



CF-RAD-USAA-DB01-2006-00000008

Expanded Number **CF-RAD-USAA-DB01-2006-00000008**

External ID **E/ICEF/1965/0528/REV.1(E/4083) (PDF-ENG), Part 2**

Title

Executive Board Report, June 1965 Session (321 to 335th Meetings) (PDF Version). Part 2, pg 103-192

Date Created / From Date

Date Registered

Date Closed / To Date

Primary Contact

Home Location **Off of Secy, ExecBoard, UNICEF NYHQ = 3024**

9/6/2006 at 12:56 PM

9/6/2006 at 12:56 PM

Owner Location **Off of Secy, ExecBoard, UNICEF NYHQ = 3024**

Current Location/Assignee **Record & Archive Manage Related Functions=80669443 since 9/6/2006 at 12:56 PM**

F12: Status Certain? **No**

F13: Record Copy? **No**

F01: In, Out, Internal Rec or Rec Copy

Contained Records
Container

Date Published

Fd3: Doc Type - Format

Da1:Date First Published

Priority

Record Type **A04 DOC ITEM: E/ICEF 1946 TO 199**

Document Details **Record has no document attached.**

Notes

Document Format Series/Year/SubSeries/Number/Rev: E/ICEF/1965/0528/Rev.1(E/4083); Doc

Series/SubSeries/Year/Number/Rev: E/ICEF/1965/528/Rev.1

Doc Series: E/ICEF; Series Valid date on import: 01-Jan-1946; Doc Year: 1965; Doc Number: 0528; Doc Number

Short: 528; Doc Revision #: Rev.1

English, LAvail: E,F,S..; LOrig: E-?

Note PDF or TIF: Chk_PDF: No; Chk_PDF_Prob: No; Comment: ; Chk_TIF: No; Chk_TIF_prob: No; TIF ID# Start

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UNITED NATIONS CHILDREN'S FUND

REPORT OF THE EXECUTIVE BOARD

(14-23 June 1965)

ECONOMIC AND SOCIAL COUNCIL

OFFICIAL RECORDS: THIRTY-NINTH SESSION

SUPPLEMENT No. 15

UNITED NATIONS

New York, 1965

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TUNISIA (continued)

importance of after-school activities and their place in the pilot project. UNICEF will provide supplies and equipment for the new centres one for environmental sanitation activities; transport for field training and supervision, local costs for the base-line survey; stipends; honoraria for lectures participating in information seminars, and salary supplements for the social welfare co-ordinator; the counterpart to the expatriate administrator and the expatriate administrator. The Bureau of Social Affairs of the United Nations Secretariat, the ILO, FAO, UNESCO and WHO, will participate in the implementation of the project and will provide advice and guidance through their experts in Tunisia as required.

UGANDA

MILK CONSERVATION
First request for
UNICEF aid, 1965/1966

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

E/ICEF/P/L.564

This pilot project is an initial step towards the development of a long-term plan for better milk production techniques in Uganda with a view to providing an adequate supply of safe milk and milk products for the population at a price within the reach of low-income groups. The Government will establish four small collecting centres within a radius of 100 kilometers of Kampala to serve as pilot centres to try out methods of collection and cooling. In the first phase, the new collection centres will collect and cool approximately 2,000 litres of milk daily and dispatch it in cans by truck for sale to the Kampala dairy, which, as an interim measure, will be expanded to double its present capacity. It is believed that at a later stage these collecting centres alone could handle up to 26,000 litres of milk per day. Milk will continue to be sold in the retail market in bulk or packaged form until such time as effective control are established, when the supply of safe milk would become more or less equal to the demand and adequate processing and distribution facilities would be set up. A quantity of the milk will be distributed free of cost through schools and children's institutions in Kampala over a period of ten years. Some Ugandan students have already completed courses at the UNICEF-assisted schools for dairy technology and animal husbandry at Egerton College and Nairobi, Kenya. Others are registered for the 1965/1966 courses. The Government plans to continue to make full use of these facilities. Expert advice and experienced technicians are also available from the Kenya Co-operative Creameries, which will be closely involved in the development of the Kampala scheme. UNICEF will provide equipment for four collecting centres, three trucks for the transportation of milk, laboratory equipment for milk control and milk processing equipment for interim expansion of the Kampala plant. FAO is providing a full-time consultant in dairying and plant management under the Expanded Programme of Technical Assistance, and the provision of experts in animal husbandry, agricultural statistics and livestock management is also foreseen. The possibility of additional fellowships for the training of national staff is being discussed. The Government has received assurances of bilateral aid from the United Kingdom and Denmark in connexion with its long-term plans in this field.

UPPER VOLTA

HEALTH SERVICES/
SOCIAL SERVICES/EDC
Continuation, 1965/1966

Allocation approved: \$91,000
against approved commitment

UPPER VOLTA

EDUCATION
 Continuation,
 mid 1965-mid 1967

Commitment approved: \$220,000
 Allocation approved
 1965/1966: \$133,000
 Technical approval: PAO

E/ICEF/P/L.595

The aim of the project is to bring about a modification in rural primary education by emphasis on nutrition, agriculture and health, both in traditional schools and in a new type of three-year school which has been established for young people of 12 to 15 years of age who have had no previous formal education. The Rural Teacher-Training Centre at Kambeince near Ouagadougou, provides ten-month courses for instructors for the new type of schools at a rate of 120 teachers per year. Up to the present, 417 teachers have been trained. During the period 1965-1967, a second rural teacher-training centre will be opened near Bobo Diulasso during 1965, with assistance from the French Government. Accommodation will be provided for 120 students a year. A centre for the training of women instructors will also be established in 1965 at Ouagadougou with an eventual capacity of 60 students. It is expected that ten new schools for girls and 120 schools for boys will be opened in 1965 and twenty girls' schools and 120 boys' schools in 1966. Teaching in the girls' schools will include the subjects of home economics and mothercraft and homecraft. UNICEF will provide demonstration equipment and teaching aids for two teacher-training schools, 240 boys' and 30 girls' schools and supplementary equipment for 120 boys' schools opened in 1964; equipment for printing and reproduction of educational material and cost of publication of selected manuals; transport for training and supervision; and training grants for 50 female instructors in 8 month courses. FAO will continue to provide the services of a nutritionist, an expert in agricultural extension and a poultry adviser as well as fellowships in selected fields. The United Nations Special Fund is providing substantial assistance for a project for an agricultural training centre, which is closely co-ordinated with the Government's plans for placement of youth taught under this scheme. Considerable assistance is also being given by the Government of France and the European Development Fund in the form of pre-fabricated buildings for training centres and schools and experts.

ZAMBIA

BASIC HEALTH SERVICES
 Resumed, mid 1965 - mid 1967

Commitment approved: \$60,000
 Allocation approved: \$60,000
 Technical approval: WHO

E/ICEF/P/L.589

The Government, through its newly established Ministry of Health, plans to strengthen existing facilities throughout the country so as to develop a comprehensive basic health service. The following activities will be assisted by UNICEF:

- Rural hospitals and health centres: 2 new rural hospitals will be established, each accommodating 24 to 48 beds and bringing the total number of rural hospitals in the country to 10. Three new district hospitals are to be constructed to replace existing hospitals. 22 new rural health centres will be constructed during the period. Lemnillary midwifery services will be developed and extended in connexion with all these health units.
- Health education: A national co-ordinating committee will be established and a programme of health education, including nutrition aspects, will be developed and given appropriate emphasis in the training of health personnel and school teachers. A mass campaign of health education of the population will be undertaken.

ZAMBIA (continued)

- Training: Para-medical personnel will continue to be trained at the Lusaka Central Hospital, Livingstone Hospital, Lusaka School of hygiene and the College of Adult Education. Plans are being formulated to initiate state registered-nurses' training at the Lilwallyn Central Hospital, Kitwe, in 1965 and to begin training health inspectors up to the standard of the Royal Sanitary Institute of the United Kingdom. A demonstration and training area will be developed for environmental sanitation work, to be co-ordinated with rural and school activities. Refresher courses will be provided for medical and health personnel working in the field.
- Communicable disease control: The expansion of treatment and preventive measures against all communicable diseases will be continued, with emphasis on control of children's diseases through rural health centres and schools. A BCC campaign will be organized on a national scale, based on direct vaccination techniques.

UNICEF will provide basic equipment for two rural hospitals and 22 health centres; teaching and training equipment for two training schools; drugs for communicable disease control; and transport for field training and disease control. WHO will continue to provide a public health adviser and a health inspector-tutor as well as fellowships.

AFGHANISTANBASIC HEALTH, NCH, ENVIRONMENTAL
SANITATION AND NUTRITIONAllocation approved: 152,000
Technical approval: WHO

Continuation, 1966

E/ICEF/P/L.009

By the end of 1964, the Rural Development Department had established services in nineteen community development blocks with a population of approximately 30,000; extension to four new project areas is being undertaken in 1965. The pattern of development includes: establishment of rural health centres; training of village-level workers; improvement of family nutrition, including agricultural extension work; promotion of environmental sanitation; broadening of primary education, and education of mothers. Since one of the main weaknesses of the rural health services is a lack of trained staff, the training of medical and para-medical personnel, particularly auxiliary nurse/midwives, is being strengthened by up-grading paediatric and obstetrical wards in hospitals in Kabul and major provincial towns.

In 1966, five new project areas are to be established, bringing the total to twenty eight which would cover approximately 15 per cent of the rural population of Afghanistan. On the advice of WHO, piped-water supply will be introduced for demonstration purposes in five selected project areas. Three new auxiliary nurse/midwife training schools will be opened and the paediatric and obstetrical wards of four provincial hospitals and one hospital in Kabul will be up-graded. The distribution of drugs and diet supplements will be continued through 18 provincial NCH centres, 11 polyclinics in Kabul and 28 rural health units. UNICEF will provide supplies, equipment and transport for five rural health centres and fifteen sub-centres; pipe and water supply equipment for five demonstration projects; horticulture and poultry-raising supplies; teaching equipment and transport for education of mothers and for Gulzar Training Centre; equipment and transport for three auxiliary nurse/midwife schools and for paediatric and obstetrical wards of five maternity hospitals; drugs and diet supplements and soap; and stipends for fifteen "home improvement workers". WHO will continue to provide a public health officer, a health nurse and a sanitarian.

AFGHANISTANMALARIA ERADICATION

Allocation approved: 1280,000

Continuation, 1966

Technical approval: WHO

E/ICEF/P/L.526

A WHO assessment team, which reviewed the operations of the malaria units and of the central headquarters early in 1964 found that the eradication programme had reached an advanced stage, although there were some weaknesses in the surveillance organisation. In order to correct the defects, the Government had decided to increase the surveillance staff by one junior inspector for every 12,000 of the population; to improve staining techniques for microscopic detection of the malaria parasite; and to appoint a chief of spraying operations and a director of epidemiology at the central headquarters. The Government also accepted the recommendation of WHO that it should postpone until 1966 the withdrawal of spraying from selected areas, which had been planned for 1965, in order to allow time for the gathering of adequate epidemiological data for the initiation of the consolidation phase. As a result, the attack phase is being continued in all areas except one in 1965, although it is understood that operational findings may permit the entry of some areas into the consolidation phase this year. The revised plan for 1965 calls for the protection of 4,571,000 persons by spraying.

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 (continued);

It is planned that in 1966 1,689,000 persons will continue to be covered by spraying in the attack phase; 2,806,000 persons will be in the consolidation phase; 524,000 persons will be in areas using larval control measures; and 24,000 persons will be in the maintenance phase. UNICEF will provide laboratory equipment, drugs, 552,200 pounds of DDT, transport and sprayers. The allocation also includes funds to cover a deficit incurred for the provision of additional supplies required in 1965 for the implementation of the WHO recommendation described above. WHO will continue to maintain a malaria advisory team.

AFGHANISTAN

EDUCATION (TEACHER TRAINING)

Continuation, 1965

E/ICEF/P/L.571

Allocation approved: \$193,000

Technical approval: UNESCO

In 1964 the Government inaugurated a five-year programme for the development of primary education through the training of primary teachers and teacher-educators. With the help of UNICEF and UNESCO, an Academy of Teacher Training was established in temporary quarters in the Faculty of Letters at the University of Kabul and started its activities in April 1964. Attached to the Academy is a Teacher Training College, which provides in-service training for the post-graduate teacher training educators. By the end of 1964, the Academy was staffed by a principal provided by UNESCO and five international UNESCO experts, under reimbursement by UNICEF. The Afghan staff consists of a vice-principal, seventeen teacher-educator trainees and five part-time teachers. The course was attended by 87 students in 1964, and the intake during 1965 is expected to be between 90 and 100, plus about 28 teacher-educator trainees, giving the Academy a student body of approximately 120 plus 28 teacher-educator trainees. A number of teacher-educators will be sent abroad each year on fellowships with a view to replacing eventually the international staff.

In 1966, the Teacher Training College will reach its first year of a full programme, with students in each year of the three-year course and with a full enrolment of teacher-educators in training. A demonstration primary school attached to the Academy and two additional demonstration schools will be equipped. UNICEF will provide supplies and equipment for the Academy, reimbursement to UNESCO of the cost of seven experts and twelve fellowships and the salary of a secretary for Academy. UNESCO will continue to provide technical consultation, experts and fellowships. FAO and WHO will be available for consultation on those aspects of training which fall within their respective fields of competence.

BURMA

BASIC PUBLIC HEALTH: MCH

Continuation, 1965

E/ICEF/P/L.482

Allocation approved: \$217,000

Technical approval: WHO

By the end of 1965, a total of 400 rural health and maternal and child health centres will have been opened in Burma; 602 centres were equipped by UNICEF up to the end of September 1964. The paediatric training and services in Rangoon and Mandalay have been improved by the provision of additional equipment for the paediatric departments of the general hospitals. The township hospitals are being strengthened to serve as referral hospitals for health centres, and equipment has been provided to up-grade 40 such hospitals and to install water supply systems and sewage disposal in ten of them.

BURMA (continued)

An additional 100 health centres are to be established in 1966, and measures for further improvement of paediatric training are to be undertaken at the district hospitals in Bassein and Moulmein. The training of rural health workers will continue, including refresher courses for lady health visitors and re-orientation courses for township medical officers and assistant district health officers. An immunization campaign against diphtheria, pertussis and tetanus (DPT) will also continue, and the production of DPT vaccine at the Burma Pharmaceutical Institute is expected to begin in 1966.

UNICEF will provide health centre supplies and equipment; drugs and vitamin capsules; midwifery kits; sanitation equipment for township hospitals; supplies and equipment for paediatric education; dental equipment; equipment for manufacture of DPT vaccine; 200,000 doses DPT vaccine; transport; and stipends for the training of 80 lady health visitors, 20 township medical officers, 15 paediatric nurses and 30 midwives. WHO has assigned a visiting professor of paediatrics and a paediatric nurse to Burma for two years.

BURMA

BASIC HEALTH: HANDICAPPED CHILDREN

First request for UNICEF aid, 1966

E/ICEF/P/L.535

Allocation approved: \$22,000

Technical approval: United Nations

Department of Economic and Social Affairs and WHO

The aim of the project is to improve treatment facilities directly related to physically handicapped children at the Thaming Rehabilitation Hospital and at the Rangoon Children's Hospital, which will support training in physiotherapy and serve as a National Demonstration Service to instruct medical and para-medical personnel and the public as to the need for rehabilitation of the disabled.

The facilities at Thaming Rehabilitation Hospital will be up-graded and improved so that rehabilitation services for children can be extended. Prosthetic appliances which have hitherto been manufactured, fitted and serviced for the few children whose parents can afford to pay the costs, will now be available to needy children at a nominal fee to cover the cost of fitting and repair. In the course of the next five years, the Government plans to establish prosthetic appliances repair shops in six district towns and a major fitting and repair shop in Thaming. Trainers will be recruited in 1965/1966 and trained at the prosthetics workshop at Thaming. A physiotherapy department, to be established at the Children's Hospital, Rangoon, will care for acute medical and surgical cases and provide a training ground for student physiotherapists. The facilities established at the Children's Hospital and the Thaming Rehabilitation Hospital will provide a national demonstration service, and a training ground for student physiotherapists, house-surgeons, nurses and prosthetic technicians required for the gradual expansion of services to handicapped children in the districts.

UNICEF will provide nursing, physiotherapy and occupational therapy equipment for Thaming Hospital and Rangoon Children's Hospital; prostheses and braces partly a vehicle for training and supervision; and stipends and honoraria for orientation/demonstration courses for approximately 30 house surgeons. WHO is assisting in the development of paediatric units and has assigned a professor in paediatrics and a paediatrics nurse-tutor. The United Nations Department of Economic and Social Affairs is providing fellowships in clinical psychology and speech therapy and in the field of rehabilitation. The Colombo Plan is assisting in the training of physiotherapists, and the Office of Vocational Rehabilitation, Department of Health, Education and Welfare of the United States has made a grant to the Government of Burma for a research project in rehabilitation methods.

BURMA

TUBERCULOSIS CONTROL
Continuation, 1966
E/ICEF/P/L.528

Allocation approved: 145,000
Technical approval: WHO

The Government proposes gradually to strengthen its national tuberculosis control programme. A tuberculosis control service suitable for an urban community integrating the health services of the city, was initiated in Rangoon at the beginning of 1965. The emphasis is on treatment of sputum-positive cases which are the main source of the spread of the disease in the community. In the first year the programme calls for the treatment, with drugs provided by UNICEF, of 2,250 sputum-positive cases. In addition, 7,000 sputum-negative cases are to be treated with drugs supplied by the Government. During 1966 the treatment programme will be extended from the Greater Rangoon area to include an urban centre in Mandalay and a rural centre in Mandalay. It is anticipated that 5,500 sputum-positive cases will be treated. UNICEF will provide laboratory supplies and equipment, drugs for sputum-positive cases, health education and office equipment and transport. WHO will provide a senior adviser.

BURMA

BCG VACCINATION: CONSOLIDATION
Continuation, 1966-1968
E/ICEF/P/L.474

Commitment approved: 897,000
Allocation approved 1966: 125,000
Technical approval: WHO

The mass BCG campaign, which started in 1951, achieved its initial objective of testing 4.5 million children early in 1957. A consolidation phase was then instituted for integrating BCG work into the existing health services. Six of the ten main BCG teams have been converted into consolidation teams to train personnel of the rural health centres and MCH centres. By July 1964, a cumulative total of 12.6 million tests and 4.4 million vaccinations had been accomplished, and the staffs of 485 health centres had been trained in BCG work. During the period 1966-1968 the Government plans to continue the BCG vaccination campaign, and to expand it to cover the whole of the country, including the remote areas. In 1963, 485,000 vaccinations were performed. The target for 1964 is 500,000 and that for 1965 is 600,000. In 1966, 1967 and 1968, 700,000, 700,000 and 700,000 vaccinations, respectively, are planned. Health centre personnel will continue to be trained in at least 60 additional centres per year. Of the remaining four main mass campaign teams, one will be converted into a consolidation team in 1966 and another in 1968. Thus, by 1968 there will be eight consolidation teams and two mass campaign teams. Every effort will be made to vaccinate as many pre-school children as possible. UNICEF will provide freeze-dried BCG vaccine, field equipment and supplies and transport.

