activities in the working zone;
- (b) Intensify the work of the 48 nutrition rehabilitation centres and the associated demonstration and teaching activities of 40 health centres;
- (c) Increase the number of school gardens in 60 communities situated in the provinces in which the programme is being implemented and in the province of Limon;
- (d) Establish six fruit-tree nurseries to supply the schools participating in the programme;
- (e) Continue training by giving courses in programme techniques for untrained workers and hold seminars for evaluating the work done.

UNICEF will provide seeds, fertilizers, fungicides and pesticides for 123 existing school gardens, including those of three normal schools; tools, equipment, seeds, fertilizers, fungicides and pesticides for 60 new school gardens; equipment and supplies for 16 agricultural extension agencies and 6 fruit-tree nurseries; kitchen equipment for 100 primary schools; kitchen equipment and supplies for 48 nutrition centres and the corresponding demonstration equipment for 40 health centres; audio-visual equipment and supplies; transport for supervision activities; and stipends for the training of supervisors, teachers and personnel participating in the three activities in the new working zone.

CUBA

HEALTH SERVICES
Continuation,
1968 - 1969

Commitment approved: \$223,000
Allocation approved
for 1968: \$163,000
Technical approval: WHO

E/ICEF/P/L.886

The objectives of this project are to diminish child mortality and morbidity rates due to tuberculosis, tetanus, diphtheria and whooping cough in the rural areas through mass vaccination of the rural child population, and, in addition, to integrate vaccination into the permanent activities of the rural health centres. In each health district the campaign will be carried out through all existing static health services, plus a mobile team, which will consist of a doctor and two vaccinators, to reach schools and outlying villages. BCG vaccine will be administered to all children up to 15 years of age, diphtheria/pertussis/tetanus to those up to 7 years, diphtheria/tetanus to the age group 7 to 10 years and tetanus to the group 10 to 15 years. Although smallpox has been eradicated from Cuba, all children under 3 years will be vaccinated to prevent re-introduction of the disease. UNICEF will provide vaccines, field equipment and a vehicle for each of the 35 rural health districts. Once the mass campaign is terminated, protection will be maintained by the permanent health services.

DOMINICAHEALTH SERVICES
Continuation,
1968 - 1972Commitment approved: \$70,000
Allocation approved
for 1968: \$14,000
Technical approval: WHO

E/ICEF/P/L.952

The Government is concerned about the lack of pure water supplies which has resulted in a high rate of morbidity and mortality from gastro-intestinal infections, parasitoses and typhoid; these diseases are found in endemic form throughout the island and frequently reach epidemic proportions. A major water-supply programme for the urban communities is being considered by the Government. UNICEF has been asked to assist with the provision of potable water to thirteen isolated rural communities located throughout the island. The schemes, planned for development over the next five years, would involve protected surface captation and distribution to public hydrants. UNICEF will provide piping, fittings, reinforcing iron and cement. WHO will continue to assist the programme through the services of a sanitary engineer and two public health inspectors assigned to the Caribbean region. Within its budgetary possibilities, WHO will also provide fellowships for training of local personnel abroad.

DOMINICAN REPUBLICHEALTH SERVICES
Continuation,
mid 1967 - end 1970Commitment approved: \$96,000
Allocation approved
for 1967/1968: \$41,000
Technical approval: WHO

E/ICEF/P/L.923

The aim of the project is to increase the training of auxiliary nurses and statisticians as an indispensable step in the process of improving and extending the health services, especially in rural areas. During the next four years, 16 six-month courses, for 30 auxiliary nurses each, will be organized at the two existing schools for auxiliary nurses in Santo Domingo and Santiago. This will permit a quadrupling of the number of trained auxiliary nurses in service by 1971. Insofar as statistics is concerned, a four-month course is planned in the second half of 1967 for 30 selected statistical clerks working for the Government at either the national or provincial level. Upon completion of their training, they in turn will give one-month courses to statistical clerks in the rural areas; 36 such courses, for 8 participants each, will be held during 1968 and 1969.

A central department for production of health education materials has been developed and a staff member has been trained under a WHO fellowship. To enable this department to meet the increasing demands for materials, UNICEF will provide reproduction equipment to complement the existing facilities. UNICEF will also provide teaching and demonstration equipment, audio-visual aids and reference books for 2 auxiliary nurses' schools; supplies and equipment for the training of statisticians; partial stipends for 480 auxiliary nurses and full stipends for 318 statistical clerks. WHO/PAHO will contribute the services of a nursing consultant, a statistician consultant and a consultant in health administration.

DOMINICAN REPUBLICEDUCATIONFirst request for UNICEF
aid, mid 1967 - mid 1971Commitment approved: \$176,000
Allocation approved
for 1967/1968: \$68,000
Technical approval: UNESCC

E/ICEF/P/L.922

The Government intends, as part of a comprehensive plan to improve education, to improve the qualifications of non-certified teachers now in service. Initially a refresher course will be organized for 110 education supervisors. Then a series of three-month courses will be given for groups of 150 non-certified teachers now in service. At the end of each course, teachers will return to their schools for six months, before beginning the next course. Teachers will attend three to six courses, depending on how much training they have already received, before they receive their diploma. All the primary schools in the San Cristobal area will be used for teaching practice. Three three-month courses will be given in 1967/1968 and four courses per year will be given during the following three years. UNICEF will cover the total cost of stipends during the first year, 75 per cent during the second year, 50 per cent during the third year and 25 per cent during the final year, as well as equipment for the training centre at San Cristobal and transport. UNESCO will provide two experts, one in teacher-training and the other in school administration, supervision and organization; other members of the UNESCO mission assigned to the country will co-operate on specific problems as required. The United States Agency for International Development has contributed by modifying the training centre at San Cristobal for this project and by expanding two other training centres.

ECUADORMALARIA ERADICATION
Continuation, 1968Allocation approved: \$83,000
Technical approval: WHO

E/ICEF/P/L.826

The approved revised plan was not implemented during 1966 because of financial difficulties. UNICEF was obliged to suspend shipments of supplies and towards the end of 1966 most operations had been suspended. Negotiations with US/AID for loan funds were resumed this year, and it is now expected that an agreement will be concluded shortly and that operations will be resumed to implement the approved plan. UNICEF will provide insecticides, supplies and transport on the condition that adequate local financing is assured.

ECUADOREDUCATION
Continuation,
mid 1967 - mid 1968Allocation approved: \$89,000
against approved commitmentEL SALVADORHEALTH SERVICES
Continuation,
mid 1967 - end 1968Allocation approved: \$53,000
Technical approval: WHO

E/ICEF/P/L.937

For 1967/1968 the Government plans to continue the graduate expansion and improvement of health services in rural areas. It proposes to build 10 new health centres and to provide them with adequate equipment, including dental equipment. In order to improve the quality of teaching, it will up-grade the San Salvador and Santa Ana Nursing Schools. Permanent centres for the training of auxiliary personnel will be established in the other two health zones. The following staff will be trained with UNICEF assistance: 40 dental auxiliaries in six-month courses; 120 sanitation inspectors in three-month courses; 120 assistant midwives in three-month courses and 240 auxiliary nurses in nine-month courses. UNICEF will also provide equipment for 10 health centres, 2 nursing schools and 2 training centres. WHO will furnish technical assistance to the programme through a medical adviser, a sanitary engineer and a nurse. In addition, it will furnish supplies, equipment and fellowships, provided it has the necessary funds.

EL SALVADOR

MALARIA ERADICATION
Continuation, 1968

Allocation approved: \$427,000
Technical approval: WHO

E/ICEF/P/L.826

An evaluation at the end of 1966 revealed a deterioration in the malaria situation during the period of negotiating finances for the revised plan. To ensure the success of the programme, some areas previously in the consolidation phase have now been returned to the attack, and it is foreseen that spraying operations must be continued through 1968. For the problem areas on the Pacific side, the application of selective measures of attack, involving spraying, larviciding and mass drug distribution, which were included in the plans, was confirmed. UNICEF will provide insecticides, drugs, supplies and transport.

EL SALVADOR

EDUCATION
Continuation,
mid 1967 - mid 1969

Allocation approved: \$64,000
Technical approval: UNESCO

E/ICEF/P/L.977

The main objectives of this project are to improve the quality of primary education in the country and to increase enrolment in primary schools, by strengthening school supervision and improving the quality of the teaching in the State teacher-training schools. The most important measures it is planned to take with UNICEF aid during the next two years are the following:

- (a) Reform of teacher-training and improvement of the educational level of the instructors;
- (b) Training for primary school teachers now in service;
- (c) Reform of supervision through the training of new supervisors and the further training supervisors now in service. Primary attention will be given to reallocating responsibilities and to improving the necessary installations to enable supervisors the better to discharge their functions.

Provision has been made for training courses for 100 instructors in teacher-training schools, 160 teachers in primary schools attached to teacher-training schools, 200 heads of primary schools and 30 supervisors. UNICEF will provide teaching materials and libraries for 30 practice primary schools attached to the teacher-training schools; libraries, science materials and equipment for 11 teacher-training schools; libraries and supplies for 54 supervisory sub-offices; transport; and stipends for 490 trainees. UNESCO is assisting the Government by providing the services of an expert in supervision and administration and an expert in teacher-training. The Government continues to receive assistance from the United States Agency for International Development (US/AID) for school construction and technical assistance for planning and for other fields of education.

GUATEMALA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$92,000
Technical approval: WHO

E/ICEF/P/L.863

The Government intends to continue its plan for the improvement of health services and their extension to the rural areas of the country. The plan for 1967/1968 includes the construction or modernization of 10 health centres and 42 sub-centres; the extension of dental care services to 7 health centres; the addition of laboratory services to 14 new centres, while at the same time establishing in the central public health laboratory a centre to train personnel for the new field services which are being set up; strengthening the sanitary workshop of the General Health Board so as to give an effective impetus to the construction and installation of latrines; continuation of the training of assistant public health personnel and sanitary inspectors, and strengthening the Health Education Department with a view to facilitating the production of printed matter for health programmes. UNICEF will provide basic medical equipment for the health centres and sub-centres, dental equipment, laboratory equipment and supplies, printing equipment for the Health Education Department, equipment for constructing and installing latrines and stipends for 80 participants in training courses. WHO will continue to give technical assistance to this programme through its representative in Guatemala, a medical adviser, a sanitary engineer, a laboratory consultant and a nursing consultant.

GUATEMALA

MALARIA ERADICATION
Continuation, 1968

Allocation approved: \$318,000
Technical approval: WHO

E/ICEF/P/L.826

An evaluation at the end of 1966 revealed a deterioration in the malaria situation during the period of negotiating finances for the revised plan. To ensure the success of the programme, some areas previously in the consolidation phase have now been returned to the attack, and it is foreseen that spraying operations must be continued through 1968. For the problem areas on the Pacific side, the application of selective measures of attack, involving spraying, larviciding and mass drug distribution, which were included in the plans, was confirmed. UNICEF will provide insecticides, drugs, supplies and transport.

GUATEMALA

EDUCATION
Continuation,
mid 1967 - mid 1968

Allocation approved: \$7,000
against approved commitment

GUYANA

MALARIA ERADICATION
Continuation, 1968

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

E/ICEF/P/L.826

In Guyana the coastal zone, in the maintenance phase, is protected by barrier sprayings in the upper rivers. In the interior, mass distribution of medicated salt is the main attack measure. In two districts of the interior medicated salt distribution was suspended in 1965 but had to be resumed in the Northwest when an outbreak was discovered in 1966. The emergency measures were applied to the foci, and weaknesses in the evaluation are being corrected. In the third district, Rupunini, the attack phase continues with mass distribution of medicated salt and spraying. UNICEF will provide insecticides, supplies and transport on the condition that adequate local financing is assured.

<u>HAITI</u>	<u>HEALTH SERVICES</u>	Commitment approved: \$67,000
	Resumption and extension,	Allocation approved
	October 1967 - November 1971	for 1967/1968: \$25,000
		Technical approval: WHO
E/ICEF/P/L.835		

The Government will establish a National School of Auxiliary Nurses in Port-au-Prince. During the next four years eight courses of eight months' duration will be held, consisting of six months of study at the school, with practical work in the capital's hospitals and health services, and two months in Arcahaie, a rural area previously assisted by UNICEF as a pilot area. The Arcahaie area has a main health centre, three sub-centres and adequate staff for supervision of the students. Priority will be given in the curriculum to mother and child health, nutrition and nutritional rehabilitation and midwifery. Fifty students, 25 from Port-au-Prince and 25 from the rural areas will attend each course. UNICEF will provide stipends for the students from rural areas for the full eight months and for those from Port-au-Prince for two months at Arcahaie. It is thus hoped to train the existing auxiliary nurses during the first four years, after which the school will train new staff within the budgetary limitations for their employment. UNICEF will also provide visual teaching aids, reference books, demonstration equipment and transport for student field practice. A WHO/PAHO public health adviser and nursing consultant are assigned to the country.

<u>HAITI</u>	<u>MALARIA ERADICATION</u>	Allocation approved: \$211,000
	Continuation, 1968	Technical approval: WHO
E/ICEF/P/L.826		

The mass drug distribution introduced in 1965 as a complement to spraying reached its peak in May 1966 with 1,718,000 inhabitants under treatment in three-week cycles of drug administration. There has been a sharp decrease in positivity, and the areas under mass drug distribution have been gradually reduced. DDT spraying in an annual cycle is being continued, complemented by mass drug distribution covering an estimated 400,000 inhabitants in those areas with evidence of continuing transmission. There is considerable internal migration and movement of population, and it is necessary to search for potential cases and foci of infection above 500 metres altitude where no attack measures were applied. This programme is in a crucial stage and its progress, together with that of Dominican Republic, is being closely observed through periodic visits of joint evaluation teams. For the 1968 operations UNICEF will provide insecticides, drugs, supplies and transport on the condition that adequate local financing is assured.

