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UNITED NATIONS CHILDREN'S FUND Executive Board

STATEMENT TO THE EXECUTIVE BOARD 128th MEETING

13 SEPTEMBER 1954 BY

DR. C. A. EGGER, DIRECTOR, REGIONAL OFFICE

OR AFRICA. EUROPE, AND THE EASTERN MEDITERRANEAN

UNICEF AID TO THE EASTERN MEDITERRANEAN AREA

In order not to duplicate the material covered by Dr. Borcic in his most interesting and analytical remarks, I should like to concentrate on the progress and problems we have met in the field of milk conservation and feeding programmes and upon our observation in the Southeastern part of this area, particularly the Sudan, Ethiopia and Eritrea.

Milk Conservation Programmes

You will have seen from the Executive Director's report that there has been progress of a slow but steady nature in the UNICEF-assisted milk conservation projects. What has been planned in the office is now becoming a reality in terms of construction and installations. With the signature of the Egyptian Government this month, plans of operation have been signed for all five milk conservation projects in the Eastern Mediterranean area. Details have also been finalized for procurement of equipment. Our engineers have had the opportunity to work with the respective architects who have in turn acquainted themselves with the equipment we are to send.

Engineers and architects from these five countries have worked together in the UNICEF Regional Office and have visited countries in Europe to acquaint themselves with modern dairy plant design and operation. Of a total of \$1,157,000 allocated for these 5 projects, approximately \$534,000 has been procured or is now under contract.

With FAO, assistance has been given in selecting technical personnel who will be responsible for operation of the milk plants, and who will receive training /abroad. Some

abroad. Some of these are already in training. FAO is also working with agricultural authorities in this area to help in the improvement of cattle breeding, cattle care, milk production, transportation and so on.

A broader study of milk conservation programmes in these countries is foreseen, and the Governments of Turkey and Egypt have indicated their interest in further expansion in this field on a national basis.

Feeding Programmes

Both of the documents on School Feeding Programmes in Libya (E/ICEF/L.611 and FAO/54/6/3384) underline the fact that school feeding programmes of this nature are dependent upon the kind of preparation and study which have been done in the preliminary stages. The Libyan Government is very much interested in making a success of this programme. We are particularly appreciative of the assistance of WHO and FAO in the formulation of the plan.

The Sudan

The only UNICEF-assisted programme now operating in the Sudan is the ECG experimental scheme in which one WHO team is travelling in all the Sudanese provinces, doing sample testing and vaccination in order to provide a basis for the extension of the anti-tuberculosis campaign. UNICEF will cooperate with the Sudanese Health authorities and WHO in working out a plan for a ECG campaign if required. The Sudanese authorities have expressed great satisfaction with the initial progress, which is their first example of international cooperation.

Since conditions in other areas of Africa are similar, we were interested in becoming acquainted with health developments in the Sudan provinces since they have established precedents which have been followed in other African territories.

With the cooperation and support of the Administration, the Sudanese officials have succeeded in the establishment of training schools for various categories of health personnel which are regarded as models of their kind and which have been of great influence on the whole development of training in British Fast African territories. Training is given to midwives, professional and auxiliary workers and to sanitary inspectors; 480 medical assistants have already been trained and are at work in various parts of the country. The Sanitary Engineering Department of the government's training school has a world-wide reputation.

The Sudan has also been one of the first countries to practice administrative de-centralization of health services, and has a good system of small rural health centres where health visitors and midwives receive guidance, mothers are given health education and health services are provided to children.

The Sudan has so far been able to pay for these development programmes out of their internal resources. The Sudanese authorities feel the need to be in touch with what is happening in the adjoining countries and to share in the experience that is being built up with the help of the U.N. agencies. They are particularly anxious to have guidance and help from international agencies in the field of social welfare. There is also real interest in development of plans for malaria control.

Ethiopia

Two programmes are receiving UNICEF aid in Ethiopia, - a BCG campaign and a public health training scheme. The Board has before it at the present session a recommendation for the continuation of the BCG campaign through 1955 (E/ICEF/L.660) in which a review is made of progress of this campaign to the present time. We have been much impressed with the excellent work that WHO has done in this project which has pointed the way to development of a preventive public health scheme on a wider basis. Through the BCG campaign a basis has also been laid for cooperation with the Government on other types of public health projects.

MCW Training Scheme

A training project for maternal and child welfare personnel, established by the Ministry of Health with WHO, UNICEF and U.S. Point Four assistance, at Gondar this year, will be of tremendous value in this country where there is a great lack of trained health personnel of all categories. There is one doctor for 160,000 population in the country as a whole and one per 750,000 people in many parts of the country since most doctors live in Addis Ababa.

The hospital now under construction, with the active participation of the Point Four Programme, is to be primarily a training institution. Point Four and WHO will start the first course in October. At present Ethiopia is dependent very largely on foreign personnel. This project, for the training of health assistants and health visitors and sanitarians, will be of primary importance in providing. Ethiopia with an increasing number of qualified people to staff provincial hospitals and rural health centres, dispensaries and mobile field services.

Much progress is being made in the field of primary and secondary education through the country although there are at present only 60,000 children going to school. We visited the schools and felt that there was a possibility of UNICEF assistance in the improvement of nutrition, school health services, environmental sanitation as well as in other fields.

We had many opportunities to see and meet with experts of the United Nations and of bi-lateral agencies stationed in the country and with the Government's foreign advisors. It is interesting to note that in spite of great difficulties no one has become discouraged and it was felt well worthwhile to give time and patience to participation in the development work in Ethiopia.

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