BURMA

LEPROSY CONTROL
Continuation, 1965/1966

Allocation approved: 192,000
against approved commitment

CAMBODIA

BASIC HEALTH AND SCHOOL HEALTH

Continuation, 1966
E/ICEF/P/L.552 and Corr.1

Allocation approved: \$61,000
Technical approval: WHO

The MCH/rural health programme is developing at a slow but steady pace. Provincial services, which began with up-grading of the provincial hospitals, have now spread to district level. Four district health centres are in operation. The Government has also begun to develop simple laboratory services at provincial and district level. An important programme to provide basic nurse/midwife training is assisted by WHO, and UNICEF is assisting the rural health training and demonstration area at Takhmau. The school health programme, while still in an early stage, is in operation in forty schools in Phnom-Penh and its environs, and eight school health infirmaries, staffed by nurses, are working full-time. Referrals are made to specialized services, mainly to the children's hospital. During 1966, five additional district health centres are to be developed; training of rural advisers will continue; and provincial laboratory services will be extended. The school health programme will begin an expansion to twenty school infirmaries to be opened in the provinces. UNICEF will provide supplies and equipment for district health centres, provincial hospitals, rural health services, laboratory services and the demonstration and training centre; supplies and equipment for school health centres and for production of health education materials; drugs, diet supplements and soap; transport; and stipends and honoraria for refresher training of nurses and midwives and for training in school health of teachers. A WHO public nurse/midwife assists in development and supervision of the MCH/rural health programme while a WHO team, consisting of a doctor and two nurses, assists in the rural health training programme and a WHO sanitary engineer is assigned to the rural health training centre in Takhmau. A WHO nurse is to be assigned to the school health programme.

CAMBODIA

TUBERCULOSIS CONTROL/BCG

Resumed BCG campaign plus new aspects
E/ICEF/P/L.512

Allocation approved: \$16,000
Technical approval: WHO

The objectives of the programme are to develop a national tuberculosis centre which will serve as headquarters for the tuberculosis service of the Ministry of Public Health and direct a national BCG vaccination campaign; to study the epidemiological patterns of tuberculosis; to demonstrate practical and effective methods, adapted to local conditions, for the control of tuberculosis, with a view to providing a basis for eventual extension of the programme throughout the country; and to train the personnel required for a country-wide integrated BCG vaccination campaign.

During 1965/1966, a tuberculosis case-finding project will be established in a selected area of Phnom-Penh, with the newly constructed tuberculosis centre as its base. A rural counterpart project will be conducted at the existing rural health demonstration area at Takhmau. Simple methods of case finding through microscopy will be employed, and cases identified will be provided with chemotherapy on a domiciliary basis. A tuberculin survey will be carried out in the pilot areas to determine the age groups to be covered in the national BCG vaccination campaign, and health personnel will be trained in tuberculin testing and BCG vaccination. UNICEF will provide laboratory supplies and equipment, drugs, BCG supplies and equipment and freeze-dried BCG vaccine. A WHO team is assisting in implementing the project.

CAMBODIA

HOME CRAFT AND HOME CRAFT
Continuation and expansion
1966 - 1968
E/ICEF/P/L.534 and Corr.1

Commitment approved: \$31,000
Allocation approved, 1966: \$13,000
Technical approval: United Nations
Department of Economic and Social
Affairs and UNESCO

Assistance was approved in 1963 for a pilot project to establish two village women's education centres for the training of mothers in child care, health and nutrition. By early 1965, one of these was operating effectively; the second was still in the process of development. Since approval of this pilot project, the Government has reorganized the responsible directorate in the Ministry of Education and has expanded its functions to include children not in school as well as adults. The directorate plans to develop additional centres like those included in the pilot project which will concentrate on the education of village women in simple home economics and homecraft, improved care for young children through the establishment of day care nurseries and kindergartens, and recreational and educational activities for older children not in school.

During the period 1966-1968, the basic training curriculum at the training centre for educators at Tonle Bati will be revised in order to emphasize social welfare aspects for women and children such as mothercraft/homecraft, day-care centres, kindergartens and youth clubs. Refresher training will be given to 102 women educators currently in service in the field. The Government also proposes to establish annually five new women's education centres, each to include a youth club.

UNICEF will provide supplies and equipment for fifteen rural centres, equipment for outdoor and indoor play, handicrafts, home economics and youth clubs, and stipends for 3-week refresher training courses for 102 women educators. A UNESCO adviser is assigned to the programme. The United Nations Department of Economic and Social Affairs, FAO and WHO, which are concerned in the home economics and social welfare aspects of the programme, will provide assistance as necessary.

CAMBODIA

PRIMARY EDUCATION:
TEACHER TRAINING
Continuation, 1966-1968
E/ICEF/P/L.494

Commitment approved: \$248,000
Allocation approved, 1966: \$70,000
Technical approval: UNESCO

In June 1964, the Board approved assistance for the first year of a major programme for the improvement and expansion of teacher training and the introduction into the basic primary curriculum of subjects related to daily life, such as manual arts, agriculture, and home economics. The plan is to be carried out initially in three experimental zones; 20 schools have been selected for up-grading in each zone. The new subjects have been introduced into the basic under-graduate training of primary school teachers, and a refresher-training programme for in-service teachers has been instituted.

The Government proposes to continue the programme for a three-year period, 1966-1968, at the end of which the schools in all three experimental zones will have been up-graded and provided with water supply facilities. A total of 2,400 in-service teachers will have been given refresher training at the rate of 600 a year. UNICEF will provide equipment for 40 schools in two experimental zones, for three mobile libraries and for a model kindergarten; paper and ink for 100,000 textbooks each year; equipment for wells in experimental schools; and stipends and honoraria for refresher training of 1,800 teachers. A UNESCO consultant is assigned directly to the programme, and two "associate experts" will be assigned during 1965. In addition, UNESCO has assigned to the Government an adviser in educational planning.

CEYLONBASIC HEALTH, MCH, PEDIATRIC
TRAINING, HEALTH EDUCATION AND SCHOOL
DENTAL SERVICESContinuation, 1965/1966
E/ICCF/P/L.581 and Amend.1Commitment approved: \$86,000
Allocation per period: (\$86,000)
Technical approval: WHO

The main objective of this project is to improve existing maternal and child health services, with special emphasis on paediatric training at undergraduate and post-graduate levels. UNICEF has assisted in the development of midwifery and paediatric training facilities, a field training area at Kalutara, the up-grading of district hospital paediatric and obstetrical wards, and the improvement of selected rural health units and sub-units. With help from UNICEF, health education has been introduced as part of the basic duties of health personnel, and 61 school dental clinics have been equipped.

During 1965/1966 the Government proposes further to up-grade the Paediatric Department of the Colombo Medical College in paediatrics (Diploma in Child Health), and to strengthen paediatric services in provincial hospitals which are used for internistic training. The paediatric department of the Medical College will develop a peripheral training area for field practice for undergraduates. The paediatric surgical department at the Colombo Children's Hospital will be improved and similar departments established in three provincial hospitals. A mobile emergency obstetric unit will be established in Kandy as a pilot scheme, and sixteen additional school dental clinics will be set up. Drugs and diet supplements will continue to be distributed through 80 health centres, and the facilities of the Health Education Bureau will be expanded. Post-graduate training in paediatrics will be given to nurses and post-graduate training in paediatric surgery to surgeons who will then be posted to new paediatric surgical units. Refresher courses in MCH work will be held for medical officers, while nurses will be given refresher courses in public health nursing, public health midwifery and infectious diseases. The UNICEF commitment covers 50 per cent of the training stipends, supplementary equipment for the Colombo Children's Hospital; equipment and transport for paediatric departments of five provincial hospitals; equipment for peripheral units of the Medical College and for children's surgical departments of four hospitals; equipment and transport for the "Flying squad"; dental kits; supplies and equipment and drugs and diet supplements for health units; and health education equipment. As the Netherlands National Committee for UNICEF has offered to "adopt" this project, and the Government of Ceylon has accepted the adoption, the allocation has been extended.

CEYLONTUBERCULOSIS CONTROL AND
BCG VACCINATIONContinuation, 1965/1966
E/ICCF/P/L.532Allocation approved: \$25,000
Technical approval: WHO

In the second phase of this campaign (October 1959-May 1964), over 2 million children have been tested and 1 million vaccinated. The efficiency rate has improved by 40 to 50 per cent and the number of vaccinations performed in a year has increased by 50 per cent. Of the 80,000 cases of tuberculosis in the country, only half have been diagnosed by available diagnostic facilities. The majority of the patients detected are from urban and semi-urban areas, indicating a need for an active programme in the rural areas within the framework of existing health services. The Government has extended tuberculosis control activities from Colombo to all provinces by establishing chest clinics in each provincial headquarters.

CEYLON (cont. from p. 1)

During 1965/1966 it is proposed to start a pilot project of community-oriented tuberculosis control in the northwestern province which would serve as a testing ground for the gradual establishment of similar projects in all provinces of the island. The project will be based mainly on existing community health and medical services, and will emphasize laboratory sputum examinations among patients presenting chest symptoms as the main procedure connected with case finding. Patients with a confirmed diagnosis of pulmonary tuberculosis will then be considered eligible for drug treatment by peripheral centres of the general health services. In addition, systematic BCG vaccination will continue for all school entrants and school leavers, and vaccination for new-born infants will be extended to additional hospital maternity wards. UNICEF will provide two fluorophotographic cameras, laboratory equipment and supplies and two vehicles. WHO will provide a short-term public health nurse and, at a later date, a medical officer, a statistical assistant and a laboratory technician for an assessment of the project.

CEYLON

APPLIED NUTRITION
Outstation, 1965/1966
E/ICEF/P/L.560

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

The objective of the project is to ensure nutrition through increased production of nutritionally valuable foods and through the education of participating village communities in basic nutrition practices. As a first step the Government is expanding and improving nutrition training at all levels. Key officers are being sent for approximately six months of training in applied nutrition and extension in India. Existing training centres for agriculture and rural development in each of four selected project areas are being up-graded to provide improved teaching of nutrition. Instructors at the centres are being trained in applied nutrition and horticulture; later they will study similar projects abroad and return to train the operating staff of the centres. Training is also being given to non-professional staff of the centres, and teachers in rural schools of the project area are receiving in-service training in applied nutrition and horticulture and in teaching methods pertaining to nutrition and school gardening.

In the second phase of development of the project, the emphasis will be placed on increasing fruit and vegetable production (in school, community and home gardens), poultry raising, fish breeding and fruit and food preservation, in the eighty villages of the project areas surrounding the four training centres. Training will be extended to village-level personnel and would include one-to-three week courses in applied nutrition and horticulture for 12 rural development workers, 16 agriculture instructors, 240 school teachers, 24 public health nurses, 40 midwives, 8 food technologists and 160 men and 160 mothers from the villages. A one-week course in food production will be offered for 160 village youths; a one-week course in simple principles of fish breeding for 80 village men; and a two-week course in poultry raising for 160 village men. UNICEF will provide teaching and audio-visual aids and production and food preservation supplies for four centres; agricultural, poultry raising and fish breeding supplies; stipends and honoraria for the village-level courses described above; and reimbursement to FAO for the services of a nutrition educator for 15 months.

CEYLON

SOCIAL SERVICES (TRAINING)
First request, mid 1965-mid 1966
E/ICEF/P/L.540

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

The Government assumed responsibility in October 1964 for the Ceylon School of Social Work which had formerly been an independent institute under voluntary auspices. The school will be developed as a training centre, offering:

CEYLON (continued)

- A diploma course for 20 to 25 students consisting of one year of full-time training and an additional year of practical work and refresher courses;
- Short-term courses of two to three weeks duration for groups of 25 auxiliary social workers (nurses, attendants and public health officers of the Health Department, Divisional Council Offices and Village Health);
- Four to eight week evening classes, in which basic principles and methods of social work will be taught to groups of twenty to thirty volunteer social workers;
- Four to six-week in-service training courses for an annual total of 200 employees of governmental departments concerned with social work;
- Seminars and workshops on problems of interest to social workers.

The first diploma course began in December 1964 and it is planned to have all other types of courses instituted by July 1965. UNICEF will provide library books, audio-visual and other equipment; two vehicles for field practice and the salary of a local lecturer. Subject to a government request and availability of funds, the Bureau of Social Affairs of the United Nations Secretariat will provide an adviser on social work training to assist with the implementation of this project.

CHINA

BASIC HEALTH ENVIRONMENTAL
SANITATION (TAIWAN)
Construction, 1964
E/ICEF/P/L/475

Allocation approved: \$112,000
Technical approval: US\$

In order to improve sanitation conditions of the health centres and to demonstrate environmental sanitation practices in the adjacent communities, UNICEF has provided pumps and piping for 200 health stations and field allowances for sanitarians. Materials for simple water supply systems have been provided for installation during 1965 in 52 selected rural communities which did not have water supplies. The training of sanitation workers is progressing, and 130 community officers, 20 junior sanitary engineers, 10 water chemists and 27 sanitarians have completed training courses. Health education activities, an integral part of the project, are directed towards the proper utilization and maintenance of the facilities for safe water, sanitary disposal and drainage.

During the period 1964-1973 the Government plans to install 725 simple waterworks in selected rural communities with a population of between 200 and 2,500 each. UNICEF will assist with the installation of an additional 20 waterworks in 1965 and will provide stipends and honoraria for the training of sanitation workers, simple kits for the trained workers, transport for supervision and refrigerators for storing vaccines in the health stations.

CHINA

BASIC HEALTH PRODUCTION OF FREEZE-
DRIED SMALLPOX VACCINE (TAIWAN)
First request, for UNICEF aid,
mid 1964 to mid 1975
E/ICEF/P/L/527

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

The Government has decided to embark on an anti-smallpox campaign using freeze-dried smallpox vaccine for both mass and routine vaccinations of the child population of Taiwan. The plan is to vaccinate each year 400,000 new-born infants, 400,000 school children in grades I through IV and 250,000 students in Grade I of the junior and senior middle schools. A medical officer and a laboratory technician will be selected by the Government and sent abroad for training at a laboratory producing freeze-dried vaccine. As soon as freeze-dried vaccine becomes available from production in Taiwan, the Government will discontinue the production of fluid smallpox vaccine. The campaign

CHINA (continued)

among school children will be carried out through schools, health stations and health bureaux under the supervision of the Taiwan Serum and Vaccine Laboratory and the routine vaccination of all non-born infants will be carried out through hospitals, health bureaux and health stations. UNICEF will provide for the Taiwan Serum and Vaccine Laboratory a small freeze-dried vaccine production unit with an annual production capacity of approximately 2.5 million doses. WHO will provide the services of a short-term consultant and two fellowships for training in Bangkok.

CHINA

TUBERCULOSIS CONTROL (TAIWAN)
Continuation and expansion, 1966-1967
E/ICEP/P/L.496

Commitment approved: \$112,000
Allocation approved, 1966: \$52,000
Technical approval: WHO

Tuberculosis continues to be one of the major public health problems in Taiwan, although the anti-tuberculosis network is among the most advanced in Asia. A provincial tuberculosis training and demonstration centre, for which UNICEF previously provided equipment, is now playing an important role in the island-wide tuberculosis control project. A total of 120 health station workers, 76 voluntary workers and 65 lay home visitors have been trained. BCG vaccination work, assisted by UNICEF since 1951, is being integrated into the regular health structure, with primary attention to the vaccination of infant and pre-school groups. A two-year pilot project, which began in mid 1963, has, under the direction of four tuberculosis centres, been studying methods of approaching communities, of chemoprophylaxis and of domiciliary care of cases. An evaluation of the project will be completed early in 1965.

With the objective of extending a comprehensive tuberculosis control programme throughout the province of Taiwan, a number of additional communities, embracing a population of 800,000, will be brought into the project in 1966 and 1967. These communities will be served by the four regional tuberculosis centres under the technical guidance of the Taipei Tuberculosis Control Centre, and will implement the project through the local health bureaux and health stations in their areas. The BCG Campaign will be further decentralized throughout the province by complete integration into the activities of the peripheral health units. Approximately 272,000 infants and pre-school children (about 17 per cent of the total population) will be vaccinated by health station workers with BCG, without tuberculin tests. Health station workers and newly recruited lay home visitors will receive short field training courses. UNICEF will provide laboratory supplies and equipment, drugs and bicycles.

CHINA

TRACHOMA CONTROL (TAIWAN)
Continuation, 1966-1967
E/ICEP/P/L.495

Commitment approved: \$64,500
Allocation approved, 1966/1967:
\$127,000
Technical approval: WHO

The revised six-year trachoma control project, approved by the Board in 1961, is now nearing the end of its third year of operations. The three years of experience have shown a satisfactory development of the programme. However, the incidence of trachoma has been found to be higher in some areas than had been foreseen, with the result that additional commitment is required. A "consolidation phase" has been recommended by WHO advisers to ensure that the prevalence rate will be brought down to below 4 per cent. WHO has also recommended that the mass school campaign be extended to reach all students of the middle, vocational and normal schools, and the junior colleges throughout Taiwan. For the fifth year of operations, September 1966 through August 1967, UNICEF will provide 2,238,000 tubes

CHINA (continued)

of tetracycline ointment, transport and field allowances for supervisors. WHO will provide a consultant trachomatologist or an epidemiologist/statistician for the period to the end of 1967. In the final year, 1968, WHO will also provide a consultant trachomatologist and an epidemiologist/statistician to assist in an evaluation of the results of the campaign.

CHINA

EDUCATION
Continuation, 1965/1966

Allocation approved: \$114,000
against approved commitment

HONG KONG

SOCIAL SERVICES
Continuation, mid 1965 to mid 1967
E/ICEF/P/L.530

Allocation approved: \$9,000
Technical approval: United Nations
Department of Economic and
Social Affairs

It is estimated that over 50 per cent of the 447,000 children under four years of age in Hong Kong require some form of day care while their parents work. There are at present 95 day-care nurseries and some 20 residential institutions caring for a little over 9,000 children. As most of the staff of these centres and institutions had had no professional training in child care, the Government, with UNICEF assistance, established in 1962 a training unit consisting of three officers in the Department of Social Welfare. A review of the work of the training unit indicates that it has been providing an essential service. During the two-year period, 266 social workers and day-nursery workers, representing about forty voluntary agencies and three Government departments, had benefitted from the training courses. In view of this success, the Government has agreed to put the training unit on a permanent basis and to absorb the three posts originally financed by UNICEF into the permanent establishment of the Civil Service. In addition, it plans to expand the training unit on an experimental basis by adding to its staff three more training officers whose salaries UNICEF will provide. At the end of another two-year period (mid 1965 to mid 1967), the Government will undertake to continue the employment of these officers if their usefulness has been satisfactorily established.

INDIA

BASIC HEALTH PLAN
Continuation, mid 1965 to
mid 1966
E/ICEF/P/L.502

Allocation approved: \$1,280,000
Technical approval: WHO

The Indian Government proposes to complete the establishment of a comprehensive network of rural health services and associated facilities within its national Community Development Programme by the end of the Third Five-year Plan in mid 1966. By the end of 1964, UNICEF had given assistance to 1,566 primary health centres, over 4,000 sub-centres, 177 district health organisations, 80 public health laboratories and 133 referral hospitals. Nine state health education bureaux and eleven comprehensive environmental sanitation schemes had been started with UNICEF assistance, and assistance had also been given for the establishment of state health transport organizations in eleven states.

INDIA (continued)

Emphasis during 1965/1966 is being laid on the acceleration of the growth of the primary health centres, particularly in areas which are in the maintenance phase of the malaria eradication campaign. The improvement of co-ordination and the functional relationship between various health institutions in the district administrative units is also stressed. Training of medical staff is given high priority. It is expected that additional states will initiate sanitation schemes on the basis of a recognized pattern for the improvement of rural sanitation in all the states. UNICEF will provide continuing assistance in the form of supplies, transport and equipment for 300 new primary health centres and 1,200 sub-centres with related services, for four new health education bureaux and for sanitation aspects of the programme, as well as drug and diet supplements and milk fortified with vitamin A. Equipment, transport and stipends for various training institutions and courses will also be supplied. WHO public health advisers, public health nurses, and other personnel will continue to assist the project in large numbers.