<u>HCNEURAS</u>	<u>MALARIA ERADICATION</u>	Allocation approved: \$203,000
	Continuation, 1968	Technical approval: WHO
E/ICEF/P/L.826		

An evaluation at the end of 1966 revealed a deterioration in the malaria situation during the period of negotiating finances for the revised plan. To ensure the success of the programme, some areas previously in the consolidation phase have now been returned to the attack, and it is foreseen that spraying operations must be continued through 1968. For the problem areas on the Pacific side, the application of selective measure of attack, involving spraying, larviciding and mass distribution, which were included in the plans, was confirmed. UNICEF will provide insecticides, drugs, supplies and transport.

HCNEURAS

EDUCATION
Continuation
mid 1967 - end 1968

Allocation approved: \$93,000
Technical approval: UNESCO

E/ICEF/P/L.975

The following activities are planned for the next eighteen months:

- (a) Training for primary school supervisors now in service through intensive eight-week courses given during school vacations, as well as similar courses given during the school year;
- (b) Establishment of the Central Department of Supervision responsible for technical co-ordination, consultation and supervision,
- (c) Training of heads of schools in regular ten-month courses in the Teachers' College and in eight-weeks refresher courses given during school vacations;
- (d) Training of 895 non-certified teachers and graduation of 1,000 teachers,
- (e) Abolition of appointments of non-certified teachers,
- (f) Over-all improvement of the training given in teacher-training schools,
- (g) Establishment of four one-room pilot schools, two to be attached to the Men's Teacher-Training School, and the other two to the Board of Primary Education, for practice teaching and the wider dissemination of the organizational methods characteristics of this type of school,
- (h) The holding of regular and special advanced courses by the Teachers' College for teachers who are either working or desirous of working in the pilot schools.
- (i) Improvement of primary schools used for the regular or advanced training of teachers.

UNICEF will provide office equipment and basic reference libraries for 18 supervisory offices; basic libraries, teaching equipment and supplies for 2 teacher-training schools and the Teachers' College, 3 demonstration primary schools, 50 practice primary schools attached to teacher-training schools and 4 one-room schools; transport; and stipends.

JAMAICA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1969

Commitment approved: \$162,000
Allocation approved
for 1967/1968: \$120,000
Technical approval: WHO

E/ICEF/P/L.972

The purpose of this project is to provide adequate dental care for the child population by establishing a dental auxiliary service for children, to increase the supply of pure water in rural communities and to integrate this rural water supply programme with the regular activities of the Ministry of Health

- (a) Rural water supply: A further eighteen systems have now been selected, and UNICEF will provide piping, fittings and pumps, representing a final contribution to this aspect of the project. To complete the training of Jamaican senior public health inspectors, it is planned to hold two more eleven-week training courses, one in 1967 and one in 1968. Each course will include 25 participants from Jamaica and 5 from other English-speaking Caribbean countries. UNICEF will provide teaching materials, books and stipends.

JAMAICA (continued)

- (b) Dental auxiliary service: The Government proposes to establish a residential training school in Kingston to provide staff for a dental auxiliary service committed to the care of children's teeth. Twenty students will be admitted annually to participate in a two-year training course. The dental auxiliary will be a Government employee, assigned to parishes and districts for work among children up to the age of fifteen, under the direct supervision of government dental officers. They will have the following duties: maintaining good dental health of the children in their assigned group of school children through regular examination, teaching the principles of oral hygiene to obtain the co-operation of the children and their parents, performing prophylaxis, providing limited treatment in the form of extractions and fillings and recognizing requirements for treatment beyond their scope and referring these to a dentist. UNICEF will provide equipment and supplies for the dental school.

WHO/PAHO is co-operating in the preparation and execution of this project through its country representative, the services of a resident sanitary engineer, a course leader and an instructor and its regional adviser in dental health. The Director of the Dental Auxiliary School at New Cross Hospital, London, has collaborated very closely in the development of this project and will be available to help in the establishment of the new school. The United Kingdom Ministry of Overseas Development has agreed to assist with the recruitment of such foreign staff as may be temporarily required and to cover any difference in salary costs that may arise.

MEXICO

HEALTH SERVICES
Continuation,
mid 1967 - end 1971

Commitment approved: \$52,000
Allocation approved: none
Technical approval: WHO

E/ICEF/P/L.856

The Government has agreed that the time has now come for UNICEF to begin gradually cutting down its assistance in the field of training. Therefore, it is planned that UNICEF will reduce its assistance by 20 per cent annually from 1968, and that the Government in its turn will proportionally increase its commitments with respect to stipends. The plan drafted by the Ministry of Health and Social Assistance for the near future includes courses for auxiliary workers in the fields of health, sanitation, nutrition, the administration of health and dental hygiene centres and courses for laboratory technicians and statisticians. WHO/PASB will provide the services of two nursing consultants and will also provide fellowships for training Mexican teachers abroad.

MEXICO

SOCIAL SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$19,000
against approved commitment

NICARAGUA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1968

Allocation approved: \$48,000
Technical approval: WHO

E/ICEF/P/L.942

During the coming period, the Government proposes to continue implementing its Health Plan, stressing the development of services in rural areas. Three municipal centres will be improved. The training programme will continue and UNICEF will co-operate in organizing a six-month course for 100 nurse's aides, a two-month course for 50 nurse's aides, a one-month course for 50 statistical assistants, a six-month course for 25 sanitation inspectors and a six-month course for 10 laboratory technicians. In addition, it is proposed to strengthen the Printing Department of the Ministry of Public Health. UNICEF will provide basic equipment for 3 health centres and 7 sub-centres, supplementary equipment for 33 peripheral laboratories and the Printing Department of the Ministry of Public Health, transport and stipends. In 1967 and 1968 WHO will provide the services of chief medical consultant and a sanitation engineer stationed in Nicaragua. In addition, WHO will furnish equipment, supplies and fellowships, provided that it has the necessary funds.

NICARAGUA

MALARIA ERADICATION
Continuation, 1968

Allocation approved: \$212,000
Technical approval: WHO

E/ICEF/P/L.826

An evaluation at the end of 1966 revealed a deterioration in the malaria situation during the period of negotiating finances for the revised plan. To ensure the success of the programme, some areas previously in the consolidation phase have now been returned to the attack, and it is foreseen that spraying operations must be continued through 1968. For the problem areas on the Pacific side, the application of selective measures of attack, involving spraying, larviciding and mass drug distribution, which were included in the plans, was confirmed. UNICEF will provide insecticides, drugs, supplies and transport.

PANAMA

HEALTH SERVICES
Continuation,
mid 1967 - mid 1969

Allocation approved: \$38,000
Technical approval: WHO

E/ICEF/P/L.958

The Government intends to continue implementation of the National Health Plan in the central zone, with a view to extending it to other regions which attract rural emigrants from the central zone seeking land and work and which are, moreover, regions of great importance for the nation's future economic and social development. During the next period, greater attention will be given to the development of health services in the eastern part of the country, special importance being accorded to the Darien zone. The Government proposes to carry out the following activities in that zone:

- (a) Provide medical services for the greater part of the population, including preventive and curative services, and health promotion;
- (b) Improve and expand the basic health services for pregnant women, mothers and children, with a view to reducing the maternal and infant mortality rate;
- (c) Eliminate, or at least control, infectious diseases;
- (d) Improve the standard of sanitation in the zone by supplying drinking water and introducing an adequate garbage and sewage disposal system;

PANAMA (continued)

- (e) Raise the level of the professional medical personnel and the para-medical personnel in the zone by means of training.

To this end it is planned to establish or improve in the Derien zone two integrated health centres with their corresponding hospital, maternity and paediatric services, one health centre and 10 sub-centres and to drill 40 wells and construct 300 latrines with UNICEF aid. In order to provide the necessary personnel for these services, 6 nurse's aides, 2 midwives and 2 sanitation inspectors will be trained. It is planned also to strengthen the environmental sanitation activities in the central zone by drilling 150 new wells, repairing 500 existing wells and constructing 8 rudimentary aqueducts in rural communities where this is justified by the population density. UNICEF will provide equipment for 3 health centres and 10 sub-centres, equipment and supplies for wells and latrines in two regions, transport for supervision and stipends for 10 trainees. WHO will continue to provide advice in the preparation and implementation of the project through its Chief Public Health Adviser and a sanitation engineer.

PANAMA

MALARIA ERADICATION
Continuation, 1968

Allocation approved: \$128,000
Technical approval: WHO

E/ICEF/P/L.826

In Panama, where the entire malarious area continues in the attack phase, the technical problems encountered in the Central American countries do not exist. Administrative weaknesses, inadequate finances and insufficient supervision of operations have been the main factors in the slow progress of the programme. These factors are appropriately covered in the revised plan. The loan requested by the Government from US/AID has been approved and the formal agreement, now under negotiation is expected to be signed shortly. UNICEF will provide insecticides, drugs, supplies and transport.

PANAMA

APPLIED NUTRITION
Continuation
1968 - 1969

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

E/ICEF/P/L.865

The programme will be extended to six rural areas designated as rural development areas. Under its National Development Plan, the Government gave priority to expanding all the public services in these areas, to settling a considerable number of the country's landless peasants on fertile land and to promoting rural development in suitable areas. During this two-year period, the project will be initiated in 50 communities in these 6 areas, in 50 schools with a school population of some 12,000 children, in 5 health centres and in 9 agricultural extension agencies which have not so far taken part in a co-ordinated project of this kind. In addition, the programme will be continued in the 30 communities covered by the 1966 programme, comprising 32 schools with a school population of some 6,000 children, 9 health centres and 6 agricultural extension agencies. At the same time, attempts will be made to intensify and consolidate the nutrition activities in both programme areas by means of 32 strategically-located demonstration gardens with post-primary-school children from the area taking part in their operation. The training of teachers and officials taking part in the programme will continue. UNICEF will provide garden tools, fertilizers, fungicides and seeds for 50 new gardens; seeds, fertilizers, fungicides and pesticides for the continuation of the programme in the 32 schools covered by the second stage and for 32 demonstration gardens; kitchen equipment for school lunches and/or demonstration purposes in health centres and extension agencies; audio-visual materials; tubing and equipment for 12 tubular wells; transport; and stipends for 445 teachers and supervisory personnel.

PARAGUAY

HEALTH SERVICES
Continuation
mid 1967 - end 1968

Allocation approved: \$116,000
Technical approval: WHO

E/ICEF/P/L.882

During the next stage, the Government will construct - or upgrade - and staff 28 health sub-centres, most of which are in the new settlement areas of San Pedro, Alto Parana and Caaguazu. In addition, the Government is taking the necessary steps to improve the quality and increase the regularity of supervision at the national level. Training will be continued in accordance with the plan. Besides covering 75 per cent of the cost of the stipends for 60 auxiliary nurses (as provided in the previous recommendation), UNICEF will co-operate in the training of 15 new sanitary inspectors, 20 health aides in service, 6 laboratory technicians in service, 140 traditional birth attendants, 40 physicians by means of a planning seminar, and 60 physicians in a short course on communicable disease control.

The demonstration project for communicable disease control will continue for its second year, and the training of the remaining personnel will be completed. At the end of the year there will be a complete evaluation of this project, which was designed to demonstrate methods of integrating communicable disease control into the regular public health services, and the results will be published. Under the environmental sanitation programme, it is planned to drill 45 wells, install 505 pumps in new or repaired wells and build 20 windmills. UNICEF will provide basic or supplementary equipment for 9 health centres, 28 sub-centres and the midwifery-training programme; medicines and vaccines; pumps, piping, equipment and spare parts for drills; and stipends for the training of 281 persons. WHO will continue to provide technical assistance through its consultant team in the country, consisting of an epidemiologist, a nursing adviser, a midwifery adviser, and a sanitary engineer. In addition, it will cover the cost of fellowships for study abroad.

PARAGUAY

MALARIA ERADICATION
Continuation, 1968

Allocation approved: \$170,000
Technical approval: WHO

E/ICEF/P/L.826

The revised plans envisaged resumption of the attack phase in late 1966. The necessary measures related to the negotiation of a loan were not completed, and resumption was rescheduled for late 1967. An increase in a tax apportionment provides additional Government funds for the campaign beginning April 1967, and loan negotiations are now in the final stage. Limited operations have been carried out by the Government. In 1966, an epidemic situation was found in the eastern areas where there is intensive colonization related to the economic development plans. Using \$4,640 from the Executive Director's Emergency Fund, UNICEF provided insecticides to enable the Government to undertake emergency operations to control this situation; WHO/PAHO provided anti-malaria drugs. On the condition that adequate local financing is assured, UNICEF will provide insecticides, supplies and transport for the 1968 operations.

PARAGUAY

EDUCATION
Continuation,
mid 1967 - end 1968

Allocation approved: \$75,000
Technical approval: UNESCO

E/ICEF/P/L.949

During the next eighteen months nine-single classroom schools will be opened in localities where a full primary school is not justified. As a first step in the introduction of modern teaching methods and more practical curricula, which will include training in handicrafts, manual arts and agriculture, it is planned to provide audio-visual and duplicating equipment, as well as equipment for the manual arts, for the five rural supervisory zones in the newly colonized areas where the single-classroom schools will be established. In-service training will continue and teachers will be oriented to new curricula and teaching methods. During the period of the plan, it is expected that 50 primary school supervisors, 250 primary school directors, 300 primary school teachers, 100 teachers for single-classroom primary schools and 100 normal school directors and teachers will be trained in one-month courses. UNICEF will provide equipment and supplies for 9 single-classroom schools and 2 normal schools, equipment for 5 rural supervisory zones and books for 16 zones and the central department, transport and stipends. UNESCO will continue to provide technical assistance to the programme through its mission in Paraguay. It has assigned an expert in visual aids production especially for this project.

PERU

HEALTH SERVICES
Continuation, 1968

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

E/ICEF/P/L.857

Under the National Health Plan, the Health Area of Loreto is to develop the health district of Pequena, in the area crossed by the Ucayali River to the south of Iquitos, during the third year of the programme. For this purpose, 2 health centres and 10 sub-centres will be established, and health posts will be set up in 30 schools. Professional and auxiliary personnel will be increased also and buildings will be constructed for the above-mentioned services. The establishment of an additional sanitary workshop is planned also. UNICEF will provide basic equipment for 2 health centres and 10 sub-centres, and dental equipment for the 2 centres; 50 kits, and audio-visual equipment for health education; tools, iron rods and wire for a sanitary workshop; and transport. WHO will continue to assist this project by providing the services of a public health doctor. It will also provide specialized services in public health through a nurse and a sanitary engineer.