INDIA

BASIC MCH: PAEDIATRIC TRAINING
Continuation, 1965/1966
E/ICEF/P/L.489

Allocation approved: \$245,000
Technical approval: WHO

The programme for upgrading paediatric departments in medical colleges and district hospitals has gained recognition and support in all the states of India. The aim is to improve the training of medical undergraduates in clinical and social paediatrics and provide a sound basis for post-graduate paediatric training. The purpose of upgrading paediatric departments in district hospitals is to provide services for children at the district level as well as paediatric and obstetrical consultative services at the sub-district level. UNICEF has given training assistance for 51 medical colleges and for the paediatric departments of 50 district hospitals.

With a view to the eventual upgrading of the paediatric departments of all medical colleges and district hospitals, the project would continue in 1965/1966 with aid to 25 additional district hospitals, 6 new paediatric departments of medical colleges and 4 established paediatric departments of medical colleges. Additional aid will also be given to six medical colleges which have been previously assisted; in three of these, surgical paediatric units will be established, and in the other three the training programmes will be expanded to include training in hospitals for infectious diseases. In addition, five pilot schemes will be introduced to establish comprehensive paediatric and obstetrical services in large cities through the linking of paediatric and obstetrical teaching departments with all MCH centres in the city for both teaching and service purposes. UNICEF will provide selected equipment and transport for these activities. WHO will continue its active participation in the programme by appointing visiting professors of paediatrics as well as paediatric nurses.

INDIA

BASIC HEALTH: UPGRADING OF MEDICAL
EDUCATION (DEPARTMENTS OF PREVENTIVE
AND SOCIAL MEDICINE)
Continuation, 1965/1966
E/ICEF/P/L.486

Allocation approved: \$100,000
Technical approval: WHO

The objective of the programme is to improve the teaching of theoretical and practical public health subjects and preventive medicine for undergraduate students. Since the inception of the programme, the importance of teaching preventive medicine has been generally recognized, and by the end of 1964, 40 medical colleges had been selected for upgrading and training in preventive and

INDIA (continued)

social medicine had become a standard pattern of the compulsory rotating internship. The Government plans eventually to establish departments of preventive and social medicine in all of the 80 existing medical colleges, 10 of which will be created during the year 1965/1966. UNICEF will provide assistance for both academic departments and rural and urban training areas, in the form of supplies, equipment, books and transport. WHO has participated actively, assigning a number of visiting professors of preventive and social medicine and assisting the Central Government in developing principles of public health training.

INDIA

TUBERCULOSIS CONTROL
Continuation, 1965/1966
E/ICEF/P/L.515

Allocation approved: \$745,000
Technical approval: WHO

By the end of 1962, a national tuberculosis survey had provided a basis for planning the national tuberculosis programme, and the National Tuberculosis Institute had been developed for training of key personnel. During 1964, 250 trainees completed such training. By the middle of 1965, in addition to the Institute, a total of seven state tuberculosis centres and eighty district tuberculosis centres are to be developed. The main aspects of the project are: epidemiological investigation; case finding in both rural and urban areas; the organization of effective treatment; sociological studies; and assessment of the results of BCG vaccination. It is expected that an additional 350 personnel will be trained in 1965; this would permit the up-grading of a further fifty district tuberculosis centres, bringing the total number of fully equipped centres to 130. UNICEF will provide static X-ray units, laboratory equipment and vehicles for 30 new district centres; laboratory equipment and vehicles for 20 centres equipped by the Government with X-ray units; supplementary equipment for 2 state demonstration and training centres; and DDT powder. WHO will continue to provide the services of a senior medical officer, a medical officer and a statistician, and will provide, in addition, a short-term consultant and a six-month fellowship.

INDIA

BCG VACCINATION
Continuation, 1965/1966

Allocation approved: \$200,000
against approved commitment

INDIA

TRACHOMA CONTROL
Continuation, 1965/1966
E/ICEF/P/L.552/Rev.1

Allocation approved: \$199,000
Technical approval: WHO

Trachoma control operations have been carried out in the States of Punjab, Rajasthan, Uttar Pradesh and Gujarat (where the prevalence of the disease is over 50 per cent), as well as the States of Bihar, Madhya Pradesh and Jammu and Kashmir where scattered foci of the disease are found. A total of 50 field units had by June 1964 treated about 2 million persons. It is expected that during the period June 1964 to June 1966, an additional 6 million of the rural population will receive curative and preventive treatment. The operations have been conducted satisfactorily and public participation has facilitated the implementation of the campaign. For 1965/1966 UNICEF will provide 2.3 million tubes of ophthalmic ointment. WHO will continue to provide a trachomatologist.

INDIA

LEPROSY CONTROL
Continuation, 1965/1966
E/ICEP/P/L.547

Allocation approved: \$147,000
Technical approval: WHO

There are in India over 2 million cases of leprosy and the Government has embarked, with international help, on a long-range plan to find and treat them. The current emphasis in the national leprosy control programme is on the training of medical and para-medical personnel while continuing to strengthen the field structure in areas where the disease is endemic. An improvement in operations was noted in 1964 when the number of registered cases increased from 260,000 to 417,700 and the number of cases under treatment rose from 256,300 to 393,700. There are now 163 leprosy control units. Four new training centres for para-medical workers have been established since mid 1964 bringing the total to eight, in addition to two training centres for medical officers. Over 700 medical officers and 1,457 auxiliary workers received training during the period.

Case finding and treatment are expected to continue in 1965 and 1966 at a somewhat higher level than in 1964. Leprosy officers will be appointed in eight States additional to the six previously covered. Emphasis will continue to be on training and it is planned to establish five new training centres. This will lay the foundation for a large expansion of the campaign as trained staff become available in large numbers. UNICEF will provide drugs, equipment and vehicles for five training centres, vehicles for eight state leprosy officers and stipends for 950 trainees. WHO will continue to provide the services of a consultant leprologist.

INDIA

APPLIED NUTRITION
(All India)
Continuation, 1965/1966
E/ICEP/P/L.544

Allocation approved: \$875,000
Technical approval: FAO and WHO

In framing its fourth five-year development plan, the Government of India recognized the need not only to increase food supplies but also to improve family nutrition. The All-India applied nutrition programme has evolved from successful projects initiated in four states of India and assisted by UNICEF since 1950. A master plan for the programme was approved by the Government, FAO, and UNICEF, was signed in 1963, and, within the general terms of the master plan, detailed plans have been negotiated with individual states for the initiation or extension of the programme. Projects are in operation in ten states and two Union territories, and negotiations are under way in another five states and one Union territory. By June 1966, it is expected that the over-all plan will be under way in 291 community development blocks, 161 training institutions and 176 production centres. Projects in Orissa and Uttar Pradesh entered the second phase of development in 1963 and those in Andhra Pradesh and Madras entered the second phase in 1964. A total of 257 community development blocks, 136 training institutions and 133 production centres had been established by the end of 1964. The training programme has been accelerated in several states. Orientation training has been given to about 20,000 officials and voluntary workers in the various community training centres. UNICEF provides equipment and supplies to stimulate the production of fish, poultry, fruits and vegetables and also assists the training activities through stipends and teaching aids. The allocation approved includes funds to reimburse FAO for the continuing services of four experts during the year ending June 1966.

INDIA

EDUCATION (GENERAL SCIENCE)
First request for UNICEF aid,
1965/1967
E/ICEF/P/L.57

Commitment approved: \$2,182,000
Allocation approved,
1965/1966: \$800,000
Technical approvals: FAO, UNESCO
and WHO

The Government has drawn up a five-year plan for the strengthening of general science education at primary, middle and secondary school levels with the following specific objectives:

- Development of modern and integrated syllabi and instructional material for schools and for teacher training institutions. Particular emphasis will be given to the introduction of practical elements of health and sanitation education.
- Equipping of schools and teacher training institutions with science laboratory facilities with the aim of designing teaching aids and simple science kits and demonstration equipment as prototypes for effective teaching of general science and strengthening laboratory facilities in the state institutions and teacher-training institutions. Simple tool kits will be provided for laboratories in secondary and elementary schools with a view to developing skills for improving and repairing science equipment.
- Training of science educators and teachers at different levels. This is the most important aspect of the program. Leadership-training courses will be developed covering both subject matter and pedagogy for the staff of the four Regional colleges of Education, the state institutes of education and science, and the teacher training institutions. A phased programme of in-service training courses will be conducted for 25 per cent of the existing elementary and secondary school general science teachers to improve their competence and facilitate the effective use of the revised syllabi and of new teaching materials.

The structure and conditions of science teaching vary from state to state; appropriate adaptations will be introduced in the next five years in 25 per cent of the schools. UNICEF will provide equipment for all the primary, middle and secondary schools in one district of each of the 21 states and Union territories. For the science educators and teachers' training program, UNICEF will provide 50 per cent of the costs of equipping 21 State Institutes of Education, 21 State Institutes of Science, 150 training colleges for secondary school teachers and 1,250 teacher-training schools; and 50 per cent of the cost of stipends for 200 science educators. Paper for the printing of syllabi and other instructional material will be furnished by UNICEF. The project has been developed with the participation of the UNESCO Regional Office for Education in India, and UNESCO will assign an expert to provide technical guidance to UNICEF-assisted education projects in India. The Government of India is exploring the possibilities of obtaining bilateral assistance for the provision of paper for production of textbooks. The United States Agency for International Development has assisted in the establishment of the four Regional Colleges and teacher in-service training.

INDIA

RURAL VOCATIONAL TRAINING
Con. Extension, 1965/1966

Allocation approved: \$222,000
against approved commitment

MALAYSIA

HEALTH SERVICES (SARAWAK,
SARAWAK AND SINGAPORE)
Con. Extension, 1965/1966

Allocation postponed: (\$49,000)

The United Kingdom Committee for UNICEF has assured fund raising targets in 1965 and funds against approved commitments for the next twelve months are therefore postponed (Rural health Sabah, \$24,000; Rural Health Sarawak, \$6,000, and RHC Singapore, \$19,000).

MALAYSIAHANDICAPPED CHILDREN (MALAYA)
Continuation, 1966
E/ICEF/P/L.496Allocation approved: \$28,000
Technical approval: United Nations
Department of Economic and Social
Affairs

This project for the treatment and rehabilitation of handicapped children is progressing according to the plan of operations, and the model rehabilitation centre is to be completed and in operation early in 1965. The centre will provide accommodation for 100 residents between six and twenty-one years of age, of whom 75 per cent are children under fifteen years of age. Facilities for handicapped children to attend as day patients, and full-time formal primary education for all resident children of school age, will also be provided. The staff for the rehabilitation centre has been recruited and its principal has completed training abroad under a United Nations fellowship. The selection of trainees for the rehabilitation centre is in progress, and all eleven of the states of Malaya have set up rehabilitation committees to select candidates to attend the centre, to explore employment opportunities for trained handicapped persons, and to supervise the after-care and follow-up of rehabilitated handicapped children. In 1966, the Government will further develop the model rehabilitation centre by installing additional equipment for the vocational training workshops. UNICEF will provide equipment for occupational therapy and for training in mechanics, gas welding and woodwork. The ILO Regional Vocational Rehabilitation Adviser has helped to organize two training courses in vocational rehabilitation of the handicapped and an ILO expert is assigned to the project for the year ending October 1965.

MALAYSIAMALARIA ERADICATION
(SABAH and SARAWAK)
Continuation, 1965/1966Allocation approved: \$95,000
against approved commitmentMONGOLIA

b/

BASIC MATERNAL AND
CHILD HEALTH
First request for UNICEF aid,
1965/1966
E/ICEF/P/L.500Allocation approved: \$104,000
Technical approval: WHO

The Government proposes to strengthen the maternal and child health organization of the country through the following measures:

- a) Up-grading the Central Children's Hospital and First Maternity Home in Ulan Bator, which are the teaching hospitals of the medical college, in order to provide improved basic courses and refresher courses for paediatricians and obstetricians. After receiving refresher training in Ulan Bator, the chief obstetricians and paediatricians of each province will in turn organize refresher courses in their specializations for the para-medical personnel working in the field. The paediatric and maternity departments of provincial headquarters hospitals will also be up-graded, together with the MCH centres which are a part of the hospitals' out-patient departments;
- b) Opening nurses training schools in provincial headquarters towns at the rate of three per year, with an enrolment of 30 trainees per year;
- c) Providing refresher courses for personnel of creches and kindergartens. These courses will be conducted by faculty members of the Medical College and the Teachers' Training College. A creche and a kindergarten in Ulan Bator will be selected as a training ground, and a production unit will be established to produce simple play and educational materials;

b/ This is the first project to be assisted by UNICEF in Mongolia.

MONGOLIA (continued)

- Reorganizing laboratory services and training personnel for public health work, in accordance with recommendations of WHO consultants;
- Carrying out BCG vaccination of all new-born babies as well as of all eligible children. In order to improve epidemiological work in the field of tuberculosis, the existing bacteriological laboratory will be strengthened to do typing of bacilli and drug sensitivity tests;
- Further development of health education activities through the existing Central Health Education Bureau.

UNICEF will provide supplies and equipment for undergraduate, post-graduate and refresher training of professional and para-medical personnel; supplies and equipment for basic health services, including rural hospitals, health centres, public health laboratories and health education bureaus; supplies and equipment for the tuberculosis diagnostic laboratory and BCG vaccination; and transport. The implementation of the allocation will be subject to the prior conclusion of a basic agreement between the Government and UNICEF, which is presently under negotiation. WHO has a team of experts in the country, including an MCH officer who is assisting in the development of the project.

NEPAL

BASIC HEALTH
Continuation and expansion,
1965/1966
E/ICDP/P/L-573

Allocation approved: \$102,000
Technical approval: WHO

During 1964, a network of MCH centres was developed in Kathmandu City and Valley, and for the first time domiciliary midwifery was introduced in the country. The new services provided a training ground for nurse-midwife and assistant nurse-midwife students at the General Nursing School and the Auxiliary Health Workers' School. From the beginning of the Third Five-Year Plan period in 1965, the Government plans to develop comprehensive health services and will give priority to areas in which the malaria eradication campaign is entering the maintenance phase. Maternal and child health services will be developed as an integral part of the basic health services, which will also be charged with combating smallpox, tuberculosis and leprosy. During the first three years of the plan, the Government proposes to establish seven zonal health offices, seven 50-bed zonal hospitals, seven district health centres with associated health posts and two 15-bed hospitals. A public health laboratory will be established in Kathmandu, and the environmental sanitation, smallpox, tuberculosis and leprosy campaigns will be developed. It is planned to train 60 nurse/midwives and 120 assistant nurse/midwives; two schools for assistant nurse/midwives will be opened, one in Biratnagar and the second in Nepalgunj.

For 1965/1966 UNICEF will provide equipment and transport for three zonal health offices, three zonal hospitals, one district health centre, and one public health laboratory; equipment and transport for two training schools; drugs and diet supplements; freeze-dried smallpox vaccine; sanitation supplies; supplies, drugs and transport for anti-tuberculosis and anti-leprosy campaigns; and stipends for nursing trainees. WHO will continue the provision of an MCH adviser and a public health nurse. WHO maintains a team of twenty workers in the country in connexion with the malaria eradication programme, in addition to five posts for the disease control and sanitation projects and three for the training of nurse/midwife and health assistants.

NEPAL

EDUCATION (TEACHER TRAINING)
First request for UNICEF aid to
this project, mid 1965-mid 1966
E/ICEF/P/L.575 and Corr.1

Allocation approved: \$108,000
Technical approval: UNE200

The aim of this project is to raise the level of primary and secondary education in Nepal through the expansion and strengthening of teacher training facilities and the introduction of revised and improved teaching methods in the schools. The project, developed in consultation with UNESCO, is the first step in a long-term national education programme envisaged in the Government's Five-Year Plan for 1965-1970. In the first three years, the Government plans to strengthen the teaching of science, including health and nutrition and to offer instruction in the English language and in physical education in the primary and secondary schools. Improved teacher-training facilities will be provided:

- A new normal school for primary teachers will be established, with international experts as teacher-educators, and with adequate equipment provided for the school and attached demonstration primary schools. Selected experienced teachers will be sent abroad for training in education.
- The College of Education in Battaranda, the only existing training institution for secondary school teachers, will be strengthened through the expansion of physical facilities and the provision of experienced teacher-educator specialists in agriculture, home science, manual arts, commerce, English, physical education and science. Fellowships will be awarded annually for experienced teachers to be trained abroad as teacher-educators.
- The production of textbooks and other teaching material will be expanded, UNICEF providing additional equipment and paper for this purpose to the Ministry of Education.

UNICEF will provide science and physical education equipment, audio-visual aids, textbooks and four vehicles for the College of Education; paper for production of textbooks and reimbursement to UNESCO for the services of three experts for twelve months. Nepal is also receiving substantial support for education from the United States Agency for International Development.

PACIFIC ISLAND COUNTRIES
AND TERRITORIES

BIGCY ALLOCATION
Continuation, 1965-1966

Allocation approved: \$100,000
Technical approval: UNE

E/ICEF/P/L.475

The Executive Board has twice previously allocated funds to meet requests for small countries in the Southwest Pacific. Out of the block allocations thus approved, allotments are made to individual projects up to a ceiling of \$20,000 per project per year. Additional requests are being considered for six projects in the fields of tuberculosis and sanitation. For the anticipated tuberculosis control projects, WHO will provide a team to visit and advise the territories concerned.

PAKISTANBASIC HEALTH TEAM

Continuation 1964

E/ICEF/P/L-615

Allocation approved: \$112,000

Technical approval: WHO

Pakistan now has 576 new centres equipped by UNICEF and 800 centres receiving drugs and diet supplements as compared with 183 MCH centres in 1960. The maternal and child health programme is gradually being integrated into the expanding rural health programme, which has established 80 rural health units. The Government is also continuing to expand facilities for the training of nurses, midwives and health visitors. An assessment of progress achieved over the last five years will be made in 1965 by a WHO maternal and child health adviser.

During 1964 maternal and child health services will be continued and expanded, including the distribution of drugs, soap and skim milk fortified with riboflavin A through the maternal and child welfare centres and the rural health centres. Twenty additional MCH centres and thirty school health clinics will be upgraded, and teaching equipment will be provided for three nurse-training schools, a midwifery school, the Karachi College of Nursing and the Lahore Institute of Hygiene and Preventive Medicine. UNICEF will provide MCH and school health centre supplies and equipment; teaching and demonstration equipment; drugs, diet supplements and soap; transport; and stipends for the training of 240 girls, 10 candidates for the tutor's course at Karachi College of Nursing, 2 candidates for MCH Diploma courses at Lahore Institute of Hygiene and 10 nursing trainees at Quetta. WHO continues to provide a team of advisers.

PAKISTANBCG VACCINATION CAMPAIGNContinuation mid 1965 to
end 1966

E/ICEF/P/L-521

Allocation approved: \$228,000

Technical approval: WHO

Early in 1965, the Government decided to prepare a national anti-tuberculosis plan which would, among other things, integrate BCG vaccination into the regular health services according to a phased schedule. Pending completion of the national plan, the BCG teams will be continued, some of them working in trial projects which will be carried out in both wings of the country with a view to determining the best means of decentralizing and co-ordinating tuberculosis control and BCG work at the district level. The Government has also agreed in principle to carry out vaccination without prior testing of children up to ten years of age. This approach will be adopted initially in the East wing of the country which has 16 BCG teams presently at work. In West Pakistan the teams have recently been increased from 15 to 24 in order to improve performance. It is planned to increase the vaccination target from 2 million in 1964 to 3 million in 1965 and to 4 million in 1966.

UNICEF will provide field supplies and equipment, freeze-dried BCG vaccine and vehicles. WHO will provide a team, consisting of a medical officer, an X-ray technician, a laboratory technician, and a public health nurse.

PAKISTANSOCIAL SERVICESContinuation
mid 1965 - mid 1966

E/ICEF/P/L-566

Allocation approved: \$11,000

Technical approval: United Nations
Department of Economic and Social
Affairs

As part of a three-year national training project for child welfare personnel, child welfare training institutes have been established at Dacca and Lahore. These institutes have held five four-week courses for a total of 120 trainees and five six-month courses for a total of 160 child care workers. A seminar has been held on child care and welfare, for persons responsible for the policy making and administration of such programmes as well as a seminar for the East-West staff. The staff

PAKISTAN (continued)

of the training institutes visit children's institutions to maintain contact with the trainees after their return to work. Children's agencies formerly staffed by volunteers are now paying salaries to trained employees. Increased attention is being given to child care and welfare both by the Government and by voluntary agencies.

During 1965/1966 the training of child-care workers at Jassa and Lahore will be continued, with a planned enrolment of 100 persons in three four-week courses and 60 persons in two six-month courses. Also planned are a seminar for policy makers and administrators and a seminar for members of the teaching faculties of East and West Pakistan. UNICEF will provide stipends and honoraria for teaching of child care workers and for the policy makers' seminar. The United Nations Department of Economic and Social Affairs will continue to provide a family and child welfare adviser to West Pakistan and will provide one adviser for East Pakistan beginning in July 1965. Subject to a Government request and availability of funds, fellowships for study abroad will be granted by the United Nations Department of Economic and Social Affairs for senior personnel associated with the project.

PAKISTAN

INDUSTRIAL AND MINING
Continuation, 1965
E/ICEF/P/L.542

Allocation approved: \$41,000
Technical approval: United Nations
Department of Economic and Social
Affairs and UNO

This project is being carried out in several towns in Pakistan, particularly in newly urbanized areas of the country where severe social problems have been created by a rapid influx of population. Support is given to community action in initiating such services as women's clubs, youth clubs, day-care centres, reading rooms, education centres, dispensaries, nutrition education and recreational facilities. These activities are related to other measures to improve the community, such as the building of a community centre on a self-help basis, the establishment of an employment bureau or primary school or maternal and child health centre, the building of streets in the place of lanes, and the provision of piped water and sewage disposal. The activities are carried out in close co-operation with the local government and voluntary agencies. It is estimated that 491 urban community areas need to be developed throughout the country. UNICEF has previously provided assistance for 25 in West Pakistan and 42 in East Pakistan. During 1965, the Government proposes to establish 25 additional urban community development projects, 15 in West Pakistan and 10 in East Pakistan. UNICEF will provide sewing and knitting machines, carpentry tools, typewriters and duplicators, visual aids, and educational toys; supplies for community laundries, kitchens, gardens and sanitation; and scooters and bicycles. The United Nations Department of Economic and Social Affairs is providing in 1965 a general social welfare adviser and a family and child welfare adviser in East Pakistan and in 1966 will provide an urban community development adviser in West Pakistan.

PHILIPPINES

BASIC HEALTH: MDN (1966)
ENVIRONMENTAL SANITATION (1966)
SCHOOL HEALTH (mid 1965 to mid 1967)
E/ICEF/P/L.503

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

The Government is engaged in a comprehensive programme for the improvement and extension of basic health services, many facets of which are being assisted by UNICEF:

Maternal and child health: A pattern of rural health units was established in 1954 and there are now 1,329 such units each serving from two to five village stations on a periodic basis. In 1966, approximately 33 provincial hospitals are to be up-graded; a new nursing school and a new hospital and an institute of maternal and child health will come into operation; and a paediatric nurses' training programme will be carried out.

PHILIPPINES (continued)

Environmental sanitation Four regional training centres for sanitary inspectors have so far provided in-service training for 788 sanitary inspectors. When sanitary surveys and engineering designs are completed and approved, water supply and sanitation facilities are provided for health centres and, in many cases, for adjacent schools as well. UNICEF has provided equipment for 147 health centres. The local communities provide the labour, the local materials and maintenance. The Government proposes in 1965 to extend clean-water supplies and sanitation facilities to 125 health centres, many with adjacent schools.

School health education During the period from mid 1965 to mid 1967, it is proposed to extend the promotion of school health education by developing a division of health education in the Bureau of Private Schools and in the Bureau of Vocational Education by establishing a centre at the University of the Philippines for the production of simple audio-visual aids and by continuing teacher-education activities, with particular emphasis on teachers in vocational and Government-supervised private school.

UNICEF will provide equipment for 23 provincial hospitals; 900 school clinics; 2 hospitals; and the Institute of Internal and Child Health; drugs and vitamin capsules for rural health units; water supply equipment for health centres; sanitation kits for sanitary inspectors and sanitary engineers; school health education supplies and equipment; transport; and stipends for 3-month training courses for 96 paediatric nurses (50 per cent of costs); stipends and honoraria for government personnel, and study grants for students in school health education training. WHO will continue to provide an adviser in school health education, two advisers in environmental sanitation and fellowships in connexion with teacher training institutions.

PHILIPPINES

LEPROSY CONTROL
Continuation, 1965
E/UNEP/P/1-461

Allocation approved: \$24,000
Technical approval: WHO

When UNICEF first extended aid to this campaign in 1954, there were nine sanitariums and four static clinics caring for a total of 7,000 patients. By the end of 1964, ten travelling clinics and the four static clinics were treating 14,000 leprosy cases. It is expected that an additional 1,700 cases will be discovered during 1965. The project discharges about 900 patients annually. In 1963, the project was evaluated by the WHO leprosy team and by a WHO consultant. In accordance with their recommendations, and as a result of a new law, the Government will gradually reduce activities in leprosanaria and expand these in travelling and small static clinics. Two new static clinics and two new travelling clinics will be established and thirty-five additional nursing attendants will be recruited. It is estimated that 3,000 new cases will be found in 1966. UNICEF will provide supplies and equipment for two static and two travelling clinics, field equipment for 25 nursing attendants and drugs and transport.

PHILIPPINES

APPLIED NUTRITION
(PILOT PROJECT)
Continuation, 1963/1966
E/LCEP/P/L-503

Allocation approved: \$25,000
Technical approval: UNICEF and USAID

A pilot project in applied nutrition was initiated at Bayambang, Pangasinan, (the site of the Philippine-UNESCO National Community Training Centre) and in the neighbouring municipalities in mid 1964. Dietary, clinical and bio-chemical surveys have been made of selected groups of families and individuals in order to provide a baseline data for the future assessment of feeding programmes. The results of the surveys indicate that the main deficiencies are in proteins, calories and vitamin A and that they are found chiefly in infants and toddlers. During 1965/1966, it is planned to implement programmes of food production, school feeding and nutrition education in twenty of the forty elementary schools in the Bayambang municipality. The nutrition education programmes for infants, toddlers, school children and mothers will be intensified through the demonstration school gardens and backyard farms, the mothers' classes in MN centres, and the training of teachers, health personnel, agricultural and community development workers, barrio captains and lay leaders. UNICEF will provide kitchen equipment and pumps for schools; pumps for village gardens; irrigation and other equipment for the Bayambang development; a vehicle for supervisory stipends and honoraria for seminars for 60 home economics and school garden teachers and principals, 20 health workers and 20 agricultural and rural development workers; and honoraria for lecturers in classes for mothers and councilmen and for school lunch-time seminars. FAO will provide the services of a nutrition education expert and a horticulturist, as well as fellowships. WHO will continue to provide a medical nutritionist and a fellowship in nutrition.

PHILIPPINES

SOCIAL SERVICE
Continuation, 1966
E/LCEP/P/L-508

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

The Government is pursuing a long-range plan to develop and improve social welfare services for children and families as part of the total development of social services in the country. By the end of 1964, in-service training had been provided for 248 social welfare executives, social workers and child-care workers. A number of study grants have been awarded to selected social workers to assist their professional training. Efforts are being continued to reorganize and disperse the functions of Welfareville, a group of custodial institutions for children which has been considered unsatisfactory. A foster home project, which was initiated with UNICEF aid, is being continued by the Government with its own resources. It is anticipated that by the end of 1965 three urban community centres, three youth centres, five play and day-care centres, two group homes and two youth residences will have been established to provide recreational, vocational and educational opportunities for children and out-of-school youth.

During 1966, the Government plans to continue the in-service and professional training programs and to establish an additional urban community centre, a youth centre, a play and day-care centre, a group home and a youth residence. UNICEF will provide supplies and equipment for the five new centres; stipends and honoraria for seminars for 60 community centre and play centre staff and volunteer leaders; 12 two-year study grants, 10 one-year study grants, and 15 grants for part-time studies. The United Nations Department of Economic and Social Affairs will continue to provide an adviser on family and child welfare and, subject to a request from the Government and to the availability of funds, will also award one or more fellowships for study abroad for senior staff members associated with the project.

REPUBLIC OF KENYA

HEALTH SERVICES AND TRAINING
Continuation, mid 1965 - mid 1966
E/ICEP/P/L.620

Allocation approved: \$125,000
Technical approval: MS

With the assistance of a WHO public health team, the Government is strengthening its rural health services and implementing, at the National Institute of Health, a five-year training programme of orientation and refresher courses for all rural health staff. By the beginning of 1965, training had been given to 249 doctors, 286 nurses/midwives, 176 sanitarians and 102 laboratory technicians. A pattern of health services has been established in a demonstration province which will serve as a model for extension of health services throughout the country. Seventeen health centres, one in the urban area of Naïrobi and sixteen in rural areas, have been developed for training purposes as well as for services. Particular attention is given to maternal and child health work, well-baby clinics, improved maternity services including pre-natal and post-natal care, reporting of vital statistics, health education of staff and public, and investigation of serious problems of rural sanitation.

During 1965/1966, it is proposed to continue the training programme, to develop further the health and sanitary services and the provincial hygienic laboratory in the demonstration province, and to establish maternal and child health centres, well-baby clinics and sanitary services in 88 locations in nine provinces. UNICEF will provide supplies and equipment for National Institute of Public Health Training sanitation, health education and laboratory equipment, midwifery kits and a vehicle for training purposes for the demonstration province; sanitation, MCH centre and well-baby clinic equipment, and bicycles for sanitarians in new project areas; drugs and diet supplements; and stipends and honoraria for training of 200 doctors, 180 nurses/midwives, 80 sanitarians, 80 laboratory technicians, 75 X-ray technicians and 200 MCH centre personnel; and for public health orientation seminar for 34 district officials.

REPUBLIC OF KENYA

TUBERCULOSIS CONTROL
Continuation, 1965
E/ICEP/P/L.623

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

Considerable progress has been made in the programme to intensify BCG vaccination, develop a national tuberculosis control pilot area and expand case finding and domiciliary treatment. By the end of 1964, twenty-six BCG teams had been trained and were working in the primary schools. Vaccination of new-born and pre-school children was being done in the 180 health centres by BCG-trained public health nurses. A total of 3.8 million persons had been tested and 234 million vaccinated. In the national programme for X-ray examination and treatment of tuberculosis cases, the number of patients receiving treatment through the health centres, hospitals and other institutions had increased from 17,000 in July 1962 to over 200,000. The urban tuberculosis control pilot area project in an area of Nairobi city has progressed on schedule with over 4,000 patients under treatment by end-1964 (compared with 124 under treatment in July 1962). The rural pilot project area has been established in Pochia, using the rural health centre in that area. The present project activity will be maintained and intensified during the next year. Increased attention will be given to improvement of diagnostic methods, studies of treatment regimens, acceleration of health education and an intensive programme of refresher training of field staff. UNICEF will provide supplies for the BCG teams, the urban and rural pilot projects and the central tuberculosis laboratory and 9 provincial laboratories; drugs; transport; and stipends and honoraria for the refresher training of 154 tuberculosis nurses, 150 tuberculosis follow-up workers, 75 laboratory technicians and 62 BCG vaccinators. WHO will continue to provide the services of a doctor and a public health nurse, and will also provide a team to assist with a national tuberculosis prevalence survey in 1965.

REPUBLIC OF NORBALEPROSY CONTROL
Continuation, 1966
E/ICEF/P/L.485 and Corr.1Allocation approved: \$26,000
Technical approval: WHO

UNICEF has given assistance for a pilot project in a selected area of high prevalence for the purpose of determining the best means of case finding and treatment, and has helped to establish four mobile teams in a second province where the project is expected to be in operation in the first half of 1965. Following analysis of progress in the pilot project by the WHO adviser, a revised method of case-finding has been adopted and a central register of all leprosy cases established. In addition, increased efforts are being made to integrate leprosy control activities into the existing health services. During 1966, a mobile leprosy team will be established in each of three additional provinces where the prevalence of leprosy is high, bringing the total to eight teams in five provinces. Information available from health centres, public doctors' records and the community in general will be used to detect cases, and contacts will be traced systematically. To the extent possible, treatment will be provided by existing health centres assisted by team members. The plan also calls for health education of the public and short-term training in leprosy work for all health personnel, including public doctors. UNICEF will provide field and laboratory supplies and equipment; drugs; transport; and stipends and honoraria for training 300 public doctors, 12 team members and 15 discharged patients. WHO will continue the assignment of a leprologist.

REPUBLIC OF VIET-NAMBASIC HEALTH: MCH
IDENTIFICATION AND SCHOOL HEALTH
Continuation, 1966
E/ICEF/P/L.484 and Corr.1Allocation approved: \$212,000
Technical approval: WHO

The Government plans to extend the MCH project to forty-two of the forty-five provinces by the end of 1966, with the establishment of rural midwifery schools in six provinces; improvement of maternity wards at provincial hospitals in eighteen provinces; improvement of paediatric wards at provincial hospitals in six provinces; establishment of MCH clinics at provincial hospitals in thirteen provinces; improvement of district maternities in three provinces; and establishment of an MCH clinic at a district maternity in one province. An additional eight mobile DPT immunization teams will be activated in eight provinces. The school health programme currently covers approximately 130,000 pupils in forty-two primary schools in Saigon/Cholon. Each school has a full-time nurse. Three school medical centres have been developed, each staffed with a full-time doctor and two nurses, to which the school health nurses refer pupils requiring diagnosis and treatment that cannot be given in the schools. In 1965 two more such referral centres will be developed. There are also two static dental centres staffed by full-time dentists and nurses. Training courses in school health for teachers have been organized; the first such course, in which forty teachers were enrolled, has already taken place. The second is scheduled for 1965. During 1966, the existing programme will be expanded in primary schools and extended to the secondary schools in Saigon/Cholon in accordance with the recommendations of WHO. The extension of school health and dental services to the secondary schools will benefit 27,000 pupils.

UNICEF will provide supplies and equipment for maternity and paediatric wards and MCH clinics at provincial hospitals, for provincial rural midwifery schools, and for district maternities; midwifery kits for 720 newly graduated rural midwives and 500 rural midwives at village maternities; drugs, diet supplements and soap; supplies and equipment for eight immunization teams; school health supplies and equipment for sixteen secondary schools, ten primary schools and four dental units; and stipends and honoraria for refresher/orientation courses for MCH personnel. WHO will provide a school health adviser and an MCH team consisting of a paediatrician and a midwife educator.

REPUBLIC OF VIET-NAM

TUBERCULOSIS CONTROL AND
BCG VACCINATION
Continuation, 1966
E/LCF/P/L.583/Rev.1

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

Since 1958 the Government, with WHO advice, has been undertaking to build up the nucleus of a national tuberculosis control service, with emphasis on the preventive aspects of the work. The national project has been based on the Hong Bang tuberculosis centre in Saigon, where some 7,000 patients have been receiving ambulatory treatment. This is also the main centre for the training of staff. Control measures have been extended to Cantho in the southern part of the country, covering a predominantly rural population. A third project area is in Hue, where an existing tuberculosis control programme is being included in the national plan. The BCG vaccination programme, which first received assistance from UNICEF in 1952, is being reactivated throughout the country, making use of all health personnel qualified for training in vaccination techniques. The programme will continue to be strengthened in 1966 with emphasis on the training of new staff, particularly BCG staff, and the institution of better and more economical surveillance and case-finding methods as well as trials of new treatment regimens. It is estimated that 1 million JCG vaccinations will be given. UNICEF will provide supplies and laboratory equipment for three project areas, drugs, freeze-dried BCG vaccine, three vehicles and travel and subsistence costs for BCG field training and supervision. WHO will continue to provide a senior adviser and a public health nurse.

REPUBLIC OF VIET-NAM

SOCIAL SERVICES
First request for
UNICEF aid, 1965-1966
E/LCF/P/L.549

Allocation approved: \$17,000
Technical approval: United Nations
Department of Economic and Social
Affairs

The Government of the Republic of Viet-Nam has reorganized its social welfare services in a Ministry of Social Action in which the care of children who have been orphaned or separated from their parents and the needs of children of working mothers are given high priority. With the assistance of a United Nations adviser on family and child welfare, the Ministry has developed a plan to meet pressing needs. During 1965/1966, high priority will be given to establishment of simple health facilities for health care and to improvement of sanitation conditions at 25 orphanages and nurseries. Educational activities will be expanded with emphasis on teaching children outside school hours and on the organization of educational recreation and other activities. Refresher training of staff in institutions and day-care centres will be given to 42 selected personnel presently working in the public and private institutions of the area. One-month courses will be held in child care, educational methods, and the use of audio-visual techniques. A model centre for women will be initiated, including a day-care nursery and a kindergarten, with the aim of providing instruction for mothers in family care. UNICEF will provide out-door play equipment for 25 institutions; equipment for institutions and day-care centres; audio-visual, teaching and office equipment; equipment for model women's centre; two vehicles; and stipends and honoraria for refresher courses. A family and child welfare adviser will continue to assist the project, and WHO will participate in the health aspects.

REPUBLIC OF VIET-NAM

EDUCATION
Continuation, 1965/1966

Allocation approved: \$17,000
against approved commitment

THAILANDBASIC HEALTH: RURAL (R)
Continuation, 1966-1968
E/ICEF/P/L.477/Rev.1Commitment approved: \$650,000
Allocation approved, 1966: \$263,000
Technical approval: MB

The number of rural health centres in Thailand's rural health project is expected to increase to 2,492 by the end of 1968 as compared with 262 centres in 1952. First-class centres, i.e., those staffed by doctors, number 148; there are 744 second-class centres, staffed by midwives and sanitarians; and 1,800 midwifery clinics, each staffed by a midwife. In order to keep pace with the growing number of centres, the Health Department is endeavouring to train and recruit more personnel for the rural areas. Efforts are also being made to up-grade the existing provincial laboratories by building new premises and supplementing the existing equipment so that they may serve as public health laboratories. The Government's three-year plan (1956-1968) calls for an increase in the total number of centres to 3,167, including 193 first-class, 744 second-class health centres and 2,250 midwifery clinics; and for the establishment of twenty provincial public health laboratories. The following increases in the number of staff positions are envisaged: from 223 doctors in 1965 to 266 in 1968; from 465 nurses to 597; from 2,300 midwives to 3,130; from 1,530 sanitarians to 2,370; and from 15,700 traditional birth attendants to 18,300. The Government also intends to establish a new transport division, within the Ministry of Health concerned with improved and economical maintenance of the vehicle fleet used in the health services of the country. Maintenance and repair of health transport would be based on a central workshop in Bangkok and carried out through two auxiliary workshops and a network of six mobile and one static maintenance units. UNICEF will provide equipment for 45 first-class and 75 second-class health centres and for 800 midwifery clinics; midwifery kits for 750 nurses and midwives and for 2,600 traditional birth attendants; drugs, diet supplements and soap; training equipment for a midwifery school; supplementary equipment for 20 laboratories; tools and equipment for the transport division; transport; and stipends for the re-fresher training of 900 midwives and 1,300 multi-purpose rural health workers.