PERU

MALARIA ERADICATION
Continuation, 1968

Allocation approved: \$124,000
Technical approval: WHO

E/ICEF/P/L.826

The coastal region and part of the Andes region are in the maintenance or consolidation phases. The local health services are assuming responsibility in the areas in maintenance, and the malaria service is concentrating its efforts on intensifying operations in the areas continuing in the attack phase. These are the Amazon region and two areas of the Andes region with some 1,172,000 inhabitants, representing 28 per cent of the population of the original malarious areas. They comprise, however, 69 per cent of the malarious area where the population is scattered and operations are more difficult. For the intensification of operations in the Amazon region the Government plans an increased budget for 1968 and UNICEF will provide more boats, as well as insecticides and supplies.

PERU

EDUCATION
Continuation,
mid 1967 - end 1968

Allocation approved: \$143,000
Technical approval: UNESCO

E/ICEF/P/L.902

During the next eighteen months it is intended to incorporate ten more normal schools into the programme and to improve them by providing them with the necessary teaching aids, equipment and supplies, books, duplicating equipment and supplies, laboratory equipment, transport, and tools for carpentry, agriculture and home economics workshops so as to permit the full application and development of the revised teacher-training programmes. In addition, small amounts of equipment would be provided for 100 single-classroom schools which are used by the normal schools for teaching practice. The following courses will be organized: two-year post-graduate courses for 30 graduate teachers; two-week courses in the use of equipment for 60 science teachers; a two-year course for 90 supervisors; one-month in-service courses for 100 supervisors; and regional and national seminars on teacher training and supervision for 200 teachers and supervisors. UNICEF will provide equipment and supplies for 10 normal schools, small amounts of equipment and teaching aids for 100 single-classroom schools, transport and stipends. Provided that funds are available, UNESCO will provide the services of experts in planning, teacher training and basic sciences.

ST. LUCIA

EDUCATION
First request for UNICEF aid,
mid 1967 - mid 1969

Allocation approved: \$26,000
Technical approval: UNESCO

E/ICEF/P/L.916

A survey conducted by the Institute of Education shows that by 1970 only 302 of the 748 teachers needed to meet the expanding school population will have been trained. Facilities at the Teachers' College are therefore being expanded to accommodate more students, and teachers in service will be encouraged to take the regular two-year training course. The Government will need to replace these teachers and to provide stipends for their training. This will involve additional financial burden which the Government is unable to meet entirely and therefore UNICEF assistance has been requested. UNICEF will provide teaching and demonstration materials for the Teachers' College, a bus for practice teaching and stipends for 20 trainees per year in the two-year course. UNESCO will provide technical advice and guidance through periodic visits of its consultants assigned to the West Indies. The Canadian Government will continue to provide the services of a principal for the Teachers' College.

SURINAM

MALARIA ERADICATION
Continuation, 1968

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

E/ICEF/P/L.826

The coastal and savannah regions of Surinam have been free of malaria since 1961. The interior presented problems of acceptance of the programme by the indigenous population. Intensive efforts to obtain their cooperation were successful in some areas. For the others, a complementary attack measure was necessary and in 1966, after field trials, mass distribution of medicated salt was introduced in the southeastern part of the interior. For the 1968 operations, UNICEF will provide insecticides, supplies and transport on the condition that adequate local financing is assured.

TRINIDAD AND TOBAGO

HEALTH SERVICES
Continuation, 1968-1969

E/ICEF/P/L.924

Commitment approved: \$53,000
Allocation approved
for 1968: \$34,000
Technical approval: WHO

By the end of 1970, it is estimated that 705 nursing auxiliaries will be needed to meet the requirements of public health and hospital nursing services, including paediatric and maternity care. The Government will therefore create seven centres equipped to train 150 auxiliaries per year. The centre will be located throughout the two islands in order to enable the nursing auxiliaries to take their training close to their own communities and thereby minimize migration from the rural areas to the cities. The course will consist of six months of theoretical and practical instruction at the training centres, followed by an additional period of six months of supervised practical experience in their respective service areas. UNICEF will provide supplies, equipment and reference books for 7 training centres; transport; and stipends for 45 nursing auxiliaries per year in a twelve-month course. WHO will continue to provide the services of a nursing adviser, and will also provide fellowships, within its budget possibilities, for training local personnel overseas.

TRINIDAD AND TOBAGO

EDUCATION
First request for UNICEF
aid, mid 1967 - mid 1969

E/ICEF/P/L.915

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

The objectives of the project are to provide more suitable reading materials for children in primary schools and continuing guidance for their teachers through handbooks and other publications designed to improve teaching methods. The Government has established a publications unit to produce appropriate school materials, and this unit is already supplying materials for children as well as a monthly journal for teachers. However, in order to reinforce the effects of the intensive in-service teacher-training programme and to provide adequate materials for a revised primary school curriculum, the activities of the unit must be expanded. It is anticipated that the unit would produce handbooks for teachers, workbooks for pupils, basic reading materials, social studies texts and supplementary material such as maps, charts, etc. As the unit will not be in a position to reproduce all the desired materials immediately, certain basic texts, some of which were developed by the University of West Indies and others in Trinidad, will be printed locally and distributed in primary schools on the two islands. These would include 1,000 sets of six teachers' books and 20,000 copies of each of seven social studies and reading texts for which UNICEF aid is requested, and a further seven texts for which the Government would cover the printing costs. In order to provide audio-visual aids for reading instruction, story-telling and arithmetic in the lower grades, as well as pictures on local themes for class discussion, it is proposed to establish a central unit for the production of film-strips and pools from which filmstrip projectors can be borrowed. UNICEF will provide printing costs for 146,000 texts and audio-visual and reproduction equipment. A UNESCO expert already stationed in the area is available to provide advice and guidance, and technical assistance is also being given by a publications expert made available by the New Zealand Government under a bilateral agreement.

VENEZUELASOCIAL SERVICES
First request for UNICEF
aid, 1967Allocation approved: \$18,000
Technical approval: UNDESA

E/ICEF/P/L.904

The Government of Venezuela will organize a one-month seminar for juvenile court judges and related personnel with the assistance of the United Nations Bureau of Social Affairs and the Inter-American Children's Institute. The seminar will take place at the National University of Caracas during the latter part of 1967. The programme will include lectures and discussions conducted by faculty members on such topics as minors' and family rights, psychology of children and adolescents, hygiene and social medicine, social retraining, etc. In addition, arrangements will be made for visits to relevant institutions and agencies, and workshops on topics of special interest to groups of participants will be organized. Attendance will be limited to thirty participants, five from Caracas and twenty-five from other parts of the country selected from judges of courts dealing with minors and other senior officials of such courts and related institutions. UNICEF will provide travel and living costs for 25 participants from outside Caracas; honorarium for the co-ordinator and miscellaneous administrative expenses; and a share of the cost of publishing the final report of the seminar.

THE AMERICAS REGIONHEALTH SERVICES
Continuation,
mid 1967 - mid 1968Allocation approved: \$24,000
Technical approval: WHO

E/ICEF/P/L.934

The objective of the project is to improve the qualifications of public health personnel of the Caribbean Area through regional training courses. During the next year priority will be given to training the following categories of personnel:

- (a) Public health nurses who received their training more than five years ago will take a one-month refresher course to become acquainted with new concepts in maternal and child care and health education. This course will be offered in Barbados with the participation of 30 nurses, 10 from Barbados and 20 from other islands.
- (b) Ten senior staff nurses from the Eastern Caribbean islands will be offered a three-month course in advanced midwifery techniques and supervision either at the University of the West Indies, Jamaica or in Barbados;
- (c) Thirty participants from Jamaica and twenty from other islands will take a four-month course in public health statistics at the University of the West Indies.

UNICEF will provide training supplies and stipends and travel for 50 participants. WHO will assist in organizing the courses and will provide instructors from zone and project staff. The courses offered in Jamaica will be organized in co-operation with the University of the West Indies.

THE AMERICAS REGIONNUTRITION TRAINING
(INCAP)
Continuation,
mid 1967 - mid 1968Allocation approved: \$40,000
against approved commitment

THE AMERICAS REGION

NUTRITION TRAINING (CRECENA)
Continuation, 1968

No allocation recommended
Technical approval: FAO and WHO

E/ICEF/P/L.984

In 1962 UNICEF approved an allocation to provide training in applied nutrition for leading extension agronomists and certain other leaders of national nutrition projects. A regional training centre was established at the National School of Agriculture at the University of La Molina, Peru. This year the University of La Molina expressed a desire to discontinue this project.

There is a continuing need for training of personnel in applied nutrition which is not being met through other channels in the Spanish-speaking countries. Therefore UNICEF, in consultation with FAO and WHO, sought a location where there would be sufficient specialization in nutrition to carry on the original aims of this project. With the agreement of the Government of Colombia, the National University has been selected as the institution at which the training will be based. It is planned to establish within the University a centre for training in food economics and applied nutrition (CRECENA). Courses will be organized with the co-operation of the National Nutrition Institute and the Ministries of Agriculture, Health and Education. They will be of five months' duration. It is believed that shortening the courses from the original nine months to five will make it possible for more qualified candidates to attend. Fellowships will be offered to twenty participants each year for three years from 1968 through 1970. For the first course UNICEF has been asked to provide some supplies and equipment and the cost of the fellowships and of a national Director, and to reimburse FAO for an international co-ordinator. Since there has not been time to complete all the arrangements, the formal plan for the remainder of the three-year period will be presented to the Board in 1968. Pending agreement on the details of the three-year plan, an amount not exceeding \$70,000 will be made available from the balance of the La Molina project to cover the anticipated requirements of the programme in 1968.

THE AMERICAS REGION
(Caribbean)

SOCIAL SERVICES TRAINING
(University of the West
Indies, Jamaica)
Continuation,
mid 1967 - mid 1971

Commitment approved: \$83,000
Allocation approved
for 1967/1968: \$40,000
Technical approval: UNDESA

E/ICEF/P/L.925

The in-service training programme, in which UNICEF has collaborated since 1965, is carried out by the University of the West Indies through the Faculty of Social Sciences and the Extra-Mural Department. Three types of courses are offered:

- (a) A two-year certificate course in social work for students without any social work experience, as well as for social workers with practical experience but only limited professional training;
- (b) A four-month course on the principles and practice of social work for workers who have had experience but no professional training;
- (c) A two-week refresher evaluation course for a selected number of trainees who participated in previous four-month courses.

To facilitate arrangements by the University to establish a fellowship programme on a permanent basis and gradually arrange for other financing, UNICEF will provide fellowships for the two-year course over the next four years, paying a decreasing percentage of the total cost each year. The University will be responsible for financing the balance of these fellowships and for selecting the candidates. UNICEF will also provide fellowships for the four-month and the two-week refresher courses, as well as films and books for the social welfare training centre.

THE AMERICAS REGION
(Caribbean)

SOCIAL SERVICES
First request for UNICEF
aid, mid 1967 - mid 1968

Allocation approved: \$20,000
Technical approval: UNICEF, FAO, UNESCO
and WHO

E/ICEF/P/L.961

The purpose of the project is to organize a regional seminar on the needs of the young child (the child from 1 to 6) in order to formulate some general recommendations as to action which might be taken by Governments on behalf of this age group. The seminar will be held in Bridgetown, Barbados during the period 5 to 12 November 1967. Representatives drawn from the English-speaking islands of the Caribbean and Surinam will participate. As so many government departments are involved in the development of programmes which directly benefit the pre-school child, each country will be approached by the sponsors and their representation discussed, in order to secure a balanced participation between various fields of activity. The participants will include the following: medical doctors, educators, social workers, day-care and child welfare specialists and nutritionists.

A technical adviser will organize the seminar and plan the agenda in consultation with the interested Governments. The discussions will be oriented around the following main topics:

- (a) Development of the age group from one to six years;
- (b) Assessment of the extent and relevance of existing programmes and services;
- (c) Consideration of programmes to meet identified needs and of planning for action programmes;
- (d) Selection and training of personnel engaged in such programmes and services;
- (e) Organization, administration and financing of programmes for the pre-school child.

Each participating country will be invited to present a study outlining the prevailing situation regarding the pre-school child and a review of existing services. UNICEF will provide travel and living expenses for 32 participants; costs of a technical consultant and resource personnel including honoraria, travel and living costs; and miscellaneous conference expenses, including printing of final report.

THE AMERICAS REGION

PLANNING FOR CHILDREN AND YOUTH
(Latin American Planning
Institute)
Continuation, mid 1967-mid 1970

Commitment approved: \$103,000
Allocation approved
for 1967/1968: \$9,000

E/ICEF/P/L.974

The training and research activities of the Social Programming Division will continue during the next three years. UNICEF is being asked to finance the services of one teacher and two research assistants. The teacher will provide advice on aspects of planning affecting children and youth for Governments requesting it. He will also be part of the Institute's teaching staff and will give lectures on matters relating to children and youth as part of the Institute's courses. In addition, the teacher and the two research assistants will collaborate in a complementary study of problems related to children and youth as part of a wider research programme on political and social marginality in Latin America. (In this context, the term "marginality" refers to groups in transition which are not integrated into the main system of rules and relationships.) The project is under the joint auspices of the Institute and the Centre for the Economic and Social Development of Latin America (DESAL) and is financed by the Ford Foundation of the United States.

UNICEF will continue to provide two fellowships annually during the three-year period for Government officials working in the social field who meet the standards of the basic planning course. UNICEF will also provide materials and equipment for social research and a specialized reference library in the social field, which would be useful not only for the marginality project but also for use by students attending the various courses given by the Institute.

F. INTERREGIONAL

HEALTH SERVICES: PAEDIATRIC
TRAINING (LONDON)

Continuation,
mid 1967 - mid 1968

Allocation approved: \$48,000
against approved commitment

HEALTH SERVICES: ALL-INDIA
INSTITUTE OF HYGIENE AND
PUBLIC HEALTH (FELLOWSHIPS)

Continuation,
mid 1967 - mid 1968

Allocation approved: \$26,000
against approved commitment

WHOLE MILK FOR HEALTH SERVICES

E/ICEF/P/L.956

Allocation approved: \$153,046

In 1966, following a pattern established in earlier years, the Government of Switzerland again donated 300 tons of dry whole milk, with packing and ancillary charges to be borne by UNICEF. In order to complete programme requirements for powdered whole milk in 1966, 447,984 pounds were purchased in Australia. This milk has been distributed as part of UNICEF assistance to country health services projects. The allocation approved will cover the cost of the packing and ancillary charges on the donated milk and the cost of purchasing milk in Australia. The apportionment to health services projects of funds from the allocation will be made as shown in the recommendation paper reflecting shipments made during 1966 to 27 countries and interregional project.

PROTEIN-RICH FOODS: RESEARCH
DEVELOPMENT AND TESTING

Continuation,
mid 1967 - mid 1968

Allocation approved: \$100,000
against approved commitment

PLANNING FOR CHILDREN AND YOUTH
(ASIAN INSTITUTE FOR ECONOMIC
DEVELOPMENT AND PLANNING)

Continuation, 1968

Allocation approved: \$48,000

E/ICEF/P/L.811

As part of the "follow-up" of the Asian Conference on Children and Youth in National Planning and Development, ECAFE and the Institute will convene a study group to encourage a better appreciation of the importance of the development of young human resources in conjunction with national planning. The specific purpose of the study group is to provide an opportunity for planners from central planning bodies and ministries dealing with children and youth problems in the ECAFE region to study and review experiences, methods, organization and procedures for including the protection and preparation of young people in national development planning. A number of UNICEF staff members will also participate. In order to assist in the follow-up of the conference and to continue assistance to the Institute, UNICEF will provide two short-term consultants in connexion with the study group and funds to cover the costs of two visiting lecturers for the course. The UNICEF-financed faculty member would be continued for a fourth year. UNICEF will also provide two research fellowships, funds to cover travel for the fellows and books and teaching aids for the Institute.

PLANNING FOR CHILDREN AND YOUTH
(SEMINAR FOR ARAB STATES ON
CHILDREN AND YOUTH IN NATIONAL
DEVELOPMENT)

First request for UNICEF aid,
mid 1967 - mid 1968

Commitment approved: \$50,000
Allocation approved
for 1967/1968: \$15,000

E/ICEF/P/L.970

A ten-day seminar will be held in 1968 on encouraging and improving programmes for children and youth in Arab countries within the context of national economic and social development planning. It is planned that during 1967 and the first half of 1968 country experts will be selected and invited, and that the seminar documentation will be in preparation. It is also proposed that three or four pre-seminar working group meetings, comprising a few experts from the region, be convened in co-operation with the concerned agencies of the United Nations family, to examine special problems of children and youth in Arab states, and ways of dealing with these problems. The findings of these working groups will be presented to the seminar with a view to sharpening discussion of these subjects. Participants will be drawn from planning and policy levels of various ministries and organizations concerned with development planning and children's programmes in Arab countries, as well as from universities, research institutes and prominent non-governmental organizations of these countries. A few experts from outside the countries may be invited to participate and contribute papers. In addition, representatives of the United Nations, ILO, FAO, UNESCO, WHO, the Economic Commission for Africa and the African Institute for Economic Planning and Development, will be invited to the seminar, bringing the total number of participants to about sixty. The documentation will include reports prepared by each country on the problems of children and youth and the efforts to meet these problems within the framework of economic and social development planning, papers prepared by experts on various agenda topics and papers prepared by the United Nations and its organizations and agencies. UNICEF will provide per diem and travel expenses for 30 country representatives and some experts; cost of preparation of documents, including translation; cost of travel and per diem for experts attending pre-seminar working group meetings and preparation of papers; running costs of the seminar; and costs of publication of the seminar report. It is anticipated that the host country may cover part of the expenses, and that UNESOB will contribute to some of the running expenses of the seminar.

INTERNATIONAL CHILDREN'S
CENTRE (PARIS)
Continuation, 1968

Allocation approved: \$450,000

E/ICEF/P/L.900

At its June 1965 session the Executive Board gave its approval in principle for the continuation of UNICEF assistance to the International Children's Centre for the five-year period 1967-1971 and approved a commitment of \$2,350,000 for that period. The proposed programme and budget of the Centre for 1968 call for a total of Fr.4,584,000, of which Fr.174,000 will be covered by miscellaneous income, including proceeds from the sale of publications. The balance of the budget (Fr.4,410,000; equivalent to \$US 900,000) will be shared in equal parts by the French Government and UNICEF. The 1967 programme is being implemented in accordance with the plans approved by the Executive Board at its May 1966 session (E/ICEF/P/L.650). As detailed in the Addendum to this document, the plan for 1968 includes ten training courses and seven seminars and colloquia to be held in Africa, Asia, the Middle East and Latin America. The research programme will include social and medico-social studies and studies in applied paediatrics. Current efforts to co-ordinate the activities of the Documentation Department with those of other centres in different countries will be continued.

FINANCING INTERNATIONAL PERSONNEL FOR
PROJECTS ASSISTED JOINTLY BY UNICEF
AND INTERNATIONAL TECHNICAL AGENCIES

Allocation approved: \$261,000

E/ICEF/P/L.985

The present paper is concerned with financing by UNICEF of international advisory project personnel of the ILO, FAO and UNESCO, and fellowships administered by these agencies, for projects which also receive regular programme assistance from UNICEF. The allocations being proposed at this session of the Board are primarily concerned with technical services requiring financing by UNICEF in 1968, the second year of the current biennium of the UNDP Technical Assistance programme. The allocations recommended are partly for new posts and partly for the continuation of posts for which financing was previously approved, except where delays in recruitment during 1966/1967 have resulted in earlier allocations remaining available to cover the respective posts in 1968. In regard to 1967, the main requirements are being covered by funds allocated by the Board in May 1966. However, requests have subsequently been received for a limited number of posts not previously foreseen, requiring financing during the last half of 1967. As a result, the present proposals also include supplementary allocations for that period of the current year. UNICEF will reimburse actual expenditures, which in individual cases may be higher or lower than the estimates.

ALLOCATION TO COVER
OVER-EXPENDITURES

Allocation approved: \$1,824.39

E/ICEF/P/L.986

This allocation was approved to cover deficits incurred in the course of fulfilment of five projects previously approved by the Board.

FREIGHT ACCOUNT

Commitment approved: \$3,500,000
Allocation approved: \$2,800,000

E/ICEF/P/L.850, para.11

The Board has adopted the practice of making a single allocation for the global freight account rather than allocating freight costs to individual projects. The outstanding commitment for the freight account at the present time amounts to \$4.0 million. Against this commitment, the Board approved an allocation of \$2.8 million for the cost of ocean freight on supplies to be shipped during the next twelve months (approximately \$500,000 for the shipment of milk and \$2.3 million for other shipments). In addition, to cover the ocean freight costs of the supply element of newly recommended programme commitments, a further \$3.5 million would be required. The Board therefore approved an additional commitment of \$3.5 million for the freight account.

ANNEX III

COMMITMENTS AND ALLOCATIONS APPROVED BY THE
EXECUTIVE BOARD IN JUNE 1967Table 1

Allocations approved by the Executive Board in June 1967 and
reductions of outstanding obligations through savings and
cancellations of allocated funds

(in US dollars)

	Action taken by Board			
	Allocations approved		Redistribution of global allocations by region	Total
	Long-range	Emergency ^{a/}		
I. Africa	7,398,805	-	21,200,000	28,598,805
II. East Asia and Pakistan	11,258,969	-	29,500,000	40,758,969
III. South Central Asia	8,107,796	1,366,000	751,000	10,224,796
IV. Eastern Mediterranean	3,719,114	303,000	4,250,000	8,272,114
V. Europe	468,009	-	12,000,000	12,468,009
VI. The Americas	5,475,500	69,000	54,300,000	60,244,500
VII. Assistance benefiting more than one region	3,534,177	-	(3,312,411)	221,766
Total (I - VII)	39,962,370	1,738,000	-	41,700,370
VIII. Other Assistance: Operational services		5,560,625		5,560,625
IX. Administration		3,118,375		3,118,375
Total (VIII - IX)		8,679,000		8,679,000
Grand Total		50,379,370		50,379,370

Table 1 (continued)

	Action taken by Board			
	Allocations approved		Redistribution of global allocations ^{b/}	Allocations returned ^{c/}
	Long-range	Emergency ^{a/}		
I. AFRICA				
Algeria	681,000	-	26,535	-
Botswana	114,000	-	2,124	-
Burundi	66,144	-	4,201	-
Cameroon	99,000	-	5,377	-
Central African Republic	122,000	-	51,086	-
Chad	90,400	-	90,209	-
Comoro Islands	-	-	162	-
Congo (Brazzaville)	115,000	-	38,156	-
Congo (Democratic Republic of)	-	-	1,162	-
Dahomey	135,000	-	3,375	-
Ethiopia	245,614	-	82,602	7,675
Gabon	122,000	-	20,925	-
Gambia	-	-	387	-
Ghana	193,000	-	32,044	-
Guinea	91,000	-	9,598	-
Ivory Coast	200,000	-	28,005	-
Kenya	277,000	-	46,180	-
Lesotho	1,533	-	6,107	-
Liberia	-	-	911	-
Madagascar	110,000	-	2,189	-
Malawi	160,228	-	6,609	-
Mali	421,000	-	6,085	-
Mauritania	112,000	-	20,775	-
Mauritius	2,983	-	8,438	-
Morocco	305,000	-	25,360	-
Niger	94,514	-	25,913	-
Nigeria	539,600	-	66,548	-
Rwanda	150,147	-	3,766	-
St. Helena	-	-	274	-
Senegal	234,000	-	25,725	-
Seychelles	-	-	2,429	-
Sierra Leone	64,000	-	10,004	-
Somalia	37,000	-	25,133	-
Swaziland	58,763	-	10,813	-

Table 1 (continued)

	Action taken by Board			
	Allocations approved		Redistribution of global allocations ^{b/}	Allocations returned ^{c/}
	Long-range	Emergency ^{a/}		
AFRICA (continued)				
Togo	141,374	-	6,955	-
Tunisia	832,265	-	32,266	-
Uganda	426,000	-	26,812	4,583
United Republic of Tanzania	492,966	-	48,745	-
Upper Volta	201,274	-	12,869	-
Zambia	78,000	-	7,613	-
Regional:				
Health services training				
West Africa	-	-	279	-
Jointly assisted project personnel	88,000	-	85,822	-
Paediatric training (Makerere)	45,000	-	1,446	-
Post-basic nursing (Dakar)	22,000	-	-	-
Post-basic nursing (Ibadan)	54,000	-	593	-
Rural extension training	43,000	-	404	-
Social services and community development training (Makerere)	79,000	-	-	-
Training in food science and applied nutrition (Ibadan)	54,000	-	-	-
Training in nutrition, agriculture and home economics	-	-	458	-
Total	7,398,805	-	913,469	12,258

Table 1 (continued)

	Action taken by Board			
	Allocations approved		Redistribution of global allocations ^{b/}	Allocations returned ^{c/}
	Long-range	Emergency ^{a/}		
II. EAST ASIA and PAKISTAN				
Burma	1,360,026	-	94,138	-
Cambodia	263,832	-	12,331	404
China	650,258	-	82,718	812
Hong Kong	84,000	-	2,585	-
Indonesia	2,529,000	-	1,454	43,524
Laos	58,286	-	5,034	-
Malaysia	352,000	-	16,507	202
Pakistan	2,485,412	-	159,621	28,260
Papua and New Guinea, Territories of	-	-	22	-
Philippines	772,000	-	38,366	-
Republic of Korea	657,000	-	19,531	-
Republic of Viet-Nam	599,155	-	33,185	21,600
Singapore	13,000	-	5,452	14
Thailand	1,235,000	-	72,364	-
Regional:				
Pacific Island countries and territories	200,000	-	12,215	-
Total	11,258,969	-	555,523	94,816
III. SOUTH CENTRAL ASIA				
Afghanistan	678,796	-	124,437	-
Ceylon	682,000	-	33,218	-
India	6,332,000	1,366,000	513,844	100,064
Mongolia	-	-	353	-
Nepal	415,000	-	79,548	-
Total	8,107,796	1,366,000	751,400	100,064

Table 1 (continued)

	Action taken by Board			
	Allocations approved		Redistribution of global allocations ^{b/}	Allocations returned ^{c/}
	Long-range	Emergency ^{a/}		
IV. EASTERN MEDITERRANEAN				
Aden and Protectorate of South Arabia	29,375	-	4,926	-
Cyprus	1,454	-	1,720	44,763
Iran	1,043,000	-	156,711	-
Iraq	440,391	-	75,983	-
Jordan	29,494	303,000	71,581	63
Lebanon	28,000	-	328	2,702
Libya	90,064	-	8,397	22,085
Saudi Arabia	-	-	267	-
Sudan	50,057	-	5,288	1,066
Syria	470,299	-	2,528	-
Turkey	446,000	-	51,590	-
United Arab Republic	726,582	-	105,823	5,315
Yemen	364,398	-	8,228	-
Total	3,719,114	303,000	493,370	75,994
V. EUROPE				
Bulgaria	35,000	-	-	-
Greece	-	-	1,885	-
Malta	-	-	1,744	2,448
Poland	184,000	-	24,393	295
Spain	143,000	-	3,544	-
Yugoslavia	106,009	-	30,516	2,737
Total	468,009	-	62,082	5,480

Table 1 (continued)