THAILANDBASIC MCH SERVICES (URBAN)
Continuation, 1966
E/ICEF/P/L.486Allocation approved: \$21,000
Technical approval: MB

The objective of this project is to provide a comprehensive maternal and child health service, based on health centres, for the entire population of the capital city of Bangkok/Thonburi. Of the twelve MCH units for which UNICEF has provided equipment, nine are in operation and three are scheduled to open early in 1965. One of the units is used as a field training area for paediatric students of two medical schools. A school health service that is being developed at the same time had been extended by the end of 1964 to reach 30,000 pupils in 60 schools in the vicinity of MCH centres and attended by nurses of the centres, and almost 94,000 pupils in 200 schools covered by the Municipal School Health Division. A dental clinic has been established at each of the health centres, and five mobile dental units are to be established during 1964. The Health Education Section recently established by the Municipality will, in co-operation with MCH centres and the school health programme, organize health education programmes for communities, teachers, school children and other groups. The central laboratory, staffed by a doctor, four technicians, a nurse and auxiliary personnel, will serve as a public health reference laboratory, supplying consultative and technical services to the health centres and to the school health section. Laboratories within the health centres will provide routine examinations, for which nurses of the centres will be trained by the central laboratory. UNICEF will provide supplies, equipment and dental units for six health centres; nurses' kits and ophthalmic ointment for school health; eighteen sets of laboratory equipment for health centres and equipment for a central laboratory; health education supplies and equipment; and transport.

THAILAND

TUBERCULOSIS CONTROL AND
BCG VACCINATION
Continuation, 1966-1968
E/ICEP/P/L.490/Rev.1

Commitment approved: \$164,000
Allocation approved, 1966: \$58,000
Technical approval: WHO

A mass tuberculosis control campaign to cover the whole of Bangkok/Thonburi has been successfully initiated; a rural pilot project has been completed in Oriengmai and continuing control operations have been instituted; and a third project area has been instituted in Khon Kaen. The Government was one of the first to institute experiments using new drugs, and, beginning in 1965, the combined INH/ethambutol regimens have been put into general use, thus greatly reducing the cost of treatment. Trials are continuing with other drug combinations and regimens. At the same time, the Government is reorganizing the BCG programme, which has been in existence since 1953. The latest technical recommendations with regard to vaccination without prior testing will be put into effect in 1965. This will permit the integration of BCG vaccination into the work of the health centres and thereby broaden its application. A national BCG assessment team continues to supervise the technical quality of the work. During the period 1966-1968, the Government plans to continue mass case finding and treatment in the three project areas and to institute a fourth project area in Yala. In 1966, the Government will also begin to have health centre staff trained by existing BCG personnel. UNICEF will provide a static X-ray unit and equipment for new project areas; X-ray films; BCG field equipment and freeze-dried BCG vaccine; drugs and transport. WHO will continue to provide an advisory team of five members.

THAILAND

LEPROSY CONTROL
Continuation, 1966-1968
E/ICEP/P/L.478

Commitment approved: \$106,000
Allocation approved, 1966: \$45,000
Technical approval: WHO

This project has expanded from a pilot area in one province to 26 of the 71 provinces in the country. It is estimated that 71,000 cases will have been detected by the end of 1965 and that about 6,500 cases will be found in 1966, bringing the total number of registered cases to 77,500 by the end of 1966. In 1964 considerable changes in technical policy were put into effect, with the advice of WHO, with the aim of consolidating and strengthening project operations. A stricter system of control of the admission and registration of patients has been devised; a modified discharge system has been introduced, a revised treatment schedule adopted, and measures taken to improve bacteriological control. The system of recording and reporting has been improved clearly to bring the number of cases under actual treatment against the number of registered patients. During the period 1966-1968, it is planned to continue the strengthening of operations and the consolidation of achievements to date. Expansion of the operations to cover three additional provinces is foreseen by the end of 1968 with the aim of reaching 89,000 registered cases by that time. UNICEF will provide drugs, field equipment, transport and stipends for refresher training of 300 auxiliary workers each year. WHO will provide the services of a consultant leprologist, two leprologists and two leprosy control officers.

THAILAND

APPLIED NUTRITION
(NUTRITION TRAINING CENTRE)
Continuation/extension, 1966
E/ICEP/P/L.567

Allocation approved: \$17,000
Technical approval: FAO and WHO

As a step in the development of a sound nutrition programme for the entire country, the Government of Thailand intends to develop a nutrition training centre in the Pracharmitr College for Education, Bangkok, and has prepared a programme for the first three years. The initial objectives are to include nutrition education in regular basic training of teachers; to develop the curriculum for a course in nutrition education; and to extend nutrition training to other categories of staff as necessary for the implementation of national programmes of rural work. During 1966, a three-month in-service training course in nutrition will be given to 40 faculty members of teacher-training

THAILAND (continued)

colleges, and a similar course to 24 instructors in schools of midwifery and nursing. The syllabus and methods used will be evaluated in terms of teacher performance in the field. It is also planned to develop a curriculum for the course which will enable students to qualify in nutrition education. UNICEF will provide teaching aids, laboratory and kitchen equipment books, a vehicle for practice training and stipends for 40 teacher instructors and 24 nursing instructors. A bilateral agency has been requested by the Government to provide the services of a nutrition expert for at least one year to assist in the planning of the programme and curriculum of the nutrition training centre.

THAILAND

EDUCATION
Continuation, 1961/1966

Allocation approved: \$225,000
against approved commitment

C. EASTERN MEDITERRANEAN

ADEN BASIC MATERNAL AND CHILD HEALTH
Continuation, 1965/1966

Allocation approved: \$18,000
Technical approval: WHO

E/ICEF/P/L.611

Pending the formulation of a long-range comprehensive health plan, the project will be continued for another year along the same lines as in the past, with emphasis on the training of auxiliary health staff and the creation of four additional health units to expand the coverage of the services. UNICEF will provide drug and diet supplements, vitamins and soap for 100 health units; standard equipment for 4 new health units; and stipends for 100 health assistant trainees for one year.

ADEN EDUCATION (Teacher training)
Continuation, 1965/1966

Allocation approved: 140,000
against approved commitment

IRAN BASIC HEALTH SERVICES
Continuation and new plan,
mid 1965-mid 1967

Commitment approved: \$741,000
Allocation approved for
1965/66: 265,000
Technical approval: WHO

E/ICEF/P/L.529

The development of health services for mothers and children has made considerable progress in Iran over the past twelve years. However, health services are still inadequate to meet the needs of the people, particularly in the rural areas of the country. The Government, with the help of WHO and the United States Agency for International Development, has drawn up a plan which provides for the establishment, over a twenty-year period, of co-ordinated and integrated health services, covering the entire country and involving both governmental and private agencies, with the basic aim of providing a comprehensive network of health areas, as well as referral hospitals and laboratories to support them; establishing an adequate system of supervision; and training personnel in sufficient numbers and of sufficient quality to staff the services properly. Training will be expanded at all levels and new training facilities will be established. Doctors for the rural health centres will be given four-month orientation courses in public health. Nurses' training will be stepped up, and additional nursing schools are foreseen. Five schools for nurses' aides will be expanded and twelve new schools established so as to more than double the output of this category of staff. Three new schools for the training of sanitarian aides will be established, nearly doubling the present output. Courses for laboratory assistants would be created in connexion with the six universities in the country, and training of all other classes of staff will be stepped up. For the period mid 1965-mid 1967, UNICEF will provide supplies and equipment for 419 centres, training and demonstration materials for 15 schools, soap and vitamin capsules, 132 vehicles for field training and supervision and 412 motorized bicycles and stipends for 150 doctors in 5 orientation courses.

IRAN

MALARIA ERADICATION
Continuation, 1966

Allocation: 930,000
Technical approval: WHO

E/ICEF/P/L.511

The plan for 1966 is based on a plan to protect the northern eradication zone and to push eradication towards the southern zone as far as possible by conventional means. Until a solution is found for the problems of the south, which account for most of the reinfection of the north, the operational procedures will remain as at present. About 4.2 million will be protected in the attack phase and 7.2 million in the consolidation areas. More than 2.9 million remain at risk in areas where eradication cannot yet be achieved, and where control measures are being carried out by the Government. The total operation in 1966 will cover 63,403 villages with a population of 14,446,000. Extended focal spraying in the areas under consolidation will cover 3,680 villages with a total population of 935,000. UNICEF will provide 4 million pounds of DDT 75 per cent for the eradication zone and 64 utility vehicles for replacement. WHO will continue to assist in the evaluation and assessment of the programme and has budgeted \$20,470 to provide a malarialogist and a secretary in 1966.

IRAQ

MALARIA ERADICATION
Continuation, 1966

Allocation approved: 1185,000
Technical approval: WHO

E/ICEF/P/L.523

It is anticipated that operations in 1966 will follow approximately the same pattern as those in 1965. The total population at risk in the northern sector (1.1 million) will be protected by residual spraying only. In the central region, 1.2 million inhabitants in rural areas would be protected by spraying, while the entire population of 2.2 million would be covered by epidemiological surveillance operations. Spraying will be discontinued in two of the three southern provinces, but surveillance will continue in all three (covering a total population of 1 million). UNICEF will provide one half of the DDT requirements for the northern and southern sectors, or a total of 400 tons while the Government will supply the remaining 317 tons needed for operations in 1966. UNICEF will also provide anti-malaria drugs and sprayers and spare parts. WHO will maintain a team consisting of two malarialogists and a sanitarian, and has budgeted \$44,717 for this purpose.

JORDAN

BASIC HEALTH SERVICES
AND TRAINING
Continuation and new plan,
mid 1965 to mid 1967

Commitment approved: 1175,000
Allocation approved for
1966/67: 100,000
Technical approval: WHO

E/ICEF/P/L.626

From mid 1965 to mid 1967, district organizational health units will be set up in the liwas of Amman/Balqa, Jerusalem and Ajloun. The plan is to establish three health centres, ten sub-centres and one referral hospital in the Amman/Balqa liwa in 1965/1966 and similar facilities in the other two liwas in 1966/1967. UNICEF will provide basic equipment for these establishments and a supervisory vehicle for each of the main health centres, as well as expendable supplies for distribution through existing MOH centres and the new sub-centres. The paediatric hospital in Amman will be up-graded through the provision of supplementary technical equipment, including a small rehydration unit which is needed for the treatment of severe diarrheal cases common in the hot summer months. Other related activities (school health services, health education and nutrition) will be consolidated or expanded. The plan calls for the expansion of

JORDAN (continued)

facilities at the nursing and midwifery schools to dentle their enrolments. Other training activities will be consolidated, including those for sanitarians and laboratory and X-ray technicians, and refresher courses will be organized for various categories of medical and para-medical personnel, particularly those in charge of school health and MCH services and of the referral institutions. A well-balanced fellowship programme will be worked out for the training of key health personnel with a view to making rational use of fellowships and study grants available from WHO and from bilateral and non-governmental sources. The Ministry of Health will ensure co-ordination of its services with those of UNRWA, with voluntary agencies working in the country and with other Government departments involved in related programmes. A central transport organization will be set up for the provision of proper maintenance and repair services for its transport fleet, as well as central stores and a workshop for the repair of medical and electrical equipment.

JORDAN

TUBERCULOSIS CONTROL
Continuation, mid 1965-1966

Allocation approved: \$21,000
Technical approval: 1330

E/ICEF/P/L.508

During the next eighteen months the pilot project will proceed as originally planned, although the number of persons to be covered is now estimated at 220,000 (rather than 200,000) due to migration and the natural growth of the population. The project's base of operations will be moved from the tuberculosis control centre to separate premises adjacent to the chest diseases hospital in Amman. With a view to ensuring more balanced field operations, two sub-centres will be established; together with the tuberculosis control centre at Amman, these will provide three key points for extending the services under the direct supervision of project headquarters. The hospital for chest diseases will continue to function as the project's main referral hospital. A review will be carried out to determine the project's requirements beyond 1966 and the type of international assistance required. Meanwhile measures will be continued to strengthen the participation of other health services personnel with a view to preparing for the integration of tuberculosis control activities into the basic health services. UNICEF will provide a mobile X-ray unit, tuberculin testing and BCG vaccination equipment, miscellaneous supplies and equipment, including X-ray films, typewriters, a mimeograph machine, public address systems, a station wagon for mobile X-ray unit and two replacement vehicles for field work, supervision and training. WHO will continue to provide a public health nurse, and a short term senior tuberculosis adviser in 1965 and possibly in 1966, also fellowships for the training of senior project personnel in tuberculosis control techniques.

JORDAN

SOCIAL SERVICES TRAINING

Continuation, mid 1965
to mid 1968

Commitment approved: \$77,000
Allocation approved for 1965/66: \$28,000
Technical approval: United Nations
Department of Economic and Social Affairs

E/ICEF/P/L.588

In order to consolidate the positive results obtained under the accelerated in-service training programme, the Government plans to establish a permanent Social Welfare Institute in Amman, where a regular two-year training course in social work will be given for students between the ages of eighteen and thirty who have completed their secondary education. The students will be drawn initially from the staff of voluntary agencies and Government departments. The full-time staff will consist of a director, an assistant director and a senior lecturer. UNICEF will pay the salary of the director for three years, of the assistant director for two years and of the lecturer for one year, the Government assuming subsequent responsibility for these posts. The in-service training programme will continue for another two years or until the first group graduates from the Social Welfare Institute. The trainees selected during this period will be employed persons who would be unable to qualify for admission to the Institute but who would benefit from training. Workshops will be organized for institution managers, leaders and policy making personnel, focussing on social problems in the country, the role of institutions and their staffing. The overall supervision of training activities will be entrusted to an Advisory Board, whose role will be to advise on the content and operational aspects of the training programmes and to help maintain satisfactory co-ordination of the activities of the various parties participating in the training effort. Biennial conferences will be organized for all social welfare personnel connected with the project.

JORDAN

EMERGENCY FEEDING

Continuation: 1966

Allocation approved: \$275,000

E/ICEF/P/L.497

Since 1952, UNICEF has been providing rations for 50,000 refugee children in the border villages of West Jordan. The plan for 1966 follows closely those approved in previous years. Rations will be distributed four times a year, each ration consisting of five kilos of rice, one kilo of fats, one kilo of sugar and two cakes of soap. Dry rations will be provided for 44,960 children. The remaining 5,020 food rations, supplemented by dried codfish, would be issued in the form of hot meals through 63 feeding centres, orphanages and schools operated by the field teams of the International Christian Committee and by thirty national charitable institutions. Subject to the availability of surpluses in donor countries, UNICEF will also continue to provide 150,000 pounds of dried milk to fifteen milk centres operated or directly supervised by the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), which second a staff member to supervise the project. UNICEF also reimburses UNRWA for the salary and allowances of the supervisor and the cost of running the milk centres, transporting supplies, operating a UNICEF utility vehicle for field work and other expenses. UNICEF will also provide a vehicle in replacement of one which is no longer serviceable.

LEBANON

SOCIAL SERVICES; TRAINING
Continuation, mid 1965 to
mid 1966

E/ICEF/P/L.592

Commitment approved: \$78,000
Allocation approved for
1965/1966: 35,000
Technical approval: United Nations
Department of Economic and Social
Affairs

This project has been very successful in improving social services for children and has revealed the limitations of institutional care which gives insufficient attention to the social and psychological needs of the child. In the next three years, the in-service training course for child-care workers will be extended from four weeks to ten months and would provide theoretical and practical training for about 30 trainees a year. A permanent training centre will be established in Beirut in July 1965, with which the 13 existing child care institutions would be affiliated. The Lebanese School of Social Work (Ecole Libanaise de Formation Sociale) will raise its standards by adding a third year to its curriculum in 1965/1966. An entrance examination will be required in addition to an educational background equivalent to one or two years of university studies, and male students will be admitted for the first time. UNICEF will pay the salary of a senior supervisor for eighteen months, after which the School has agreed to assume full responsibility for the post. A training course will be organized for supervisors in charge of the field work of students in which about 25 supervisors will be trained each year. Refresher courses for about 40 graduates of the School will be continued in 1965/1966, and follow-up seminars organized for these trainees in 1966/1967. A technical advisory committee will be responsible for the orientation and co-ordination of training and will develop guidelines for research and studies directed to further improvement of social welfare services. UNICEF will provide demonstration equipment, duplicating equipment, audio-visual aids and books for the training centre and the School, a microbus for field work, stipends for 90 child care workers, 40 social workers and 30 supervisors and honoraria for outside lecturers at the training centre and the School. An adviser in social welfare training will be provided by the Bureau of Social Affairs of the United Nations Secretariat which will also provide fellowship subject to the request of the Government and the availability of funds.

LIBYA

BASIC HEALTH SERVICES
Continuation, 1966-1967

E/ICEF/P/L.510

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

The general objectives of the project are to improve and develop integrated public health and medical services throughout the country, with special stress on the strengthening and expansion of training facilities for auxiliary health personnel. In order to provide adequately trained staff for the proposed new comprehensive rural health services, it is planned to double the intake of students at the existing training institutes. A midwifery school and related training hospital (with 50 maternity beds, 25 children's beds, a nursery with 50 beds and a gynaecological ward with 25 beds) will be established, providing practical training facilities for midwifery students: twenty students for professional midwifery courses and another twenty students for a three-year course to qualify as community midwives. The intake of students will gradually be increased. UNICEF will provide teaching aids and demonstration equipment for the midwifery school and equipment and supplies for the obstetrical, paediatric, laboratory and out-patient services of the hospital as well as soap and vitamin capsules for distribution through 29 MCH centres and 4 minibuses for field training activities. WHO is providing a senior nurse-educator and two-educators for the Nursing School at Tripoli, and two nurse-educators for the Health Training Institute at Benghazi for 1965 and 1966.

SUDAN

BASIC HEALTH
PAEDIATRIC TRAINING
First request for UNICEF aid to
this project, mid 1965 to mid 1966

Allocation approved: 312,000
Technical approval: WHO

E/ICEF/P/L.582

The main objectives of the project are: the establishment of an academic Department of Paediatrics in the Faculty of Medicine of the University of Khartoum; the up-grading of the practical and theoretical training of undergraduates medical students in the field of paediatrics; and the improvement of the training and performance of paediatric nurses at the Khartoum Civil Hospital. Under a new Department of Paediatrics to be created in the Faculty of Medicine at Khartoum University, more comprehensive training in preventive and curative paediatrics will be given to all medical students and the Government will eventually assign one specialist paediatrician to each province. The revised programme will be oriented towards preventive and social medicine and the promotion of health. Particular attention will be given to more frequent work periods for undergraduate students in the child welfare clinics of the health centres and in the paediatric out-patient department of the Khartoum Civil Hospital. In the long run it is planned that the work of the Department of Paediatrics will be integrated with that of the Departments of obstetrics and social medicine. A WHO paediatrician will serve as professor of paediatrics and head of the new Department in 1966; he will be assisted by a counterpart Sudanese paediatrician who would eventually replace him. The University plans to include bilateral arrangements with foreign universities under which post-graduate Sudanese doctors will be accepted for in-service training abroad, the foreign universities in turn, seconding lecturers with paediatric experience to Khartoum. UNICEF will provide technical equipment and instruments for the paediatric and obstetrical wards of Khartoum Civil Hospital, equipment for paediatric laboratory, visual and teaching aids, books for the paediatric department library and two vehicles for field training. WHO will provide a paediatrician in 1966 and a paediatric nurse in 1965 and 1966.

SUDAN

APPLIED NUTRITION
First request for UNICEF aid
to this project, 1965-1967

Allocation approved: 428,000
Technical approval: WHO and FAO

E/ICEF/P/L.558

The general aim of the project is to lay the foundation for the development and implementation of a national food and nutrition policy which will give particular emphasis to the steady and sustained improvement of nutrition among mothers and children. The present proposal refers to a preparatory and training phase of the project. The plan includes systematic nutrition surveys as a long-term national food and nutrition policy; training courses in nutrition for teachers and auxiliary health staff; and the training of a Sudanese girl who will be sent to the United Arab Republic for four years' training in home economics and nutrition in order to qualify her to serve as non-medical nutritionist in the new nutrition division of the Ministry of Health. UNICEF will provide follow-up assistance for the first two years of training. During the first phase of the project, the national Freedom from Hunger Campaign Committee, which includes representatives from governmental and non-governmental organizations, will serve as the co-ordinating agency. UNICEF will provide laboratory equipment for 4 field survey teams, supplies and equipment, including duplicating equipment, for the nutrition division of the Ministry of Health, books and teaching aids for in-service training, three vehicles and spare parts for nutrition surveys, stipends and honoraria for in-service training of 144 health staff, 150 domestic science teachers and provincial medical officers and funds to cover the first 2 years of a four-year fellowship for a non-medical nutritionist in the Ministry of Health. WHO will provide a medical nutritionist in 1965 who would act as the chief technical adviser to the Government for the proposed project. FAO will provide a non-medical nutritionist who will play a leading role in the in-service training of health and education staff and in connexion with the nutritional and dietary surveys.

SUDAN

PRIMARY EDUCATION
(TEACHER TRAINING)
Continuation, 1965/1966

Allocation approved: \$87,000
against approved commitment

TURKEY

BASIC HEALTH SERVICES
Continuation, mid 1965
to mid 1966

Allocation approved: \$136,000
Technical approval: WHO

E/ICEF/P/L.627

During 1964/1965, activities have been intensified in the pilot zone, in the province of Mus, and considerable progress has been made in constructing health units, achieving the planned staffing patterns and increasing services to mothers and children. The operational area is being extended to five additional provinces in the eastern part of the country, namely Kars, Agri, Van, Bitlis and Hakkari, with emphasis on strengthening the maternal and child health services and retraining malaria eradication staff to participate in the maintenance phase of the campaign. The regular training programme will continue for doctors, nurses, auxiliary nurses and midwives and sanitarians. The work in Mus will continue in 1965/66, and the development of services in the five provinces recently added to the nationalization scheme will bring the total population served to almost 1.2 million. The Government intends to continue with the organization of MCH services in eleven provinces not yet covered by the scheme, extending services to the most isolated areas. The training programme will be intensified and the Government plans to enlarge and up-grade the training schools for auxiliary health workers in the provinces. Five new schools will be established: one of public health nurse/midwives in Van and four for auxiliary nurse/midwives in Sirt, Urm, Elazir and Diyarbakir. The rural training area of Etinegut will also be strengthened. UNICEF will provide demonstration equipment and teaching aids for five schools, vitamin capsules for distribution to children and pregnant women in MCH centres, 43 vehicles for supervisory services and stipends for 104 trainees and honoraria for outside lecturers. WHO will continue to advise the Government through its public health team which includes a public health administrator, a public health superintendent, a sanitary engineer, a sanitarian, a statistician and three nurse educators.

TURKEY

MALARIA ERADICATION
Continuation, 1966

Allocation approved: \$237,000
Technical approval: WHO

E/ICEF/P/L.631 and Corr.1

In 1964, the eighth year of the national malaria eradication campaign, spraying operations directly protected 5,261,000 persons, thereby reaching about 95 per cent of the planned objective. Subject to the evaluation of results in 1965, the forecast for 1966 calls for the protection of 4,546,000 persons by spraying, while 27,042,000 will be under surveillance. Training and health education activities will be continued leading to the integration of personnel into the basic health services. Training would be provided in 1966 for 15 chiefs of zone, 63 new and 38 existing microscope technicians and 20 surveillance agents. UNICEF will provide some dieldrin for the spraying operations because of the persistence in certain regions of the vector *Anopheles macrorossi* which is apparently resistant to DDT. UNICEF's contribution would include training grants, equipment and supplies, including drugs and spare parts for sprayers and vehicles. A fully equipped vehicle maintenance service is being organized in the Ministry of Health and is expected to be in full operation by the time the requested vehicles are delivered. WHO is participating actively in the execution of this project and will assign a team of ten advisers, including a malariologist, a sanitary engineer, seven sanitary technicians and a part-time statistician.

TURKEY

TUBERCULOSIS CONTROL
Continuation, 1965/1966

Allocation approved: \$47,000
Against approved commitment

TURKEY

TRACHOMA CONTROL
Continuation, 1965/1966

Allocation approved: \$11,000
Against approved commitment

TURKEY

SOCIAL SERVICES
Continuation, 1965/1966

Allocation approved: \$10,000
Technical approval: United Nations
Department of Economic and Social Affairs

E/ICEF/P.A.401

Since the inception of this project in 1961, considerable progress has been made towards improving the standards, effectiveness and scope of social welfare programmes for families and children. In-service training seminars have been held for more than 700 persons, including institutional personnel, child-care workers, teachers and government officials; of these, 165 received training during 1964. The foster home placement scheme in Ankara has developed satisfactorily, and two demonstration child care centres at Konya and Izmir are operating successfully. It is expected that the "Children's City" near Istanbul will be opened by mid 1965. Emphasis during 1965/1966 will continue to be placed on training. Seminars will be held for more than 100 institutional, child-care and other social welfare personnel and refresher courses are planned for foster-home and day-care personnel. Beginning in July 1965, the responsibility for planning and implementing training activities will be transferred from the General Directorate of Social Services to the leading in order to strengthen the educational content of the seminars. The foster-home placement scheme will be extended to Izmir in 1965 and to Konya, Eskisehir and Mardin in 1966. A model day nursery in Istanbul (arranged as a joint effort of the International Union for Child Welfare and the Turkish Society for Child Welfare) will serve as

2 subsidies for field training, training expenses, honoraria and translation fees, and honoraria for instructors at the Istanbul Demonstration Centre. The Bureau of Social Affairs of the United Nations Secretariat will continue to provide the services of a general social welfare adviser and a training adviser and WHO will continue to advise on the health aspects of the project.

UNITED ARAB REPUBLIC

MCH AND RURAL HEALTH
SERVICES
Continuation, 1965/1966

Allocation approved: \$154,000
Technical approval: WHO

E/ICEF/P.A.54

The objective of this project is to strengthen maternal and child health services, especially in rural areas, through the development of a network of health centres and supporting facilities and the training of personnel. The plan calls for the establishment of one health centre for each 5,000 persons, with referral hospitals and laboratory services at the district level and specialized hospitals at the governorate level. With UNICEF assistance, the Government has since 1953 established 1,250 various types of health centres and 9 public health laboratories; 220 additional centres should be in operation by June 1965. The Government plans to establish an additional 44 urban MCH centres, 15 rural health centres, 100 rural health units and one public health laboratory during 1965/1966 for which UNICEF will provide basic supplies and equipment. Under previous allocations UNICEF has provided equipment for 287 rural health units which are expected to be completed in 1966. Existing training

UNITED ARAB REPUBLIC (continued)

institutions will be strengthened and two additional three-year nursing schools will be opened. The new schools will accommodate 150 students each and would be attached to general hospitals of governorates. UNICEF will provide basic equipment, supplies and transport, supplementary equipment and transport for field training in the eight nursing schools, equipment to up-grade the Gemrak NCH centre in Alexandria where students from the Higher Institute of Nursing do their field work. Transport will be provided to strengthen the field training activities of three sanitary technical institutes and the medical faculties at the Universities of Cairo and Ela Shams. WHO is providing four nurse educators and supplies and fellowships in 1965. WHO will also continue to provide two nurse educators in 1966.

UNITED ARAB REPUBLIC

BILHARZIASIS CONTROL
Continuation, 1965/1966

Allocation approved: \$76,000
against approved commitment

UNITED ARAB REPUBLIC

SOCIAL SERVICES
Continuation, 1965/1966
E/ICEF/P/L.500

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

The purpose of the project is to strengthen social services for children through training programmes for family and child welfare workers. Four regional training centres have been established, and about 2,600 administrative, supervisory auxiliary and voluntary personnel have received in-service training to date. A demonstration and training centre opened in Cairo in 1964, with day-care and residential facilities, serves as a practical training ground for supervisors and senior child care workers. A play-materials workshop opened in December 1964 to produce prototype play-materials for the demonstration centre. Training centres similar to the four already functioning will be set up in each of the remaining twenty-one governorates, five centres in 1965 and four centres per year in the following four years. Each of the centres will have a full-time staff of three, including a director, a social worker and a clerk/secretary as well as part-time lecturers. Training will be offered for six categories of workers, including administrators, supervisors, board members, specialised personnel, volunteers and home guards. Each centre will train an average of 100 to 150 workers per year. UNICEF will provide teaching and demonstration equipment, books in Arabic on child welfare, and a vehicle for each centre for the purpose of carrying trainees to their practical work sites and for supervisory purposes.

UNITED ARAB REPUBLIC

PRIMARY EDUCATION: TEACHER
TRAINING IN HEALTH EDUCATION
First request for UNICEF aid,
1965-1969

Commitment approved: \$86,000
Allocation approved
for 1965-1966: \$36,000
Technical approval: WHO

E/ICEF/P/L.367

The purpose of this project is to improve the quality of health education in the primary schools through in-service training for instructors and inspectors in teacher-training institutes and for primary school inspectors. Six-week summer courses will be organized for about 770 teachers and inspectors from teacher-training institutes who are associated with the teaching of health education, and for 400 selected primary school inspectors. One such course would be held in 1965 and two in each of the succeeding four years, with approximately 130 participants per course. The programme will consist of lectures, seminars, practical training and field trips; the curriculum will include environmental health, physical and emotional health of the student, nutrition education, school health services, the

UNITED ARAB REPUBLIC (continued)

objectives of health education and how to teach it at various grade levels. A one-week follow-up course will be given to the first group of trainees a year after they have attended the first six weeks' course. Subsequent training courses would be revised in the light of the findings of the evaluation. In the second phase of the programme, the instructors and inspectors of the teacher-training institutes will implement the revised health education curriculum in the 50 institutes with a total student population of 26,000. Meanwhile, the primary schools inspectors will organize one-month in-service training courses for the teachers, headmasters and headmistresses in 7,373 primary schools in the 21 governorates of the country. UNICEF will provide reference books on school health and health education, honoraria for instructors, one half of the travel costs for 1,170 trainees and one-half of the stipends for 1,170 trainees.

YEMEN

BASIC HEALTH SERVICES
AND TRAINING
Continuation and expansion,
mid 1965-mid 1966

Allocation approved: \$72,000
Technical approval: WHO

E/ICEF/P/L. 559

The Government is preparing a five-year health plan, which calls for the decentralization of health administration, the intensification of health education activities, and the rational development of health facilities and services. Meanwhile the emphasis continues to be placed on the provision of some of the basic needs, such as auxiliary health personnel, laboratory services and MCH centres. Training activities in the next year will include the enlargement of the existing training school in Sana'a to accommodate 35 trainees in an eighteen-month course. The training of smaller groups of students in Ta'izz and Hodeida is expected to start before the end of 1965. A ten-month pre-nursing course will be offered to about 50 girls during 1965/1966. Twelve students will be trained as laboratory assistants in an eighteen-month course at Sana'a. During the second half of 1965, a class of 40 students will start training at Sana'a under the direction of a WHO sanitarian and will later play an important role in disease control, health education and environmental sanitation activities. UNICEF will provide training and demonstration equipment for all the courses, as well as stipends for the trainees and transport for field work. The existing paediatric and maternity services in Ta'izz and Hodeida, which will serve for practical training of assistant nurses in these towns, will be up-graded. Seven clinical laboratories in provincial and district hospitals throughout the country will be staffed and equipped with a trained laboratory assistant assigned to each. The additional four MCH sub-centres envisaged in the original plan of operations will be opened, and two new sub-centres each would be created in Sana'a and Ta'izz, UNICEF providing supplies and equipment. WHO is providing a senior adviser, a medical officer, 3 nurses, an X-ray technician, a sanitarian and a laboratory technician for Sana'a; a medical officer and nurse for Ta'izz; and a medical officer, a sanitarian and a nurse for Hodeida in 1965. The same staffing pattern is foreseen for 1966.

YEMEN

EDUCATION
Continuation and
expansion, 1965/1966

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

E/ICEF/P/L. 519

The Government has selected 39 primary, 3 intermediate and 3 secondary schools which meet certain standards as regards space and facilities, and will up-grade them to serve as demonstration and training centres. Basic equipment will be provided by UNICEF and each centre will have a fully-qualified teaching staff, including instructors made available by the Government of the United Arab Republic. Efforts will be made to diversify the curriculum and to ensure a balance between academic and vocational education. Arts and crafts would be introduced into 42 of the schools.

YEMEN (continued)

into the programs of the three girls' schools. The girls' schools will also serve as demonstration centres to which the women of the neighbourhood will come in the afternoons to receive instruction in the essentials of home economy, including simple nutrition, food preparation and child care. The in-service training programs would continue in 1966, and an additional 200 teachers will participate in evening and summer courses. At the end of the school year, 800 of the 1,200 primary school teachers currently in service will have attended the courses. It is also expected that the first group of 120 teacher trainees will be enrolled in three teacher-training institutes in 1965/1966. A UNESCO education administration expert is participating in the reorganization of the services of the Ministry and helping it to set up new practices and procedures. UNESCO will also provide two experts in teacher training.

A. EUROPE

POLAND **MILK CONSERVATION** Allocation approved: \$171,000
Continuation, 1965/1966 against approved commitment

SPAIN **NUTRITION EDUCATION** Allocation \$115,000
Continuation and expansion, Technical approval: PAU
1965/1966
E/ICEP/P/L.541

The objective of this project is the improvement of family feeding habits through intensified nutrition education for children and parents. Nutrition education has been introduced into 955 primary schools; school gardens have been established in 255 localities, school farms in 90 localities and school clubs for the organization of nutrition education activities in 40 schools. Supplementary feeding schemes were organized in almost 30,000 schools, benefiting more than 2.4 million children (75 per cent of those enrolled in primary school), and school canteens were established in 4,648 schools serving 172,000 children. Spanish milk processing plants now supply about 35 per cent of the milk used in the feeding scheme, and families and communities are contributing increasingly to both programmes. In order to develop the programme currently in all provinces, basic courses and special seminars will be given for 1,854 persons in 1965/1966 for the following sub-categories of personnel: 30 senior staff members from the participating agencies to receive 9 months' training; 60 nutrition educators to receive three months' training before assignment to the field; one nutrition educator from each of 49 provinces would participate in a special course in home economics; 2,750 primary school teachers, 250 nurses and midwives and 250 home economics workers will receive training in 110 half-month courses; and 275 persons including primary school inspectors, normal school teachers and experts will participate in seminars and workshops. In addition, 1,450 persons, mainly teachers and nutrition educators previously trained, will participate in short refresher courses. UNICEF will cover about 25 per cent of the costs of stipends for training, and will provide teaching and demonstration equipment for nutrition educators, prototype and duplicating equipment, food preparation and demonstration equipment for 50 normal and 21 home economics schools, transport and funds for the printing of instructional and informational materials, manuals and children's textbooks. UNICEF will also reimburse PAU for the services of a home economist for six months and for three one-year fellowships to provide advanced training for staff in applied nutrition, nutrition education and home economics. PAU will provide a high-level consultant in applied nutrition for three or four months in 1966 to help with the course for senior staff members, a home economics expert for six months and three one-year fellowships.

SPAIN **MILK CONSERVATION** Allocation approved: \$126,000
Continuation, 1965/1966 against approved commitment

YUGOSLAVIA

BASIC MATERNAL AND CHILD HEALTH

Continuation, 1965/1966

Recommended allocation: \$40,000

Technical approval: 288

E/ICEF/P/L.517 and Corr.1

In order to provide supervisory and co-ordinating services at the district level (between the health authorities and MCH demonstration centres at the Republic and local levels), the Government has been establishing intermediate supervisory centres in strategic districts throughout the country. There are at present a total of 55 intermediary centres to which paediatricians, public health nurses and dentists have been posted to improve the rural health services.

The Government plans to open eight additional centres in 1965/1966 in selected districts in the relatively less developed areas, bringing the total of such centres to 63. UNICEF will provide laboratory equipment, paediatric ward supplies and transport for the new centres, which will serve 80 municipalities and a population of 1.7 million.

UNICEF will also provide 63 sets of portable dental equipment so that dental care may be provided to expectant mothers and to pre-school and school children.

YUGOSLAVIA

PRIMARY EDUCATION: Continuation

PRE-VOCATIONAL TRAINING: First

request for UNICEF aid mid 1965
to mid 1966

Allocation approved: \$ 48,400

Technical approval: 113, UNICEF

E/ICEF/P/L.617

During the first phases of this project, 505 demonstration primary schools in all six republics of Yugoslavia have benefited from a comprehensive programme of health and nutrition education, environmental sanitation and home economics. Encouraged by the results obtained from vocational training courses in 20 of the 30 districts in the country, the Government plans to complete the network of demonstration schools in order to facilitate the gradual implementation of the programme in all 14,500 primary schools in the country. Technical supervision of the programme will be strengthened as it has been found that regular primary school inspectors are not qualified to give advice and guidance required. UNICEF will provide sixteen sets of workshop equipment like the twenty sets supplied earlier. The new aspect of the project involves the establishment of pre-vocational training centres for young people who have completed primary school but do not have access to secondary education, regular apprenticeship or jobs in family enterprises. A pilot centre will be established in each of the six republics where pre-vocational training begun in primary school may be continued. Each centre will accommodate 45 students in a six-month course concentrated on mechanics and electro-mechanics, the course adapted to meet the specific needs of the region. Concerned, e.g., in predominantly rural areas welding techniques for the repair of agricultural implements would be stressed. The training will be geared to the preparation of young people for subsequent apprenticeship in industry or smaller workshops. UNICEF will provide tools, simple machinery and other technical equipment for the six centres.

The ILO and UNESCC have co-operated in working out the expanded plan, and a special ILO expert, under reimbursement from UNICEF, assisted in drawing up final plans for the youth pre-vocational centres.

E. THE AMERICAS

ARGENTINA

HEALTH SERVICES:
TRAINING OF HEALTH PERSONNEL
Continuation, 1965

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

E/ICEF/P/L.506

This project is aimed at raising the level of training of professional and auxiliary personnel for the country's public health services. The Government has given high priority to the project, and there is evidence of solid achievement. In 1965 305 nursing auxiliaries, forty nursing supervisors, thirty-eight sanitary inspectors and 143 nurses are being trained in the seven training centres; the cost of stipends for the trainees is shared by the Government and UNICEF. University training for careers, in which UNICEF is participating, will be concluded in December 1965, and in 1966 the Government will assume full responsibility for continuation of the programme. In 1966 nine-month courses will be given for 305 nursing auxiliaries; nine-month courses in public health techniques and supervision for 40 nurses; and ten-month courses for 75 sanitary inspectors. With the help of WHO, texts adapted to local use are being prepared and tried out in the training courses. In 1966 the texts will be reproduced for use in later training courses and as reference works for the nursing auxiliaries in the health services. UNICEF will provide stipends for 373 scholarship holders and reproduction equipment and supplies for the preparation of 5,000 copies of the textbook for nursing auxiliaries. WHO will provide three nursing instructors and scholarships for study abroad.

ARGENTINA

MALARIA ERADICATION
Continuation, 1965/1966

Allocation approved: 14,000
Technical approval: WHO

E/ICEF/P/L.614

Areas now in the consolidation or maintenance phase, where transmission has been interrupted, have some 1.8 million inhabitants, approximately 65 per cent of the population of the previously malarious areas. Other areas of the north-west, with some 208,000 inhabitants, where the attack phase continues, have progressed, and only 108 cases were discovered in 1964. In the north-east, administrative and financial difficulties have delayed the development of total coverage operations. This area of approximately 750,000 inhabitants in the Provinces of Chaco and Formosa, where focal spraying was not adequate to contain outbreaks following floods, was scheduled for total coverage spraying in 1964. As the required local funds were not available, and total coverage has not been developed in the north-west, UNICEF will provide DDT, supplies and transport.