	Action taken by Board			
	Allocations approved		Redistribution of global allocations ^{b/}	Allocations returned ^{a/}
	Long-range	Emergency ^{a/}		
VI. THE AMERICAS				
Antigua	-	-	2,508	-
Argentina	28,000	-	16,883	-
Barbados	-	-	1,422	-
Bolivia	358,000	-	631	7,358
Brazil	443,500	-	5,413	145
British Honduras	65,000	-	2,798	986
Chile	-	-	22,282	33,410
Colombia	836,000	69,000	71,356	9,394
Costa Rica	211,000	-	10,781	-
Cuba	163,000	-	15,633	-
Dominica	14,000	-	4,635	5,260
Dominican Republic	109,000	-	10,524	-
Ecuador	172,000	-	8,356	1,200
El Salvador	544,000	-	38,312	-
Grenada	-	-	3,493	-
Guatemala	417,000	-	43,977	21,776
Guyana	12,000	-	10,835	-
Haiti	236,000	-	17,538	-
Honduras	296,000	-	25,516	869
Jamaica	120,000	-	9,597	-
Mexico	19,000	-	39,623	2,401,473
Montserrat	-	-	518	-
Nicaragua	260,000	-	17,971	-
Panama	220,000	-	25,713	-
Paraguay	361,000	-	19,113	-
Peru	280,000	-	27,290	36,505
St. Kitts	-	-	5,641	-
St. Lucia	26,000	-	4,473	-
St. Vincent	-	-	3,645	-
Surinam	22,000	-	7,485	-
Trinidad and Tobago	90,000	-	307	777
Turks and Caicos Islands	-	-	246	-
Uruguay	-	-	-	76,473
Venezuela	18,000	-	20,496	-

Table 1 (continued)

	Action taken by Board			
	Allocations approved		Redistribution of global allocations ^{b/}	Allocations returned ^{c/}
	Long-range	Emergency ^{a/}		
THE AMERICAS (continued)				
Regional :				
Health services training (West Indies and Caribbean)	24,000	-	-	-
Jointly assisted project personnel	22,000	-	47,600	-
Latin American Conference on children and youth in national development	-	-	16	-
Latin American Planning Institute	9,000	-	-	-
Nutrition training: agronomists	-	-	52	37,841
Nutrition training: INCAP	40,000	-	599	-
Social services (Caribbean)	20,000	-	-	-
Social services training (University of West Indies, Jamaica)	40,000	-	120	-
Social welfare seminars (Central America and Panama)	-	-	169	-
Total	5,475,500	69,000	543,567	2,633,467
VII ASSISTANCE BENEFITING MORE THAN ONE REGION				
Asian Institute for Development and Planning	48,000	-	41	-
All-India Institute of Hygiene and Public Health (Fellowships)	26,000	-	-	-
Development of protein-rich foods for children	100,177	-	6,572	-
International Children's Centre (Paris)	450,000	-	-	-

Table 1 (continued)

	Action taken by Board			
	Allocations approved		Redistribution of global allocations ^{b/}	Allocations returned ^{c/}
	Long-range	Emergency ^{a/}		
ASSISTANCE BENEFITING MORE THAN ONE REGION (continued)				
Nutrition training University of London and Ibadan	-	-	247	-
Paediatric training (UK)	48,000	-	-	-
Seminar for Arab States on children and youth in national development	15,000	-	-	-
Training for planners (ICC/IEDES, Paris)	47,000	-	-	-
Global allocations:				
Freight on dried milk	500,000	-	(392,202)	-
Freight on supplies	2,300,000	-	(2,100,549)	-
International project personnel: contingency	-	-	66,480	-
Reimbursement of jointly assisted project personnel and fellowships	-	-	(900,000)	-
Total	3,534,177	-	(3,319,411)	-

a/ Includes January mail poll for India.

b. For international project personnel and fellowships on jointly assisted projects and freight as per documents E/ICEF/P/L.985 and E/ICEF/P/L.957.

c/ Consists of reductions of outstanding obligations through savings or cancellations of allocated funds (see E/ICEF/P/L.986).

Table 2.

Commitments approved by the Executive Board in June 1967
by country and type of programme
(in US dollars)

	HEALTH SERVICES/				DISEASE CONTROL				NUTRITION				VOCATIONAL TRAINING	INTE-GRATED SERVICES	OTHER ^{a/}	GRAND TOTAL
	Malaria eradication	Trachoma control	Leprosy control	Others ^{b/}	Sub-total	Applied nutrition & related activities	Milk con- sumption	High-protein food develop- ment	Other nutri- tion	Sub-total	FAMILY & CHILD WELFARE ^{c/}	EDUCATION				
I. AFRICA																
Algeria	212,000	-	-	-	-	-	-	-	180,000	-	-	144,000	-	-	-	681,000
Botswana	57,000	-	-	-	-	-	-	-	-	-	187,000*	-	-	-	-	244,000
Burundi	66,144	-	-	-	-	-	-	-	-	-	-	-	-	-	-	66,144
Cameroon	78,000	-	-	-	-	-	-	-	-	-	62,000*	-	-	-	-	62,000
Chad	62,000	-	-	-	-	-	-	-	-	-	-	28,400	-	-	-	62,000
Central African Republic	174,000*	-	-	-	-	-	-	-	-	-	42,000*	-	-	-	-	90,400
Dahomey	112,314	-	-	-	-	-	-	-	-	-	53,000	-	-	-	-	216,600
Ethiopia	32,000	-	-	-	-	-	-	-	22,000	-	-	68,000	-	-	-	169,634
Gabon	82,000*	-	-	-	-	-	-	-	-	-	-	130,000	-	-	-	212,000
Ghana	118,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	118,000
Ivory Coast	215,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	215,000
Kenya	1,533	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,533
Madagascar	116,000*	-	-	-	-	-	-	-	-	-	110,000	-	-	-	-	110,000
Malawi	184,000	-	-	-	-	-	-	-	-	-	109,000	-	-	-	-	225,228
Mali	8,000	-	-	-	-	-	-	-	-	-	320,000	-	-	-	-	320,000
Mauritius	2,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,000
Niger	194,000	-	-	-	-	-	-	-	-	-	77,000	-	-	-	-	271,000
Nigeria	231,000	-	-	-	-	-	-	-	23,900	-	-	36,000	-	-	-	305,000
Senegal	80,147	-	-	-	-	-	-	-	-	-	28,600	-	-	-	-	80,147
Sierra Leone	1,763	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,763
Swaziland	128,728	-	-	-	-	-	-	-	70,000	-	-	40,000	-	-	-	244,728
Togo	89,000	-	-	-	-	-	-	-	40,000	-	-	58,000	-	-	-	187,000
Tunisia	87	-	-	-	-	-	-	-	-	-	-	-	-	-	-	87
Upper Volta	50,000	-	-	-	-	-	-	-	75,000	-	-	450,000*	-	-	-	600,000
United Republic of Tanzania	276,566	-	-	-	-	-	-	-	75,000	-	-	200,000*	-	-	-	551,566
Zambia	301,274*	-	-	-	-	-	-	-	-	-	48,000	-	-	-	-	349,274
Jointly assisted project	-	-	-	-	-	-	-	-	-	-	78,000	-	-	-	-	78,000
Personnel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-graduate nursing (Dakar)	44,000*	-	-	-	-	-	-	-	88,000	-	-	-	-	-	-	88,000
Pre-graduate nursing (Lomé)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Specialized community health extension training(Makereze)	-	-	-	-	-	-	-	-	-	-	235,000*	-	-	-	-	235,000
Training in food science and applied nutrition (Ibadan)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Area Total	2,856,450	50,000	87	-	50,487	2,994,900	185,000	180,000	664,900	835,228	1,781,100	394,000	151,000	-	-	6,672,805

Table 2 (continued)
 Commitments/Approved by the Executive Board in June 1967
 by country and type of programs
 (in US dollars)

	DISEASE CONTROL				NUTRITION				FAMILY & CHILD WELFARE/	EDUCATION	VOCATIONAL TRAINING	DATA-GATED SERVICES	OTHERS/	GRAND TOTAL
	HEALTH SERVICES/	Malaria eradication	Typhoid control	Leprosy control	Other TB/ECG control	Sub-total	Applied nutrition, vitamins & minerals	Milk consumption						
II. EAST ASIA AND PAKISTAN														
Burma	649,026	-	-	-	-	895,000	-	-	12,000	12,000	-	-	-	2,110,026
China	90,832	-	-	-	-	36,000	-	-	-	15,000	-	-	-	178,832
Hong Kong	276,258*	-	-	-	-	-	-	-	-	-	-	-	-	176,258
Indonesia	1,166,000	-	-	63,000	181,000	167,000	-	-	-	167,000	-	-	-	2,529,000*
Japan	58,286	-	-	-	-	48,000	-	-	-	-	-	-	-	58,286
Malaysia	173,000	29,000	-	-	-	112,000	-	-	22,000	170,000	-	-	-	521,000
Philippines	21,412	-	-	11,000	-	170,000*	-	-	-	-	-	-	-	732,000
Republic of Korea	394,000	-	-	-	-	44,000	-	-	-	-	-	-	-	880,000
Republic of Viet-Nam	336,000	-	-	-	-	44,000	-	-	-	-	-	-	-	599,155
Singapore	214,155	-	-	-	-	42,000	-	-	-	42,000	-	-	-	13,000
Thailand	13,155	-	-	-	-	221,000	-	-	-	-	-	-	-	889,700
Taiwan	346,000	-	-	60,000*	-	-	-	-	-	-	-	-	-	200,000
Regional: Pacific Island Countries and Territories	200,000	-	-	-	-	-	-	-	-	-	-	-	-	15,152,669
Area Total	3,735,969	28,000	1,171,000	253,000	74,000	1,707,000	416,000	-	12,000	428,000	8,203,700	82,000	-	622,796
III. SOUTH CENTRAL ASIA														
Afghanistan	75,796	440,000	-	-	-	840,000	-	-	-	-	107,000	-	-	553,000
Ceylon	264,000	-	-	-	-	43,000	-	-	-	-	234,000	-	-	7,921,000
India	2,780,000	-	-	-	-	476,000	3,032,000*	351,000	830,000*	4,213,000	177,000	-	-	415,000
Nepal	162,000	-	-	-	-	-	-	-	-	-	253,000	-	-	-
Area Total	3,281,796	440,000	519,000	-	-	959,000	3,032,000	351,000	830,000	4,213,000	189,000	869,000	-	9,511,796
IV. EASTERN MEDITERRANEAN														
Aden and Prot. of South Arabia	1,375	-	-	-	-	-	-	-	-	-	-	-	-	29,375
Cyprus	1,454	-	-	-	-	-	-	-	-	-	-	-	-	1,454
Iran	247,391	818,000	-	-	-	818,000	-	-	-	-	-	-	-	818,000
Jordan	32,064	193,000	-	-	-	193,000	-	-	-	-	-	-	-	440,391
Libya	5,057	-	146	-	-	146	-	-	-	-	-	-	-	7,494
Sudan	132,299	-	-	23,000	-	23,000	22,000	-	-	22,000	52,000*	112,000*	-	196,064
Turkey	164,000	146,000	66,000	-	-	212,000	-	-	350,000*	1,420	766,000*	-	-	898,299
United Arab Republic	182,862	-	-	-	-	68,300	-	-	-	1,420	373,000*	590,000*	-	1,214,582
Tunisia	112,396	-	-	-	-	68,300	126,000	-	-	126,000	-	-	-	364,398
Area Total	886,248	1,157,000	66,146	23,000	-	68,300	1,314,446	1,420	350,000	499,420	425,000	1,622,040	-	4,747,114

Table 2 (continued)
 Commitments/approved by the Executive Board in June 1967
 by country and type of programme
 (in US dollars)

	DISEASE CONTROL				NUTRITION				TOTAL TRAINING	OTHER SERVICES	GRAND TOTAL		
	HEALTH SERVICES/	Malaria eradication	Typhoid control	Leprosy control	Applied nutrition education & related activities	High-protein food development	Milk consumption	Other nutrition				SUB-TOTAL	FAMILY REPRODUCTIVE/
V. EUROPE													
Spain	-	-	-	-	40,000	-	-	-	40,000	-	-	-	40,000
Yugoslavia	-	-	-	-	-	-	-	-	-	-	-	-	106,000
Area Total	-	-	-	-	40,000	-	-	-	40,000	-	-	-	106,000
VI. THE AMERICAS													
Argentina	35,000*	28,000	-	-	-	-	-	-	-	-	-	-	63,000
Bolivia	225,000*	20,000	-	-	-	-	-	-	-	-	-	-	502,000
British Honduras	25,000*	-	-	-	47,600*	-	-	-	47,600	-	-	-	172,600
Colombia	224,000	33,000	-	-	33,000	-	-	-	33,000	-	-	-	333,000
Costa Rica	79,000	369,000	-	-	66,000	-	-	-	66,000	-	-	-	594,000
Cuba	223,000*	66,000	-	-	-	-	-	-	-	-	-	-	289,000
Dominica	70,000*	-	-	-	-	-	-	-	-	-	-	-	70,000
Dominican Republic	96,000*	-	-	-	-	-	-	-	-	-	-	-	96,000
Ecuador	53,000	83,000	-	-	-	-	-	-	83,000	-	-	-	272,000
Guatemala	76,000	427,000	-	-	-	-	-	-	427,000	-	-	-	544,000
Haiti	67,000	318,000	-	-	-	-	-	-	318,000	-	-	-	394,000
Honduras	162,000*	211,000	-	-	211,000	-	-	-	211,000	-	-	-	584,000
Jamaica	48,000	203,000	-	-	-	-	-	-	-	-	-	-	251,000
Mexico	38,000	212,000	-	-	-	-	-	-	212,000	-	-	-	250,000
Nicaragua	105,864	128,000	-	-	54,000	-	-	-	54,000	-	-	-	280,000
Paraguay	13,000	170,000	10,136	-	-	-	-	-	180,136	-	-	-	284,000
Peru	-	124,000	-	-	124,000	-	-	-	124,000	-	-	-	248,000
St. Lucia	-	22,000	-	-	-	-	-	-	-	-	-	-	22,000
Suriname	-	-	-	-	22,000	-	-	-	22,000	-	-	-	44,000
Trinidad and Tobago	-	-	-	-	-	-	-	-	-	-	-	-	109,000
Venezuela	-	-	-	-	-	-	-	-	-	-	-	-	18,000
Latin American services training (West Indies & Caribbean) personnel	-	-	-	-	-	-	-	-	-	-	-	-	24,000
Jointly assisted project	-	-	-	-	22,000	-	-	-	22,000	-	-	-	22,000
Latin American Planning Institute	-	-	-	-	-	-	-	-	-	-	-	-	-
Social services (Caribbean)	-	-	-	-	-	-	-	-	-	-	-	-	-
Social services (Caribbean) (University of West Indies, Jamaica)	-	-	-	-	-	-	-	-	-	-	-	-	103,000*
Area Total	1,667,864	2,426,000	10,136	-	2,436,136	189,600	-	-	189,600	121,000	966,000	-	5,483,600