BRITISH CARIBBEAN
TERRITORIES:
BARBADOS

BASIC HEALTH MCH TRAINING
Continuation, 1965

Allocation approved: \$3,000
Technical approval: WHO

E/ICEF/P/L.574

To strengthen nursing and midwifery services related to the promotion of health and prevention of disease, the facilities for nursing education are to be improved and expanded. The increased facilities will help to alleviate the shortage of trained midwives for domiciliary services. At present, most of the trained midwives are working in institutions, while the domiciliary services are performed by untrained midwives. To strengthen the domiciliary services, the Government will appoint a supervisor of midwives to be responsible for these services. UNICEF will provide visual aids, textbooks, teaching and demonstration equipment and midwifery kits. WHO will assist in the reorganization of the nursing education programme by providing a nursing consultant and the advisory services of the West Indies Project Nurse.

BRITISH CARIBBEAN TERRITORIES:
BARBUDOS

SOCIAL SERVICES
First request for
UNICEF aid, mid 1965-
1967

Allocation approved: \$22,000
Technical approval: United Nations
Department of Economic and Social
Affairs and WHO

E/ICEF/P/L.503

The objective of this project is to improve day-care facilities, to increase understanding of the needs of the pre-school child and to find ways of meeting them. The plan includes the establishment of a nursery school, the up-grading of ten day nurseries and the creation of two new ones, the establishment of a training centre for day-nursery personnel and the development of an educational programme for parents and young teenagers. The training centre will also promote parent education through evening lectures, discussion and films; special programmes at parent-teacher association meetings; radio and television programmes; and posters. Courses would be organized for teenage girls to give them basic training in child care and home economics and some of the girls may subsequently work in the day nurseries. The programme as a whole is the joint responsibility of the Ministry of Education and the Ministry of Health, Housing, Community Development and Local Government under the direct administration of the Social Welfare Office. UNICEF will provide selected play equipment for 12 day nurseries and vitamin capsules for 900 pre-school children, teaching and demonstration equipment, audio-visual aids and play equipment for the nursery school, visual aids, books, records and miscellaneous equipment for general training and demonstration purposes and a vehicle for general supervision. WHO will provide technical assistance, and the Bureau of Social Affairs of the United Nations Secretariat will participate through periodic visits of its advisers.

BOLIVIA

MALARIA ERADICATION
continuation, 1963/1966

Allocation approved: \$4,000
Technical approval: WHO

E/ICEF/P/L.434

Approximately 75 per cent of the original malarious area, with some 1,140,000 inhabitants (85 per cent of these at risk) is in the consolidation phase. The attack phase continues in the Department of Pando and part of Beni to the north and in small areas to the south. The campaign operated in 1964 with a reduced budget and less personnel for evaluation and spraying, and planned operations were not complete. There was a major increase in malaria cases in the northern area in 1964 where population movements, construction of houses and imported cases are continuing problems. Suspected changes in vector behaviour and the drug-resistant *P. falciparum* strain are under investigation. Operations in the areas with continuing transmission are being reorganized to ensure spraying of all houses and to ensure rapid detection and treatment of all cases. An increased budget has been requested for 1965 operations. UNICEF will provide DDT, supplies and transport. The United States Agency for International Development is contributing to the costs and providing administrative support for the campaign.

BOLIVIA

PRIMARY EDUCATION
Continuation, mid 1965
to mid 1966

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

E/ICEF/P/L.585

The aim of the project is the improvement of education standards in both rural and urban schools throughout the country. About 1.5 million of the 4 million inhabitants are illiterate, and the shortage of adequately trained teachers is chronic. The rural training programme will

BOLIVIA (continued)

continue as originally planned, with courses being given for 100 rural school directors and 25 team economists at the Institute of Rural Education. Stipends will be provided by UNICEF out of funds previously allocated for that purpose. The urban programme will concentrate on the training of another 100 school directors and supervisors and 25 education technicians. Two national seminars (one of which was originally scheduled for 1964) will be organized to study ways and means of integrating the urban and rural school systems. As more funds will be required to carry out the project than had originally been anticipated, the allocation approved includes funds to cover the deficit incurred during 1964/1965 as a result of the training of urban school directors and technicians and the higher travel expenses of rural trainees. UNICEF will provide reproduction equipment and books for the Pedagogy Institute, stipends for 100 urban school directors and supervisors and 25 education technicians and funds to cover the costs of the seminar.

BRAZIL

BASIC IENH
Continuation, 1965/1966

Allocation approved: \$49,000
against approved commitment

BRAZIL

BASIC HEALTH: PAEDIATRIC TRAINING
Continuation, 1965/1966

Allocation approved: \$23,000
against approved commitment

BRAZIL

HANDICAPPED CHILDREN: BRACE MAKING
Continuation, 1965/1966

Allocation approved: \$5,900
against approved commitment

BRAZIL

EDUCATION
Continuation, 1965/1966

Allocation approved: \$86,000
against approved commitment

BRITISH GUIANA

MALARIA ERADICATION
Continuation, 1965/1966

Allocation approved: \$1,000
Technical approval: 250

E/ICEP/P/L.614

This campaign showed considerable improvement during 1964. The entire coastal area continues in the maintenance phase. Progress through barrier spraying of upper river areas and the medicated salt programme in two districts of the interior is good and suspension of the attack in these districts may be possible by 1966. Transmission continues in the Rupuni District, where chloroquine-resistant strains of *P. falciparum* were found in 1963 and some of the inhabitants were obtaining a cheaper non-medicated salt. Radical treatment of cases and house sprayings were introduced as a complement to medicated salt distribution in 1964 and the number of cases decreased. Medicated salt is now distributed by the Government free of charge to the inhabitants. UNICEF will provide DDT, supplies and transport for continuation of the campaign in 1965/1966.

BRITISH GUIANA

EDUCATION: TEACHER TRAINING
First request for UNICEF
aid. mid 1965-mid 1966

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

E/ICEP/P/L.616

Eight centres have been established throughout the country to give in-service training courses for school teachers: 654 unqualified teachers attend these courses three days a week, evening and Saturday mornings, carrying out their regular teaching responsibilities in the daytime hours. UNICEF will provide supplies and equipment for the eight in-service training centres and the one pre-service school

BRITISH GUIANA (continued)

Beginning in September 1965 the Government will make an effort to attract students from the rural areas to the Georgetown pre-service school by offering scholarships; UNICEF will provide funds for twenty scholarships in the first year and twenty in the second, the Government financing twenty in the first year and fifty in the second. UNICEF will provide reproduction and audio-visual equipment, textbooks and geography, science, physical education, health education and workshop equipment, as well as home economics equipment and musical art sets for one school; also reference books for 20 school libraries and a vehicle for central supervision. The UNESCO adviser on teacher training is remaining in the country in 1965 to assist in implementation of the program.

BRITISH HONDURAS

HEALTH SERVICES:
ENVIRONMENTAL SANITATION
Continuation, 1966-1967

Allocation approved: \$23,700
Technical approval: UN

E/ICEF/P/L.601

The primary aim of this program was to develop environmental sanitation services as an integral part of the health services in the Orange Walk district, which has a population of approximately 4,000. The project called for the manufacture and installation of 1,000 latrines and the drilling of seventy-five wells.

In view of the success achieved, the Government will now extend the programme to the adjacent district of Corozal, where it will be possible to use the facilities of the existing sanitary workshop. Ten wells with windmills will be installed in the populated centres which offered the best facilities. An effort will be made to secure the greatest possible measure of active participation by the community. Both in the construction of the water works and in their later administration and maintenance. In the following year, the Government will extend the work to the district of Stann Creek in the southern part of the country, constructing another sanitary workshop, which will concentrate on the manufacturing and installation of latrines. Work will also begin on the studies and topographical surveys necessary in order to start the construction of water catchment works when the projects in the Orange Walk and Corozal districts in the north have been complete. UNICEF will provide equipment and supplies for the sanitary workshop in Stann Creek and supplementary equipment for the Orange Walk workshop and for the well-digging programme in the district of Corozal. UNO will continue to provide technical assistance through the sanitary engineer who is stationed in the country, and will provide as many scholarships as possible.

COLOMBIA

HEALTH SERVICES: MCH AND
ENVIRONMENTAL SANITATION
Continuation 1966

Recommended allocations: \$138,000
Technical approval: UN

E/ICEF/P/L. 584

UNICEF has since 1950 been helping to develop a programme of maternal and child health by creating integrated health districts in six departments and a programme of environmental sanitation involving installation of latrines and water supply facilities. By the end of 1964, Colombia had fifty integrated health districts, comprising 274 rural health centres and 225 sub-centres. During 1965, four new districts, with twenty-six rural centres and twenty-eight sub-centres, will start operations. In addition, 165 rural centres and sub-centres in districts organized prior to 1962 will be improved. In 1966, four integrated health districts will be set up for the benefit of an additional 400,000 inhabitants. The four districts will include, in addition to the main health centre, a network of thirteen rural centres with permanent medical staff and ten sub-centres served by permanent auxiliary staff, with weekly visits by professional medical personnel. The construction of rural aqueducts and of facilities for disposing of human wastes will continue in eighteen departments and in the Intendency of Cauca, in which integrated health districts are operating. Professional training will be offered for 140 persons and for

COLOMBIA - (continued)

the training of twenty non-medical hospital administrators, thirty visiting sanitary workers, twenty-five public health statisticians, one hundred nursing auxiliaries, one hundred sanitary inspectors, one hundred auxiliary sanitary inspectors, forty dental hygienists, twenty directors of sanitary workshops, twenty laboratory assistants and sixty health promoters. UNICEF will provide stipends for 525 trainees equipment for 17 health centres, 20 sub-centres, six schools for nursing auxiliaries and laboratories for four integrated health districts; kits for nurses and midwives; and 4 vehicles and 67 bicycles. For sanitation developments, UNICEF will provide piping and accessories, hand and power pumps, windmills and laboratory materials, concrete mixers and moulds for concrete conduits as well as four lorries. UNICEF will continue to provide technical assistance through its representative in the country and principal adviser, one medical adviser, one public health adviser seconded to Antioquia University, one public health nurse, one statistical adviser, two sanitary engineers and various short-term consultants and will, within its budgetary limitations, continue to provide scholarships for the training of technical staff abroad.

COLOMBIA

MALARIA ERADICATION
Continuation 1965/1966

Allocation approved: \$348,000
Technical approval: WHO

E/ICEF/P/A.614

On completion of the spraying cycle in April 1964, operations were interrupted to effect intensive retraining of personnel and re-organization of services. A detailed study was made of the malaria situation in all areas as the basis for planning the continuation of operations. At the end of 1964, areas in the consolidation phase included some 7.2 million inhabitants, 75 per cent of the population at risk. Significant progress has been made through an intensification of the attack activities in some of the areas affected by rudimentary house construction, habits of the population and agricultural development and increase in new houses. As the three-or-four-month spraying cycles tried in some areas have not produced significant benefits, these have been discontinued and the intensified attack with sprayings concentrated in two months prior to the peak transmission period has been adopted in all areas. Evaluation activities are being further improved, and outdoor biting and the extent and effect of a chloroquine-resistant *P. falciparum* strain are being further investigated. UNICEF will provide IDT, supplies and transport for the 1965/1966 operation.

COLOMBIA

PRIMARY EDUCATION
(TEACHER-TRAINING)
Continuation, mid 1965
to mid 1968

Commitment approved: \$207,000
Allocation postponed: (\$71,000)
Technical approval: UNESCO

E/ICEF/P/A.579

In the period 1965-1968, the programme will be continued in Norte de Santander and in Magdalena and will be gradually extending to four other departments where there is a similar high percentage of illiteracy and a shortage of certificated teachers. Nine normal schools have been selected for the extension of the programme, three to be incorporated into the programme each year. UNICEF will provide supplementary equipment for the teacher-training schools and the practice schools attached to five of them, as well as stipends for the training of 1,170 fifth and sixth year students from all the normal schools included in the programme and for in-service training of 1,900 non-certificated teachers. UNICEF will also provide general equipment for mathematics, geography, physics, chemistry, biology, hygiene, workshop and audio-visual and library books for five normal schools for men; laboratory equipment for physics, chemistry and biology and library books for four normal schools for women; audio-visual and general equipment for science, geography and mathematics in five practice schools; and stipends for the training of 1,170 fifth and sixth year students and 1,900 non-certificated teachers. The Netherlands Committee for UNICEF had "adopted" this project and has undertaken to provide the necessary funds. UNESCO will provide an expert to advise the national co-ordinator of the programme and will grant fellowships to the Colombian technical personnel to be trained abroad.

COSTA RICA

MALARIA ERADICATION
Continuation, 1966

Allocation approved: 250,000
Technical approval: WHO

E/ICEF/P/L.526

Substantial progress has been made in the campaign, although operations have to be curtailed in 1966 owing to the lack of adequate local finances. Areas in consolidation now include some 224,000 inhabitants, 69 per cent of these at risk. Plans for 1966 include strengthening of the evaluation service and intensive attack throughout the problem areas, part of which will be under spraying with dieldrin. UNICEF will provide insecticides, drugs, supplies and transport provided local financing is assured. WHO will maintain its team of advisers and provide anti-malaria drugs for radical treatment of cases.

COSTA RICA

APPLIED NUTRITION
Continuation, 1966-1967

Allocation approved: 27,000
Technical approval: FAO and WHO

E/ICEF/P/L.520 and Corr.1

The Government proposes to continue and intensify programme activities in the work area; to increase the number of school gardens in forty new communities situated in the present six provinces and in the province of Puntarenas, which is to be incorporated into the programme; to continue to provide training through three courses for personnel who have not received prior training, and a seminar for those who have taken previous courses; and to intensify projects such as the poultry-raising project which, although included in the initial stages, are not yet fully developed. The Government is giving priority to this programme, particularly in the light of the experience gained as a result of the eruption of the Irazu volcano, which showed the need to encourage family food production as a means of both improving the people's nutrition and helping the rural population to become gradually self-sufficient in food production. The operating costs of the forty-five communities where activities were begun in 1961, are being paid by the Government while UNICEF will provide only the basic necessities for the gardens in the eighty communities included in the second stage and the equipment and supplies needed to start the 40 new gardens covered by this project. Thus UNICEF will supply seeds, fertilizers, fungicides and pesticides for 83 gardens; tools, equipment, seeds, fertilizers, fungicides and pesticides for 40 new gardens; kitchen equipment and mobile units serving the new programme areas; anti-malaria drugs and training for supervisors, teachers and personnel of the three types of activities to be undertaken in the new work area.

COSTA RICA

SOCIAL SERVICES FOR CHILDREN
Continuation and extension
mid 1965 to mid 1967

Allocation approved: 136,000
Technical approval: United Nations
Department of Economic and Social Affairs
and WHO

E/ICEF/P/L.543

Six community centres have so far been opened in semi-urban areas of the capital, and in 1965 ten more centres will be opened in the provinces of Guanacaste, Limon, Puntarenas and Heredia. A staff training programme has been developed in order to meet the needs arising from the expansion of family and community activities. Since 1962, training courses have been organized for 350 persons, including professional, administrative, supervisory, auxiliary and volunteer personnel. Six persons studying social services have been trained as directors of community centres. During the next two years the Government intends to establish a social observation and diagnosis centre for wayward children as a permanent institution of the General Directorate of Social Welfare; its main purpose will be to provide an opportunity for observation of the child by qualified technical personnel with a view to the appropriate diagnosis of his problems and, as a result, the recommendation of suitable treatment. The centre will provide temporary boarding facilities for children suffering from physical or moral neglect, from nine to fourteen years of age, who have behavioural problems but have not broken the law. It will also have an external consultation service to advise families on children's behavioural problems. The Government intends to establish ten more community centres, preferably in the provinces and population centres, and to intensify work at the existing centres in order to make available to families and the community the services and guidance they need to help them to solve their own problems. Special emphasis will be given to the development of manual skills such as carpentry and sewing, and recreational activities will be encouraged. Sixty administrators, sixty social workers and supervisors, sixty auxiliary workers and sixty community leaders will be trained over the period of two years as well as eighteen directors who will be trained to head the new centres. UNICEF will provide equipment for ten community centres and for the observation and diagnosis centre; stipends for the training of 240 professional, auxiliary and voluntary workers and eighteen fellowships for the training of community centre directors.

DOMINICAN REPUBLIC MALARIA ERADICATION
Continuation, 1965/1966

Allocation approved: \$154,000
Technical approval: WHO

E/ICEF/P/L.614

Changes in the administrative structure and organization of the service took effect early in 1964. Spraying operations were developed in total coverage in the cycle beginning April 1964. Epidemiological evaluation activities have been more fully developed. This campaign is now progressing with satisfactory administration and an adequate budget. As evaluation is strengthened, it is anticipated that spraying may be withdrawn from some areas later this year. UNICEF will provide DDT, supplies and transport.

ECUADOR

BASIC HEALTH (MCH)
APPLIED NUTRITION
(ANDEAN PROVINCES)
Continuation, mid 1965-mid 1966

Commitment approved: \$72,000
Allocation approved: 1965/66: \$32,000
Technical approval: ILO, FAO and WHO

E/ICEF/P/L.525

Early in 1964 the Government recognized the Andean Mission, turning the administration over to the national officials. The Government hopes to be able to broaden its field of action by the end of 1965. Plans:

- to establish three small rural hospitals; create four rural health centres and fifty sub-centres; establish 150 school health posts in localities where there are no health centres; establish a mobile rural health unit; increase the number of mobile medical teams to ten; and create eight mobile dental teams.
- to extend services to eight health centres, 100 community centres, 50 sub-centres and 100 schools.
- to provide more reproduction equipment for the centres at the Andean Mission headquarters in Quito as well as audio-visual equipment and material to enable the Mission to expand its educational work in all respects in the ten highland provinces for which it is responsible.

UNICEF will co-operate extending the training activities and will provide reproduction supplies and equipment; audio-visual equipment; MCH supplies and equipment for hospitals, rural health centres and sub-centres, and dental equipment for mobile units; kitchen demonstration equipment for nutrition education; transport for supervision. Stipends will be provided for 180 trainees.

ECUADOR

MALARIA ERADICATION
Continuation, 1965/1966

Allocation approved: \$192,000
Technical approval: WHO

E/ICEF/P/L.614

The population of the original malarious areas is currently estimated at 2,517,000 of which 1,500,000 are in areas where the attack phase continues. This increase in cases in 1964 is attributed to exceptional rains in some zones and to intensified evaluation activities in problem areas. The problem areas have a high rate of house construction and require constant coverage, with special teams to spray newly constructed houses. Financial difficulties limited some of the operations in 1964. An increased budget has been approved for 1965 to permit intensified coverage of the problem areas, and arrangements are being completed to provide an evaluation team for an assessment of the campaign in July. For 1965/1966 UNICEF will provide DDT, supplies and transport. The United States Agency for International Development is contributing to the costs and providing administrative support for the campaign.

ECUADOR

PRIMARY EDUCATION
(TEACHER TRAINING)

Continuation and extension,
mid 1965 to mid 1968

Commitment approved: \$272,000
Allocation approved, 1965/1966: \$79,000
Technical approval: UNESCO

E/ICEP/P/L.570

Since 1963 UNICEF has been co-operating in the execution of some aspects of the Ecuadorian Education Plan, chiefly in the development and improvement of training for primary school teachers, especially those designated for rural schools, and in the specialized training of school supervisors and improvement of the system of supervision. During the period mid 1965 - mid 1968 the programme will be continued in the six teacher-training schools already aided by UNICEF and extended to seven additional schools. UNICEF will provide audio-visual and reproduction equipment for the Co-ordinating Department of the Programme established by the Ministry of Education; library books, audio-visual equipment and demonstration equipment for the seven teacher-training schools to be incorporated in the programme; fellowships for 1,550 fifth and sixth-year students from the thirteen teacher-training schools; fellowships for the training of 300 native teachers from the Ecuadorian Sierra as well as fellowships for seminars on teacher-training for 200 rectors and professors from teacher-training schools and school inspectors; for 30 professors of physics, chemistry and biology and 150 professors of pedagogy from teacher-training schools; and for 150 primary school inspectors. UNESCO will give technical advice through a resident expert, other experts in primary, secondary and technical education assigned to the country and for travelling experts. Within its budgetary limitations, ILO will grant fellowships to high-level officials of the Ministry of Education who are especially involved in the development of the programme.