Table 2 (concluded)

Commitments approved by the Executive Board in June 1967

BY QUALITY AND TYPE OF PROGRAMS
(in US dollars)

	HEALTH SERVICES/	Malaria eradication	TB/BCD control	Trachoma control	Leprosy control	Other/	Sub-total	Applied nutrition, education & related activities	Milk consumption	High-protein food development	Other nutrition	Sub-total	FAMILY & CHILD WELFARE/	EDUCATION	VOCATIONAL TRAINING	INTE-GRATED SERVICES	OTHERS/	GRAND TOTAL	
																			Sub-total
VII. ASSISTANCE EXCEEDING MORE THAN ONE REGION																			
Asian Institute for Development and Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	48,000	48,000
Development of protein-rich foods for children	-	-	-	-	-	-	177	-	-	177	-	-	-	-	-	-	-	-	177
Seminar for Arab States on children and youth development	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000*	50,000
national seminar for planners (ICC/IBDS)(Paris)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47,000	47,000
Trachoma control for planners (ICC/IBDS)(Paris)	-	-	-	-	-	-	177	-	-	177	-	-	-	-	-	-	-	185,000	185,177
Interregional Total	-	-	-	-	-	-	177	-	-	177	-	-	-	-	-	-	-	248,000	248,177
TOTAL LONG-RANGE AID	12,428,367	4,101,000	1,766,369	276,000	74,000	249,309	6,466,678	4,125,500	537,420	1,360,177	12,000	6,035,097	2,563,228	13,447,800	416,000	257,000	-	1,738,000	41,862,170
VIII. EMERGENCY AID																			
TOTAL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43,600,170
IX. FRIEGHT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,500,000
GRAND TOTAL FOR PROGRAMME AID	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47,100,170
																			5,708,200
																			3,181,000
																			55,949,370

In these cases allocations were approved for part of the commitment.

a/ Allocations equal to the amount of the commitment were approved in all cases except where the commitment amount is marked with an asterisk (*). In these cases allocations were approved for part of the commitment, the balance remaining for future allocations (see Table 4).

b/ Includes environmental sanitation \$361,287; and vaccine production \$380,000.

c/ Includes bilharziasis control \$68,300; mycosis control \$9 ; and yaws control \$181,000.

d/ Includes community development \$15,000; mothercraft and homecraft \$42,228; and social services \$2,066,000.

e/ Includes Asian Institute for Development and Planning \$48,000; Latin American Planning Institute \$103,000; Seminar for Arab States on children and youth in national development \$50,000; Training for planners (ICC/IBDS)(Paris) \$47,000.

f/ Includes January mail poll for India.

Table 3
 Allocations approved by the Executive Board in June 1967
 by country and type of programme
 (in US dollars)

COUNTRY	HEALTH SERVICES/	Malaria eradication	Tachoma Leprosy control	TB/BCD control	Obase/	NUTRITION				Sub-total	FAMILY & CHILD WELFARE/	EDUCATION	VOCATIONAL TRAINING	DTP-GRANTED SERVICES	OTHERS/	GRAND TOTAL
						Applied nutrition, education & related activities	Milk consumption	Milk fermentation	High-protein food development							
1. AFRICA																
Algeria	212,000															212,000
Burkina Faso	57,000															57,000
Burundi	66,144															66,144
Cameroon	68,000															68,000
Central African Republic	78,000															78,000
Chad	32,000															32,000
Congo (Brazzaville)	111,000															111,000
Congo (Kinshasa)	112,514															112,514
Ethiopia	32,000															32,000
Gabon	22,000															22,000
Guinea	200,000															200,000
Ivory Coast	213,533															213,533
Lesotho	70,000															70,000
Madagascar	184,000															184,000
Mali	40,000															40,000
Mauritania	2,983															2,983
Morocco	190,000															190,000
Niger	491,000															491,000
Nigeria	80,147															80,147
Senegal	51,000															51,000
Sierra Leone	20,000															20,000
Somalia	763															763
Swaziland	1,178															1,178
Togo	183,000															183,000
Tunisia	103,000															103,000
Uganda	276,966															276,966
Republic of Tanzania	121,274															121,274
Upper Volta																
Zambia																
Regional:																
Jointly assisted project																
Personnel																
Pediatric training (Mbarara)	45,000															45,000
Postgraduate training (Dakar)	22,000															22,000
Post-basic nursing (Madagascar)	24,000															24,000
Rural extension training																
Social services and community development training (Mbarara)																
Training in food science and applied nutrition (Boudoum)																
Area Total	3,134,490	30,000	87	50,087	418,960	363,000	180,000	-	961,900	664,228	1,831,100	424,000	133,000	-	-	7,378,905

Table 1 (continued)

Allocations authorized by the Executive Board in June 1952
by country and type of programme
(in US dollars)

	DISEASE CONTROL										NUTRITION				FAMILY & CHILD WELFARE/	EDUCATION	VOCATIONAL TRAINING	INTER-CHANGED SERVICES	OTHER/	GRAND TOTAL
	Malaria eradication	TB/BCG control	Leprosy control	Other/	Sub-total	Applied nutrition, education & related activities	Milk consumption	High-protein diet	Other nutrition	Sub-total	Family & Child Welfare	Education	Vocational Training	Inter-changed Services						
II. EAST ASIA AND PACIFIC																				
Burma	-	156,000	73,000	47,000	-	276,000	-	-	12,000	12,000	57,000	366,000	-	-	-	1,300,000	-	-	263,832	
China	-	36,000	-	-	-	36,000	-	-	-	-	-	122,000	-	-	-	6,902,558	-	-	6,902,558	
Hong Kong	-	-	-	-	-	-	-	-	-	-	-	271,000	-	-	-	84,000	-	-	84,000	
Indonesia	-	4,000	-	63,000	181,000	248,000	-	-	-	-	200,000	790,000	-	-	-	2,529,000	-	-	2,529,000	
Laos	-	-	-	-	-	67,000	-	-	-	-	-	58,200	-	-	-	352,000	-	-	352,000	
Malaysia	47,000	-	-	-	-	-	-	-	-	-	279,000	1,005,000	82,000	-	-	2,485,412	-	-	2,485,412	
Philippines	-	101,000	-	11,000	-	112,000	-	-	-	-	23,000	82,000	-	-	-	204,000	-	-	204,000	
Republic of Korea	-	153,000	-	-	-	153,000	-	-	-	-	63,000	82,000	-	-	-	657,000	-	-	657,000	
Republic of Viet-Nam	-	44,000	-	-	-	44,000	-	-	-	-	114,000	227,000	-	-	-	13,000	-	-	13,000	
Singapore	-	171,000	12,000	72,000	-	255,000	-	-	-	-	58,000	591,000	-	-	-	1,235,000	-	-	1,235,000	
Thailand	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	200,000	-	-	200,000	
Regional: Pacific Island Countries and Territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,258,969	-	-	11,258,969	
Area Total	47,000	685,000	85,000	193,000	181,000	1,191,000	349,000	-	12,000	361,000	894,000	3,568,000	82,000	-	-	-	-	-	-	
III. SOUTH CENTRAL ASIA																				
Afghanistan	131,796	-	-	-	-	440,000	-	-	-	-	-	107,000	-	-	-	488,796	-	-	488,796	
Carleton	284,000	43,000	-	-	-	427,000	-	-	-	-	12,000	363,000	-	-	-	6,332,000	-	-	6,332,000	
India	2,780,000	476,000	-	-	-	4,256,000	2,157,000	351,000	230,000	2,738,000	177,000	253,000	-	-	-	415,000	-	-	415,000	
Nepal	162,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Area Total	3,337,796	440,000	519,000	-	-	959,000	2,157,000	351,000	230,000	2,738,000	189,000	884,000	-	-	-	8,107,796	-	-	8,107,796	
IV. EASTERN MEDITERRANEAN																				
Aden and Prot. of South Arabia	1,375	-	-	-	-	-	-	-	-	-	-	28,000	-	-	-	29,375	-	-	29,375	
Cyprus	1,454	-	-	-	-	-	-	-	-	-	-	225,000	-	-	-	1,454	-	-	1,454	
Iran	287,391	818,000	-	-	-	818,000	-	-	-	-	-	-	-	-	-	1,093,000	-	-	1,093,000	
Jordan	7,348	193,000	-	-	-	193,000	-	-	-	-	-	-	-	-	-	20,000	-	-	20,000	
Lebanon	-	146	-	-	-	146	-	-	-	-	-	-	-	-	-	90,664	-	-	90,664	
Libya	32,664	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47,199	-	-	47,199	
Sudan	132,299	23,000	-	-	-	23,000	-	-	-	-	-	32,000	-	-	-	446,000	-	-	446,000	
Syria	164,000	66,000	-	-	-	66,000	-	-	-	-	-	-	-	-	-	446,000	-	-	446,000	
Turkey	182,862	146,000	-	-	-	146,000	-	-	-	-	-	-	-	-	-	446,000	-	-	446,000	
United Arab Republic	112,398	68,300	-	-	-	68,300	-	1,420	70,000	126,000	160,000	126,000	-	-	-	364,398	-	-	364,398	
Yemen	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Area Total	886,248	1,157,000	66,146	23,000	-	68,300	1,314,446	148,000	1,420	70,000	236,000	1,463,000	-	-	-	3,719,114	-	-	3,719,114	

Table 3 (concluded)

Allocations approved by the Executive Board in June 1967
by country and type of programme
(in US dollars)

	HEALTH SERVICES ^{b/}		DISEASE CONTROL			NUTRITION				FAMILY & CHILD WELFARE ^{d/}	EDUCATION	VOCATIONAL TRAINING	INTER-UNITED SERVICES	GRAND TOTAL					
	Malaria eradication	TB/BCG	Tachoson control	Leprosy control	Other ^{e/}	sub-total	Applied nutrition education & related activities	High-protein food	Other development						Sub-total				
VII. ASSISTANCE BENEFITING MORE THAN ONE REGION																			
Asian Institute for Development and Planning Institute of Hygiene and Public Health (Fellowships)																			
Development of protein-rich foods for children																			
International Children's Centre (Paris)																			
Pediatric training (United Kingdom)																			
Swedish Arab States on children and youth in national development																			
Training for planners (ICC/IMDS)(Paris)																			
Interregional Total	74,000																		
TOTAL LONG-RANGE AID	34,059,867	4,120,000	1,280,369	108,000	193,000	249,309	5,950,078	3,349,900	1,037,420	580,177	12,000	4,979,497	2,080,228	8,779,100	506,000	239,000	569,000	37,162,370	
VIII. EMERGENCY AID																			1,738,000 f/
TOTAL																			36,900,370
II. FREIGHT																			2,800,000
GRAND TOTAL FOR PROGRAMME AID																			41,700,370
																			2,706,525
																			1,547,875
																			2,654,100
																			1,570,200
																			50,179,370 f/

Estimated operational services last six months of 1967
Estimated administrative costs
Estimated operational services first six months of 1968
Estimated administrative costs

^{a/} See also commitments approved June 1967.
^{b/} Includes environmental sanitation \$272,787; and vaccine production \$380,000.
^{c/} Includes bilharziasis control \$68,300; mycosis control \$9; and yaws control \$181,000.
^{d/} Includes community development \$160,000; mothercraft and homcraft \$261,228; and social services \$1,659,000.
^{e/} Includes Asian Institute for Development and Planning \$48,000; International Children's Centre, Paris \$450,000; Latin American Planning Institute \$9,000;
^{f/} Seminar for Arab States on children and youth in national development \$15,000; and Training for planners (ICC/IMDS)(Paris) \$47,000.
^{g/} Includes January mail poll for India.

Table 4

Commitments outstanding at close of June 1967 session of the Executive Board

for allocation at future sessions
(in thousands of US dollars)

Country	Service	Date	Most recent commitment		Allocation against commitment		Resulting balance at June 1967 session	Probable future allocations against outstanding balance			
			Amount	June 1967 session	Prior to June 1967 session	At June 1967 session		1968	1969	1970	1971
HEALTH SERVICES											
Argentina	Health services	June 1967	35.0	-	-	-	35.0	21.0	14.0	-	-
Bolivia	Health services	June 1967	224.0	-	-	175.0	49.0	49.0	-	-	-
Brazil	Paediatric training	June 1967	25.0	-	-	12.0	13.0	9.0	4.0	-	-
Cameroon	Health services	May 1966	119.0	32.0	-	68.0	19.0	19.0	-	-	-
China (Taiwan)	School health education and dental health	June 1967	266.0	-	-	57.0	209.0	54.0	56.0	48.0	51.0
Cuba	Health services	June 1967	223.0	-	-	163.0	60.0	60.0	-	-	-
Dahomey	Health services	June 1967	174.0	-	-	111.0	63.0	63.0	-	-	-
Dominica	Health services	June 1967	70.0	-	-	14.0	56.0	14.0	14.0	14.0	14.0
Dominican Republic	Health services	June 1967	96.0	-	-	41.0	55.0	33.0	22.0	-	-
East Africa	Paediatric/obstetric training	May 1966	108.0	43.0	-	45.0	20.0	20.0	-	-	-
Ecuador	Environmental sanitation (Nairobi)	May 1966	45.0	23.0	-	-	22.0	22.0	-	-	-
Ghana	Health services	June 1967	112.0	8.0	-	22.0	82.0	82.0	-	-	-
Greece	Health services	June 1964	92.0	64.0	-	-	28.0	28.0	-	-	-
Haiti	Health services	June 1967	67.0	-	-	25.0	42.0	14.0	14.0	14.0	-
Honduras	Health services	May 1966	42.0	33.0	-	-	9.0	9.0	-	-	-
Iran	Health services	June 1965	743.0	265.0	-	-	478.0	-	478.0	-	-
Jamaica	Health services	June 1967	162.0	-	-	120.0	42.0	42.0	-	-	-
Lebanon	Health services	June 1964	100.0	33.0	-	-	67.0	32.0	35.0	-	-
Nalawi	Health services	June 1967	116.0	-	-	70.0	46.0	46.0	-	-	-
Malaysia	Rural health (Sabah)	Jan. 1964	250.0	82.5	-	77.0	63.0 ²	35.0	28.0	-	-
Mauritania	Health services	June 1964	184.0	88.0	-	40.0	56.0	56.0	-	-	-
Mexico	Health services	June 1967	52.0	-	-	-	52.0	27.0	19.0	6.0	-
Nigeria	Health services (Eastern Region)	Dec. 1962	367.0	189.0	-	136.0	40.0	40.0	-	-	-
Sierra Leone	Health services	May 1966	149.0	85.0	-	20.0	44.0	44.0	-	-	-
Togo	Health services	June 1965	188.0	87.0	-	-	101.0	51.0	50.0	-	-
Trinidad & Tobago	Health services	June 1967	53.0	-	-	34.0	19.0	19.0	-	-	-
Upper Volta	Health services	June 1967	300.0	-	-	120.0	180.0	90.0	90.0	-	-
West Africa	Health services	May 1966	49.0	26.0	-	-	23.0	23.0	-	-	-
Zambia	Health services	June 1965	89.0	77.0	-	-	12.0	12.0	-	-	-

Table 4 (continued)

Commitments outstanding at close of June 1967 session of the Executive Board
for allocation at future sessions
(in thousands of US dollars)

	Most recent commitment	Amount	Allocation against commitment		Resulting balance at June 1967 session	Probable future allocations against outstanding balance			
			Prior to June 1967 session	At June 1967 session		1968	1969	1970	1971
	Date					1968	1969	1970	1971
HEALTH SERVICES (continued)									
Africa Region	June 1964	311.0	74.0	54.0	183.0	100.0	83.0	-	-
Africa Region	June 1967	44.0	-	22.0	22.0	22.0	-	-	-
Interregional	June 1965	159.0	54.0	48.0	48.0 ^{5/}	48.0	-	-	-
Interregional	May 1966	64.2	25.2	26.0	13.0	13.0	-	-	-
Interregional	May 1966	84.0	35.0	-	49.0	25.0	24.0	-	-
Interregional	May 1966	69.0	37.0	-	32.0	32.0	-	-	-
DISEASE CONTROL									
Burma	June 1965	-	59.0	156.0	528.0 ^{8/}	151.0	176.0	201.0	-
Burma	June 1967	749.0	-	73.0	120.0	60.0	60.0	-	-
Burma	June 1967	193.0	-	47.0	61.0 ^{8/}	61.0	-	-	-
Burma	June 1964	419.0	256.0	-	47.0	20.0	27.0	-	-
China (Taiwan)	May 1966	148.0	101.0	-	48.0	20.0	28.0	-	-
Thailand	June 1967	60.0	-	12.0	-	20.0	-	-	-
NUTRITION									
Brazil	June 1964	-	63.0	15.0	61.0	61.0	-	-	-
Brazil	June 1967	139.0	-	-	40.0	40.0	-	-	-
Burundi	June 1965	75.0	35.0	-	51.0	51.0	-	-	-
Dahomey	June 1963	148.0	97.0	-	76.0	76.0	-	-	-
East Africa	June 1964	169.0	50.0	43.0	43.0	43.0	-	-	-
Ghana	June 1964	148.0	64.0	41.0	-	-	-	-	-
India	June 1964	-	2,450.0	3,256.0	2,200.0	2,200.0	-	-	-
India	June 1967	7,906.0	-	-	556.0	556.0	-	-	-
India	Jan. 1964	731.0	175.0	-	600.0	-	250.0	350.0	-
India	June 1967	830.0	-	230.0	-	-	-	-	-

Table 4 (concluded)

Commitments outstanding at close of June 1967 session of the Executive Board
for allocation at future sessions
(in thousands of US dollars)

Date	Most recent commitment	Allocation against commitment		Resulting balance at June 1967 session	Probable future allocations against outstanding balance		
		Prior to June 1967 session	At June 1967 session		1968	1969	1970
June 1967	78.0	-	60.0	18.0	18.0	-	-
June 1967	103.0	-	9.0	94.0	47.0	47.0	-
June 1967	50.0	-	15.0	35.0	35.0	-	-
June 1965	2,350.0	425.0	450.0	1,475.0	475.0	500.0	500.0
	<u>9,517.5</u> b/	<u>2,000.0</u>	<u>2,000.0</u>	<u>4,700.0</u> ^{a/}	<u>3,500.0</u>	<u>921.6</u>	<u>185.7</u>
May 1966 - June 1967	51,987.4	12,323.8	13,501.0	26,037.6	16,013.6	6,265.6	2,506.7
May 1966 - June 1967	11,121.2	2,706.5	5,560.6	2,854.1 ^{a/}	2,854.1	-	-
May 1966 - June 1967	<u>6,236.8</u>	<u>1,547.9</u>	<u>3,118.4</u>	<u>1,570.5</u>	<u>1,570.5</u>	-	-
	69,345.4	16,578.2	22,180.0	30,462.2 ^{a/}	20,438.2	6,265.6	2,506.7
GRAND TOTAL OF OUTSTANDING COMMITMENTS							
a/ Excludes the balance of commitments (\$125,000) which will not be required during the periods for which the original commitments were taken (Malaysia rural health (Sabah) \$27,500; Interregional paediatric training (London) \$9,000; Burma tuberculosis control \$6,000; Burma leprosy control \$5,000; Mexico social services \$10,000; Freight \$17,500).							
b/ Includes balance outstanding at close of May 1966 session of the Board, and additional commitment approved at June 1967 session.							

INTEGRATED SERVICES

Senegal

Integrated services

PLANNING

Americas Region

Latin American Planning Institute

Interregional

Seminar for Arab States on children and youth in national development

OTHER

Interregional

International Children's Centre (Paris)

Freight

TOTAL PROGRAMME COMMITMENTS

Estimated operational services

Estimated administrative costs

GRAND TOTAL OF OUTSTANDING COMMITMENTS

a/ Excludes the balance of commitments (\$125,000) which will not be required during the periods for which the original commitments were taken (Malaysia rural health (Sabah) \$27,500; Interregional paediatric training (London) \$9,000; Burma tuberculosis control \$6,000; Burma leprosy control \$5,000; Mexico social services \$10,000; Freight \$17,500).

b/ Includes balance outstanding at close of May 1966 session of the Board, and additional commitment approved at June 1967 session.

Table 4 (continued)

Commitments outstanding at close of June 1967 session of the Executive Board
for allocation at future sessions
(in thousands of US dollars)

	Most recent commitment	Amount	Allocation against commitment		Resulting balance at June 1967 session	Probable future allocations against outstanding balance			
			Prior to June 1967 session	At June 1967 session		1968	1969	1970	1971
NUTRITION (continued)									
Ivory Coast	Applied nutrition	65.0	44.0	-	21.0	21.0	-	-	-
Kenya	Milk conservation (rural milk centres)	360.0	278.0	-	82.0	82.0	-	-	-
Lesotho	Applied nutrition	82.0	41.0	-	41.0	41.0	-	-	-
Madagascar	Agricultural extension training	164.0	64.0	-	100.0	100.0	-	-	-
Niger	Applied nutrition	115.0	74.0	-	41.0	41.0	-	-	-
Nigeria	Agricultural extension training (Western Region)	169.0	152.5	-	16.5	16.5	-	-	-
Paraguay	Applied nutrition	59.0	41.0	-	18.0	18.0	-	-	-
Republic of Korea	Applied nutrition	170.0	-	63.0	107.0	38.0	69.0	-	-
Southern Rhodesia	Nutrition education	88.0	50.0	-	38.0	38.0	-	-	-
Turkey	High-protein food development	350.0	-	70.0	280.0	280.0	-	-	-
Africa Region	Training in food science (Ibadan)	108.0	-	54.0	54.0	54.0	-	-	-
Interregional	Protein-rich foods	359.0	150.0	-	100.0	100.0	-	-	-
FAMILY AND CHILD WELFARE									
Cameroon	Community development	62.0	-	31.0	31.0	31.0	-	-	-
Colombia	Social services	131.0	83.0	-	48.0	48.0	-	-	-
East Africa	Social services	235.0	-	79.0	156.0	78.0	78.0	-	-
Ghana	Social services	182.3	100.0	-	82.3	82.3	-	-	-
Hong Kong	Social services	173.0	-	84.0	89.0	46.0	43.0	-	-
Libya	Social services	52.0	-	26.0	26.0	26.0	-	-	-
Mexico	Social services	51.0	16.0	19.0	6.0	6.0	-	-	-
Republic of Korea	Social services	83.0	24.0	23.0	36.0	36.0	-	-	-
Thailand	Social services	57.0	-	24.0	33.0	33.0	-	-	-
Togo	Social services/community dev't	200.0	-	140.0	60.0	60.0	-	-	-
United Arab Republic	Mothercraft/homecraft	282.0	-	101.0	181.0	91.0	90.0	-	-
United Arab Republic	Social services	91.0	-	59.0	32.0	22.0	10.0	-	-
Zambia	Social services/community development	212.3	169.0	-	43.3	43.3	-	-	-
Americas Region	Social services training (University of West Indies)	83.0	-	40.0	43.0	35.0	8.0	-	-

ANNEX IV

CONTRIBUTIONS TO UNICEF

Table 1

Contributions from Governments for 1964, 1965 and 1966

(including contributions receivable)

For each of the three years, column (1) refers to contributions to general resources, and column (2) to cash contributions from Governments of UNICEF-assisted countries towards local costs of UNICEF field offices (Trust Funds)

Amounts shown in thousands of US dollar equivalent

<u>Governments</u>	1964		1965		1966	
	General resources	Local costs	General resources	Local costs	General resources	Local costs
	(1)	(2)	(1)	(2)	(1)	(2)
Afghanistan	10.0	3.5	10.0	27.0	10.0	10.0
Algeria	35.0	3.5	40.0	32.1	40.0	18.8
Argentina	71.4	-	56.2	-	26.6	-
Australia	537.6	-	537.6	-	537.6	-
Austria	96.2	-	97.4	-	97.6	-
Belgium	200.0	-	200.0	-	200.0	-
Bolivia	5.0	-	5.0	-	7.5	-
Brazil	274.2	8.7	94.4	17.6	80.8	53.8
British Caribbean Territories:						
Antigua	0.2	-	0.2	-	0.2	-
Bahamas	2.8	-	2.8	-	2.8	-
Barbados	2.0	-	-	-	2.0	-
Dominica	0.2	-	0.1	-	0.2	-
Grenada	0.6	-	-	-	0.6	-
Montserrat	-	-	-	-	0.1	-
St. Kitts	0.3	-	-	-	0.3	-
St. Lucia	0.9	-	-	-	0.9	-
St. Vincent	-	-	0.4	-	-	-
British Honduras	0.7	-	0.7	-	0.7	-
Brunei	3.3	-	3.3	-	3.3	-
Bulgaria	4.3	-	12.8	-	17.1	-
Burma	56.0	66.0	56.0	58.0	56.0	69.6
Byelorussian Soviet Socialist Republic	62.5	-	62.5	-	62.5	-
Cambodia	5.0	-	13.3	-	-	-
Cameroon	13.3	-	13.3	-	20.0	-
Canada	739.9	-	921.7	-	1,022.0	-
Central African Republic	4.3	-	-	-	4.3	-
Ceylon	14.7	3.3	14.7	4.2	14.7	9.1
Chad	6.1	-	10.2	-	10.2	-
Chile	80.0	1.6	80.0	2.7	88.7	6.5
China	15.0	-	22.5	-	30.0	-
Colombia	150.0	11.6	154.7	9.1	111.1	8.7
Congo (Brazzaville)	14.3	-	14.3	-	14.3	-
Congo (Democratic Republic of)	18.0	-	21.8	-	23.6	-
Costa Rica	30.0	-	25.6	-	34.4	-
Cuba	70.0	-	70.0	-	70.0	-
Cyprus	2.0	-	2.0	-	3.0	-
Czechoslovakia	52.1	-	69.4	-	69.4	-
Dahomey	5.0	-	6.9	-	1.9	-
Denmark	202.7	-	256.3	-	434.3	-

(continued)

Contributions from Governments for 1964, 1965 and 1966

(including contributions receivable)

Governments	1964		1965		1966	
	General resources	Local costs	General resources	Local costs	General resources	Local costs
	(1)	(2)	(1)	(2)	(1)	(2)
Dominican Republic	40.0	-	-	-	-	-
Ecuador	23.7	1.6	20.0	-	-	6.6
El Salvador	20.0	-	-	-	20.0	-
Ethiopia	18.0	9.4	18.1	1.9	18.1	57.9 ^{a/}
Federal Republic of Germany	1,500.0	-	1,509.4	-	1,500.0	-
Finland	62.5	-	93.8	-	93.8	-
France	1,109.2	-	1,109.2	-	1,109.2	-
Gabon	13.3	-	5.1	-	5.1	-
Gambia	1.1	-	1.7	1.7	1.1	1.1
Ghana	16.8	-	-	-	19.5	1.4
Greece	57.0	-	69.0	-	69.0	-
Guatemala	80.0	-	30.0	-	30.0	-
Guinea	22.2	-	22.2	-	-	-
Guyana	0.9	-	0.9	-	0.9	-
Holy See	1.0	-	1.0	-	1.0	-
Honduras	30.0	-	20.0	-	20.0	-
Hong Kong	3.5	1.6	4.4	1.8	4.4	1.4
Hungary	6.4	-	6.4	-	8.5	-
Iceland	10.7	-	10.7	-	10.7	-
India	840.0	253.7	840.0	153.1	533.3	115.9
Indonesia	110.0	1.6	-	-	-	-
Iran	275.0	55.0	275.0	22.5	275.0	45.0
Iraq	56.0	-	70.0	-	69.6	-
Ireland	12.0	-	15.0	-	15.0	-
Israel	40.0	-	40.0	-	42.5	-
Italy	192.0	-	224.0	-	320.0	-
Ivory Coast	10.2	32.7	10.2	32.7	10.2	32.7
Jamaica	8.4	-	9.8	-	9.8	-
Japan	196.2	-	236.2	-	266.2	-
Jordan	5.4	-	5.6	-	5.6	2.0
Kenya	2.8	-	2.8	-	4.2	-
Kuwait	10.0	-	10.0	-	10.0	-
Laos	1.0	-	1.0	-	2.5	-
Lebanon	14.5	-	14.7	-	14.7	-
Liberia	-	-	10.0	-	10.0	-
Libya	12.6	-	16.8	-	12.6	4.2
Liechtenstein	1.5	-	1.5	-	1.5	-
Luxembourg	6.0	-	6.0	-	6.0	-
Madagascar	10.2	-	10.2	-	10.2	-
Malawi	-	-	0.8	-	-	-
Malaysia	51.1	7.8	51.1	10.8	51.1	1.9
Mali	12.2	2.5	15.5	4.9	15.0	4.9
Mauritania	4.1	-	4.1	-	4.1	0.8
Mauritius	-	-	4.1	-	-	-
Mexico	580.0	33.3	500.0	36.3	520.0	35.3
Monaco	2.0	-	2.0	-	2.0	-
Mongolia	-	-	-	-	2.0	-
Morocco	25.1	13.1	50.0	18.7	50.0	18.8
Nepal	-	-	1.0	-	1.0	-
Netherlands	138.1	-	138.9	-	166.7	-

^{a/} Including special contribution of \$50,379 towards the local costs of the May 1966 Executive Board meeting in Addis Ababa.

(continued,

Contributions from Governments for 1964, 1965 and 1966

(including contributions receivable)

Governments (continued)	1964		1965		1966	
	General	Local	General	Local	General	Local
	resources	costs	resources	costs	resources	costs
	(1)	(2)	(1)	(2)	(1)	(2)
New Zealand	210.0	-	208.6	-	208.6	-
Nicaragua	10.0	-	10.0	-	10.0	-
Niger	8.2	-	8.2	-	8.2	-
Nigeria	21.0	-	42.0	-	42.0	-
Norway	450.9	-	451.9	-	536.1	-
Pakistan	136.4	82.5	136.4	61.0	136.4	65.6
Parawa	15.0	-	15.0	-	15.0	-
Paraguay	30.0	-	20.0	-	-	-
Peru	89.6	-	89.5	-	89.6	-
Philippines	185.0	62.5	185.0	47.4	110.1	70.9
Poland	100.0	-	100.0	-	150.0	-
Republic of Korea	30.0	-	16.1	15.0	15.2	15.1
Republic of Viet-Nam	20.0	0.1	25.0	0.2	25.0	0.2
Romania	25.0	-	25.0	-	25.0	-
Saudi Arabia	20.0	-	20.0	-	20.0	10.1
Senegal	20.4	-	10.2	10.2	10.2	10.2
Sierra Leone	11.2	-	11.2	-	11.2	-
Singapore	6.5	0.9	6.5	0.9	6.5	0.9
South Africa	30.1	-	50.3	-	50.3	-
Spain	100.0	-	100.0	-	100.0	-
Sudan	13.1	-	13.0	-	13.0	-
Sweden	752.9	-	1,003.9	-	1,502.9	-
Switzerland	441.9	-	439.8	-	439.8	-
Syria	12.5	-	12.5	-	12.5	2.4
Thailand	140.0	12.2	205.0	86.6	224.3	35.1
Togo	8.2	-	8.2	4.1	2.9	-
Trinidad and Tobago	7.0	-	7.0	-	7.0	-
Tunisia	16.6	-	19.7	14.5	21.8	7.6
Turkey	194.4	34.2	194.4	136.8	194.4	37.8
Uganda	11.2	-	11.2	-	11.2	-
Ukrainian Soviet Socialist Republic	125.0	-	125.0	-	125.0	-
Union of Soviet Socialist Republics	675.0	-	675.0	-	675.0	-
United Arab Republic	114.8	12.2	114.8	12.2	129.2	26.5
United Kingdom of Great Britain and Northern Ireland	938.0	-	1,120.1	-	1,120.1	-
United Republic of Tanzania	0.7	-	5.6	-	5.6	-
United States of America	12,000.0	-	12,000.0	-	11,935.6	-
Upper Volta	6.1	-	8.2	-	8.2	-
Venezuela	1.0	-	-	-	1.0	-
Yemen	2.0	-	2.0	-	-	-
Yugoslavia	200.0	-	200.0	-	200.0	-
Zambia	-	-	8.4	-	-	-
TOTAL	25,598.0	715.1	26,055.7	824.0	26,640.2	339.0

NOTE: In addition to the cash funds in column (2), a number of Governments gave free services (Ethiopia, Guatemala, Nigeria, Pakistan, Republic of Korea, Republic of Viet-Nam, Thailand), no valuation of which is recorded in UNICEF accounts.

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Table 2

Contributions from non-governmental sources, by country, for the years 1962 to 1966

(in US dollar equivalents)

<u>Contributing Country</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
Afghanistan	80	-	-	-	-
Algeria	-	-	-	81	46
Argentina	22	84	-	13	-
Australia	-	1,121,137	318,220	120,390	190,495
Austria	-	114,801	73,771	-	-
Belgium	38,854	73,084	40,722	71,116	82,746
Brazil	2	6	-	-	170
Canada	316,057	358,951	355,959	402,716	461,413
Colombia	6	-	-	-	-
Costa Rica	37	-	-	-	-
Denmark	5,928	4,644	17,104	7,371	6,210
Federal Republic of Germany	150,951	29,235	16,989	42,024	27,123
Finland	37,617	-	-	-	215
France	956	1,270	1,429	1,174	309,143
Greece	1	-	1	-	-
Guatemala	1	-	31	-	-
Iceland	-	-	-	25	-
India	3,720	431	2,439	623	445
Indonesia	5	674	-	4	-
Iran	8	65	3	16	-
Ireland	11,459	2	15,400	44,805	56,207
Israel	22	-	-	-	81
Italy	13,502	12,315	-	34,887	3,195
Ivory Coast	-	-	-	-	135
Jamaica	-	-	59	60	26
Japan	20,000	23,015	47,389	-	90,267
Lebanon	118	360	370	264	638
Libya	-	-	-	-	168
Luxembourg	492	1,603	24	26,059	31
Madagascar	-	20	-	-	-
Mexico	120	99	107	1,907	(167)*
Monaco	-	-	-	-	294
Netherlands	233,911	76,303	67,325	49,118	76,918
New Zealand	39,131	256,038	347,993	381,175	194,661
Nigeria	6	354	124	60	125
Norway	4,067	1,752	2,980	2,612	55,087
Pakistan	15	2	11	13	34
Panama	10	10	-	-	-
Peru	8	64	-	19	-
Philippines	774	1,126	1,656	1,585	309
Republic of Korea	-	-	-	-	100
Saudi Arabia	-	526	-	-	-
Senegal	-	-	-	-	89
Singapore	-	-	-	5	15
Spain	136	164	221	1,160	2,300
Sweden	8,619	6,573	28,765	12,189	90,238
Switzerland	120,389	165	3,450	2,895	62,952
Thailand	228	70	419	3,236	82
Tonga	-	-	-	12	-
Trinidad and Tobago	-	-	-	-	6

* Adjustment relating to 1965 figures.

(Continued)

Contributions from non-governmental sources, by country, for the years 1962 to 1966

(in US dollar equivalent)

<u>Contributing Country</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
Turkey	-	56	-	-	-
Uganda	56	2	3	-	-
United Arab Republic	-	16	-	40	-
United Kingdom of Great Britain and Northern Ireland	118,330	291,133	576,855	409,592	110,732
United States of America	2,617,744	2,098,692	2,210,979	2,119,224	2,363,941
Uruguay	139	606	354	-	-
Venezuela	24	248	376	-	465
Yugoslavia	25	-	27	-	-
Zambia	-	-	-	-	28
TOTAL	<u>3,743,570</u>	<u>4,475,696</u>	<u>4,131,555</u>	<u>3,736,270</u>	<u>4,186,463</u>
United Nations Secretariat	<u>7,214</u>	<u>6,475</u>	<u>5,294</u>	<u>7,565</u>	<u>1,815</u>
GRAND TOTAL	<u><u>3,750,784</u></u>	<u><u>4,482,171</u></u>	<u><u>4,136,849</u></u>	<u><u>3,743,835</u></u>	<u><u>4,188,278</u></u>

Table 3

Contributions to UNICEF from non-governmental sources
including revenue from sales by the Greeting Card Fund during 1966

(in US dollar equivalents)

<u>Contributing Country</u>	<u>Contributions to general fund and for adopted projects</u>	<u>Income Greeting Card Fund 1965-66 Season</u>		<u>Total^{a/}</u>
		<u>Gross sales</u>	<u>Net revenue to UNICEF</u>	
Afghanistan		982	964	964
Algeria	46	2,396	2,396	2,442
Argentina		48,191	36,009	36,009
Australia	190,495	112,905	84,834	275,329
Austria		23,200	17,400	17,400
Belgium	82,746	102,649	76,987	139,733
Bolivia		1,539	1,231	1,231
Brazil	170	14,254	13,464	13,634
British Caribbean Territories				
Bartados		101	101	101
St. Kitts		4	4	4
St. Lucia		383	344	344
British Honduras		3,730	3,730	3,730
Cambodia		141	141	141
Cameroon		169	169	169
Canada	461,413	591,152	436,863	898,276
Ceylon		6,755	5,742	5,742
Chile		42,480	36,035	36,035
China		600	500	500
Colombia		16,947	15,107	15,107
Congo (Brazzaville)		703	700	700
Congo (Democratic Republic of)		5,161	5,161	5,161
Costa Rica		542	461	461
Cyprus		366	339	339
Czechoslovakia		635	631	631
Dahomey		134	129	129
Denmark	6,210	138,517	103,888	110,098
Ecuador		1,520	1,284	1,284
El Salvador		2,016	1,907	1,907
Ethiopia		1,291	1,264	1,264
Federal Republic of Germany	27,123	370,790	278,399	305,522
Finland	215	14,193	10,645	10,860
France	309,143	284,323	213,267	522,410
Gambia		210	210	210
Ghana		3,466	2,985	2,985
Greece		4,264	4,108	4,108
Guatemala		4,922	4,441	4,441
Guinea		5,865	5,799	5,799
Guyana		506	430	430
Haiti		237	201	201
Honduras		93	93	93
Iceland		1,628	1,628	1,628
India	445	61,133	55,226	55,671
Iran		3,000	3,000	3,000
Iraq		2,720	2,550	2,550

^{a/} Represents the sum of contributions to general fund and for adopted projects and net revenue to UNICEF from Greeting Card Fund as set out in the first and third columns.

Table 3 (continued)

Contributing Country	Contributions to general fund and for adopted projects	Income Greeting Card Fund 1965/66 Season		Total
		Gross sales	Net revenue to UNICEF	
Ireland	56,007	15,432	11,573	67,580
Israel	81	500	479	580
Italy	3,195	36,316	27,237	30,432
Ivory Coast	135	2,386	2,363	2,498
Jamaica	26	1,607	1,370	1,396
Japan	90,267	5,822	4,292	94,559
Jordan		574	485	485
Kenya		4,336	3,468	3,468
Kuwait		818	818	818
Lebanon	638	5,827	5,531	6,169
Liberia		270	270	270
Libya	168	4,308	4,225	4,453
Luxembourg	31	13,478	10,109	10,140
Malawi		966	913	913
Mali		1,082	1,013	1,013
Malta		184	184	184
Mauritius		178	152	152
Mexico	167	10,302	9,727	9,560
Monaco	294	---	---	294
Morocco		618	538	538
Nepal		1,012	1,012	1,012
Netherlands	76,918	153,820	115,366	192,284
New Zealand	194,861	37,726	28,244	222,905
Nicaragua		874	874	874
Niger		245	245	245
Nigeria	125	5,040	4,461	4,586
Norway	55,087	126,545	94,309	149,996
Pakistan	34	20,337	17,772	17,826
Panama		3,174	2,702	2,702
Paraguay		1,331	1,448	1,448
Peru		21,608	19,764	19,764
Philippines	309	8,006	8,091	8,400
Poland		15,626	11,251	11,251
Portugal		685	552	552
Republic of Korea	100	169	169	269
Republic of Viet-Nam		1,584	1,368	1,368
Rhodesia		64	64	64
Rwanda-Burundi		511	507	507
Senegal	89	2,204	2,175	2,264
Sierra Leone		375	322	322
Singapore	15	---	---	15
Somalia		194	194	194
South Africa		706	565	565
Spain	2,000	21,515	16,138	18,138
Sudan		503	490	490
Sweden	90,238	137,501	103,126	193,364
Switzerland	62,952	123,809	92,917	155,600
Syria		467	461	461
Thailand	82	9,329	8,334	8,416
Togo		483	449	449
Trinidad and Tobago	6	3,077	2,615	2,621

Table 3 (continued)

<u>Contributing Country</u>	<u>Contributions to general fund and for adopted projects</u>	<u>Income Generating Card Fund 1965-66 Season</u>		<u>Total</u>
		<u>Gross sales</u>	<u>Net Revenue to UNICEF</u>	
Tunisia		899	899	899
Turkey		8,242	8,021	7,021
Uganda		2,844	2,771	2,270
United Arab Republic		8,242	7,099	7,099
United Kingdom of Great Britain and Northern Ireland	110,732	404,683	308,243	419,675
United Republic of Tanzania		4,057	3,449	3,449
United States of America	2,363,941	3,550,105	2,910,353	5,274,294
Uruguay		2,096	1,685	1,685
Venezuela	465	---	---	465
Yugoslavia		8,200	2,920	2,920
Zambia	28	2,553	2,161	2,189
United Nations Secretariat	<u>1,815</u>	<u>125</u>	<u>105</u>	<u>1,940</u>
TOTALS	<u>4,188,278</u>	<u>6,673,953</u>	<u>5,099,044</u>	<u>9,487,362</u>

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