EL SALVADOR

MALARIA ERADICATION
Continuation, 1966

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

E/ICIT/P/L.616

Since over 70 per cent of the cases were shown to originate in the low coastal plains, attack operations in higher altitude areas, with some 1.3 million population, were limited to localities with epidemic emergencies during 1964. In 1966 emphasis will be placed on extending the network of voluntary collaborators to maintain a search for cases throughout the areas under consolidation and attack phases and to investigate and treat the cases. Domiciliary spraying using DDT will be continued in some areas. UNICEF will provide insecticides, drugs, supplies and transport subject to adequate local finances being available for the campaign. WHO will continue to provide a team of advisers and anti-malaria drugs.

GUATEMALA

MALARIA ERADICATION
Continuation, 1966

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

E/ICEP/P/L.616

By the end of 1964, there were a little over 1 million inhabitants in areas under consolidation, i.e. 55 per cent of the population at risk. Efforts are continuing to arrest transmission in the problem areas. During 1966 selected measures will be applied, including larviciding in some localities. Subject to the availability of adequate local finances, UNICEF will provide insecticides, supplies and transport. WHO has a team of advisers assigned to the campaign and provides anti-malaria drugs for radical treatment of cases.

HAITI

MALARIA ERADICATION
Continuation, 1965/1966

Allocation approved: 149,000
Technical approval: WHO

E/ICEF/P/L.614

In the first half of 1964, a considerable increase in the number of cases was observed in this campaign, and a joint evaluation was carried out. Some areas with little or no transmission were withdrawn from spraying and placed under observation and in the others the operations were changed to three-month spraying cycles, using 1 gramme DDT dosage. In all areas an increase in the evaluation activities was introduced. A pilot programme of mass drug distribution was started in October. As a result of further joint evaluation carried out in February 1965, revised plans have been prepared for the continuation of operations. Continuing transmission was shown in many localities and areas at levels so high that additional attack measures were necessary. The revised plan involved surveillance and focal attack measures where necessary in areas with some 1,540,000 inhabitants and no evidence of persistence of transmission; total-coverage spraying using 2 gramme DDT dosage in areas involving some 1,492,000 inhabitants; mass drug distribution, as a complement to spraying, in zones with persistent transmission in all localities, some 594,000 inhabitants, and focal mass drug distribution in localities with high incidence. The changes in the attack measures reduced the DDT requirement. For 1966, a further spraying cycle is foreseen for most of the area complemented by mass drug distribution in some areas to terminate the attack phase. UNICEF will continue to provide DDT, drugs, supplies and transport. The United States Agency for International Development is contributing to meet the costs of the campaign and is providing administrative support as well.

HONDURAS

MALARIA ERADICATION
Continuation, 1965

Allocation approved: \$127,000
Technical approval: WHO

E/ICEF/P/L.616

Although problem areas still exist, 8% per cent of the population at risk are in areas which have been brought into the consolidation phase. The 1965 operations will therefore concentrate on the strengthening of surveillance and treatment of cases. Operations in the problem areas will involve the extended application of mass drug distribution. UNICEF will provide drugs, supplies, and transport on the condition that adequate local finances are assured. WHO will continue to provide a team of advisers and anti-malaria drugs.

HONDURAS

SOCIAL SERVICES
Continuation, mid 1965
to mid 1967

Allocation approved: \$28,000
Technical approval: United Nations
Department of Economic and Social
Affairs and WHO

E/ICEF/P/L.604

In view of the results obtained during the first phase of the project, the National Social Welfare Board and the Government intend to continue and intensify activities under the project in 1966 and 1967. The following new institutions will be set up:

- Four new community centres in rural areas, which will provide guidance in solving socio-economic and family problems and training in manual skills such as carpentry, sewing, pottery-making and shoe-making;
- Three new day-care centres to provide care for the children of women working in the markets and to serve as model institutions;
- A home for boys between twelve and eighteen years of age in an abnormal social situation, and a pre-vocational school for the rehabilitation of children between twelve and eighteen years of age who have behaviour problems but are likely to change.

HONDURAS (continued)

Training will be extended to new categories of staff, especially directors of institutions, voluntary staff, community leaders and social workers in community centres or institutions or in important social welfare posts. A new aspect of the project will be the training of child-care workers in social welfare institutions. A school for child-care workers will be created where such staff will follow a complete course to obtain a diploma in child care; the school will be established on the site of the new market at San Isidro where one of the model day-care centres in this project will be set up. UNICEF will provide equipment and supplies for the new institutions and additional equipment for even existing community centres; audiovisual equipment, books and transportation for the School of Social Services; and stipends for 15 training courses with 615 participants. The United Nations Department of Economic and Social Affairs will continue to provide an adviser and, within the limits of existing funds, will provide fellowships as well.

MEXICO

MALARIA ERADICATION
Continuation, mid 1965
to mid 1966

Recommended allocation: \$2,000,000
Technical approval: 1966

E/ICEF/P/L.613

At the end of 1964, when an evaluation of the campaign was made by the Government and WHO, the campaign had progressed to having areas covering some 540,000 square kilometres with 12.3 million inhabitants in the consolidation phase. Malaria transmission continues in areas covering some 525,000 square kilometres with 7.9 million inhabitants of which the hard core problem areas cover 260,000 square kilometres with 5.2 million inhabitants. The Government proposes to reorganize the campaign to maintain an effective vigilance in the consolidation areas and to intensify the attack in the problem areas where various factors combine to maintain transmission. The year 1965 is a transition year in which arrangements for financing the programme and training personnel will be completed while operations and applying operations are maintained and special measures are carried out in selected problem areas.

In view of the intensified operations throughout the problem areas proposed for 1966 and 1967, local costs are estimated at approximately three times the 1964 budget. The Minister of Health has announced the decision of the Government to make the necessary funds available to the programme. The allocation of \$2,000,000 for DDT, other insecticides, drugs and equipment was approved by the Executive Board on the understanding that the Government will make suitable arrangements to provide other transport, equipment and supplies required by the campaign for operations in 1966 and 1967. The further allocation proposed in 1966 will not exceed \$1,300,000. The Government has been advised of the limitations in UNICEF assistance to the campaign for operations through 1967. Supplies to complete the operations in 1965 will be shipped, but those for 1966 will be released only when the Government has completed arrangements to finance local costs and the provision of transport and supplies not provided by UNICEF.

WHO has a team of six advisers assigned to this campaign and is providing fellowships for national personnel and grants to facilitate special studies in problem areas.

NICARAGUA

BASIC HEALTH SERVICES/TCB
Continuation, mid 1965
to mid 1966

Allocation approved: 112,000
Technical approval: WHO

E/ICEF/P/L.610

In conjunction with the reorganization of the Ministry of Health, the Government began in 1964 to expand its services to the rural areas. The basis for this expansion has been the subdivision of the country into three health regions, within which will be established a network of health centres and sub-centres, set up in accordance with the political and administrative organization of the country. A regional centre under the direction of a managing physician and specialized technical personnel, will be established in each health region, and this centre will be responsible for the organization, co-ordination and supervision of all health activities within the areas under its jurisdiction. The goal for the period 1965/1966 is to set up two departmental centres, nine municipal centres and fourteen sub-centres. The Government now proposes to intensify the training of the public health specialists necessary for the development of the programme. In 1965/1966, courses will be held for 152 new nurses' aides and 125 nurses' aides already employed, 25 sanitation inspectors, 25 laboratory technicians and 30 statistical assistants, in addition to public health orientation courses for 20 physicians and 15 graduate nurses. The Health Ministry's reorganization plan includes the strengthening of the Microbiology Section and the establishment of the Audio-visual Section to reproduce and prepare materials for the promotion of health. UNICEF will provide basic equipment for 21 health centres and sub-centres, reproduction equipment and calculators, three vehicles for health supervision at the regional level and stipends for the training of 402 persons. WHO provides the services of a chief medical consultant and a public health nurse and subject to the availability of funds, will furnish equipment, supplies and scholarships.

PANAMA

HEALTH SERVICES AND
ENVIRONMENTAL SANITATION
Continuation, 1966

Allocation approved: 169,000
Technical approval: WHO

E/ICEF/P/L.625

The Government proposes to continue the development of integrated public health services, with the aim of consolidating the results achieved and extending the plan to the entire country, thus:

- The central laboratory of the Ministry of Health, being the only laboratory responsible for the technical evaluation and supervision of all of Panama's public health laboratories is responsible for training laboratory technicians for all health services. UNICEF will provide the equipment for the central laboratory and a training and vehicle for supervision purposes.
- The Government proposes to continue the orientation and advanced training programmes for physicians and graduate nurses, in addition to courses for nurses' aides, laboratory technicians and sanitation inspectors. The cost of stipends for most of the courses is shared equally by the Government and UNICEF.
- In order to intensify the sanitation programmes UNICEF will supply pumps, piping and replacement parts for the drilling of 204 new wells in the central zone where UNICEF has already been co-operating. The wells will be drilled only in rural communities having populations of between 300 and 1,000 as these are too small to be included in water-supply programmes financed by the Government with other international resources (IDB).

WHO will continue to assist in the implementation of the project through its Chief Public Health Adviser and a sanitary agent.

PANAMA

MALARIA ERADICATION
Continuation, 1965/1966

Allocation approved: \$111,000
Technical approval: WHO

E/ICEF/P/L.614

This campaign is nearing completion of three years of attack following the change of insecticide to DDT protecting some 1,165,000 inhabitants. The results of the epidemiological evaluation during this period show an over-all annual decrease in cases. However, there are five areas with little progress where 74 per cent of the cases found in 1964 were located. Migration of population, new house construction and temporary housing are principal factors affecting progress in these areas of extensive agricultural development. Considerable improvement in administration and execution of the campaign has been made; however, some continuing administrative problems and reductions in the funds budgeted have limited the effectiveness of the campaign and the necessary attention to the problem areas. For the 1965/1966 operations, UNICEF will provide DDT, supplies and transport.

PANAMA

APPLIED NUTRITION
Continuation, mid 1966
to mid 1967

Allocation approved: \$95,000
Technical approval: FAO and WHO

E/ICEF/P/L.550

The applied nutrition programme was begun in the provinces of Coclé, Herrera, Los Santos and Veraguas in 1963 upon the completion of a survey of the nutritional habits of the local population. An orientation seminar was held for senior officials of the three Ministries participating in the programme (Agriculture, Public Health and Education) and a training course was given to supervisors and field staff, including teachers and sanitary inspectors. In accordance with the plan, school gardens were established in 41 communities, with a school population of

During 1966/67 the programme intends to expand the programme, extending it to other schools and related institutions in the area. The project at this stage will accordingly include 32 new schools with a school population of about 6,000 children, 9 health centres and 6 extension agencies. In addition, the programme in the 41 schools and institutions included in the first stage will be continued, an effort being made to intensify and consolidate the nutrition activities. During the same period, the following training courses will be organized: a course in horticulture for 100 teachers; a course in basic nutrition and nutrition education for 725 teachers; and a course in supervision for 67 persons, including school supervisors, extension agents, nurses, sanitary inspectors and social auxiliary workers.

UNICEF will provide seeds, fertilizers, fungicides and pesticides for gardens in 73 schools; gardening tools for 37 new gardens; kitchen equipment for school lunchrooms and for demonstration purposes at health centres and extension agencies; audio-visual materials; and stipends for the training of 402 teachers and supervisory staff.

PARAGUAY

BASIC HEALTH SERVICES
Continuation, 1965-1966

Allocation approved: \$97,000
Technical approval: WHO

E/ICEF/P/L.635

The environmental sanitation plan of the Ministry of Health provides the following for 1965 and 1966: drilling of 75 deep wells for schools, health centres and scattered villages; drilling of 425 shallow wells for scattered villages; rehabilitation of 450 wells which currently require repair or improvement; and installation of drinking water in 20 health centres which at present are supplied from outside wells. The improvements contemplated for maternal and child health services during the same period include: construction (or completion of construction) of 19 health centres; increased care for pregnant women, both in health centres and through home visits, which will be substantially increased; and training of personnel currently in service. UNICEF will provide pumps and piping for public wells in scattered rural villages and connections for the provision of water to health centres; additional equipment for health centres and dental clinics; additional equipment for maternity care; transport and stipends, for 30 sanitation inspectors, 40 visiting auxiliary nurses, 40 auxiliary nurses, 20 statistical personnel and 21 laboratory technicians. WHO will continue to assist in the programme through its consultant team in the country and will also provide fellowships.

PARAGUAY

MALARIA ERADICATION
Continuation, 1966

Allocation approved: \$265,000
Technical approval: WHO

E/ICEF/P/L.634

The malaria eradication campaign in Paraguay, where the attack with dieldrin had not made substantial progress in the epidemiological situation, suspended spraying operations in 1961. Since that time, some evaluation activities and control measures have been maintained. Before resuming the attack using DDT, it was agreed that changes in organization and administration were necessary and that more extensive entomological and epidemiological investigations should be made of the malarious area. Changes in administration have now been made, and, with the collaboration of WHO, a revised plan has been prepared for the resumption of the campaign.

The attack phase, with total-coverage spraying using DDT in six-month cycles, will cover the entire country with the exception of the capital and three departments in the south-east (Central, Neembuco and Misiones) where spraying operations will cover only five kilometres of barrier zones along the rivers. The remainder of the south-east departments will continue in consolidation with radical treatment of cases and focal spraying where necessary. In the areas of the attack phase, there are approximately 1,234,000 inhabitants and in the areas of the consolidation phase approximately 305,000. Spraying operations will be by motorized, river or mounted teams in accordance with the physical characteristics of the areas. Evaluation operations will include the participation of voluntary collaborators in the case-finding activities, and investigation of new areas of agricultural or industrial development and population movements which may affect the malaria situation.

UNICEF will provide DDT 75 per cent, sprayers and spares, laboratory supplies and transport. WHO will provide six consultants, fellowships for the training of national personnel, anti-malaria drugs and entomological equipment. The Government has requested assistance from the United States Agency for International Development to cover part of the local cost of the campaign.

PARAGUAY

NUTRITION EDUCATION AND
RELATED ACTIVITIES
Continuation and extension,
mid 1965 - mid 1967

Commitment approved: \$59,000
Allocation approved 1965/1966: \$41,000
Technical approval: FAO and UNICEF

E/ICEF/P/L.513

The basic aim of this project is to develop a co-ordinated programme to combat malnutrition through the combined efforts of several government agencies in rural areas of the country. During the period mid 1965 - mid 1967 the programme will be extended to 60 new communities, where school and community gardens will be developed. A total of 110 primary schools will be involved, fifteen of which will be in the newly opened colonial areas of Itape Parana and Coaguazu, where the Government is presently concentrating additional investments as part of the national economic and social development plan. A new aspect of the plan calls for the development of gardens at the sites of 50 smaller primary schools, which provide only two to four of the traditional six years of primary education. The larger schools will serve as demonstration and training centres and at a later stage will help the smaller schools by providing locally developed seeds. In addition, egg and poultry co-operatives will be formed. Parent, school and community groups will collaborate with the project, forming local committees to develop and co-ordinate the activities. Training activities will be continued; up to the end of 1967, it is planned to train 175 school directors, 24 normal school teachers, 240 primary school teachers, 30 agricultural extension workers, 110 health workers from rural health centres, 120 handicraft workers and 120 home educators and 540 community leaders. FAO, UNESCO and UNICEF personnel in the country will assist in the training courses. The School of Social Work, now associated with the Universidad Nacional, assist in the training of the community leaders. UNICEF will provide supplies and equipment for school gardens, poultry raising and food and sewing demonstrations; audio-visual equipment for training; and stipends for training TVY persons.

PARAGUAY

PRIMARY EDUCATION
First request for UNICEF
aid, 1966

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

E/ICEF/P/L.546

The Ministry of Education has completed a two-year plan for the development of education at all levels as part of the ten-year economic and social development plan recently prepared with the assistance of United Nations and other international agencies. Part of the education plan is directed to the improvement of services and facilities in the newly developing colonial areas in the eastern part of the country and to the improvement of the quality of teaching in all rural primary schools. The plan calls for the construction or renovation of primary schools, the up-grading of primary school teachers and the improvement of teaching standards at normal schools. The present project has been developed after careful planning with bilateral and international organizations so as to co-ordinate all efforts and avoid duplication. The quality of teaching in rural schools will be up-graded through the introduction of modern teaching techniques, through short courses and seminars teaching the best uses of locally available materials as teaching aids. Graduates will receive a certificate of participation from the Ministry of Education and additional consideration from the Ministry of Education according to their rank. UNICEF will provide stipends for 50 supervisors and 100 primary school directors in one month courses; stipends for 200 primary school teachers in two weeks courses; teaching aids, supplies, duplicating equipment, carpentry tools, paper or books. UNESCO will provide supervision for the project through its mission in the country and is providing professors at the National Science Institute under the Expanded Programme of Technical Assistance. Some teaching in the in-service training courses as well as in the summer courses at the Institute will be undertaken by UNICEF personnel.

PERU

BASIC MCH
Continuation, 1965/1966

Allocation approved: \$64,000
against approved commitment

PERU

HEALTH SERVICES: MCH AND
ENVIRONMENTAL SANITATION
(LORETO)
Resumption and extension, 1966

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

E/ICEF/P/L.518/Rev.1

During the first year of the five-year plan to be implemented in the health area of Loreto, it is proposed to develop three health units. UNICEF will participate in the development of two units, while the National Health Fund will be responsible for the third. Two hospital/health centres will be strengthened and improvements made to six existing health centres. In addition, 19 sub-centres will be improved and 16 new ones created. As the shortage of personnel is critical, health posts will be set up in the schools of 40 communities, where the teacher, who will have received prior training, will administer first-aid, give vaccinations, impart health education and direct communal work on environmental sanitation. Efforts will be carried out with the untrained personnel working in the health area attend training courses. Professional health personnel will attend the courses at the UNICEF-aided School of Public Health in Lima. The training of 13 sanitary inspectors and 94 nursing auxiliaries will be carried out with the co-operation of the School of Public Health. There will be a programme for the training of lay midwives (empiricas), with a view to encouraging them to practice modern principles of hygiene. Training courses will be organized for teachers in the communities, with the co-operation of the Ministry of Education.

The Rural Sanitation Plan, financed by the Inter-American Development Bank, includes the provision of drinking water for the rural population of 25 villages having less than 2,000 inhabitants. UNICEF will assist in the construction of latrines; for this purpose, a sanitation workshop will be set up in the town of Iquitos. UNICEF will also provide equipment for external and child welfare services and laboratory equipment for two hospitals and health centres; basic equipment for seven health centres; dental equipment for five health centres; basic equipment for 26 sub-centres; 68 kits for doctors, public health nurses and health posts in schools; equipment and books for training; transport and tools for a sanitation workshop. WHO will provide the services of a doctor specialized in public health administration, public health nurse and a public health engineer, as well as fellowships for specialized study abroad by national personnel.

VENEZUELA

HEALTH SERVICES:
ENVIRONMENTAL SANITATION
Continuation, 1966-1967

Commitment approved: \$385,000
Allocation approved, 1966: \$180,000
Technical approval: WHO

E/ICEF/P/L.504

The purpose of this project is to provide adequate water supply services to 150 communities in the Andean zone south of Lake Maracaibo, comprising parts of the States of Trujillo, Tachira and Zulia. The programme involves also health, housing, education and community development. One of the main purposes of the project is to intensify governmental action for resettlement of the peasants from the Andean mountains in the level cultivated lands of the region, so as to prevent movement of families from the country to the towns. This movement has been a very serious matter in recent years and has helped to make the problem of unemployment in the towns more acute. By November 1964 the water supply services were operating in 26 communities and almost completed in 22 communities. In other communities work was at various stages of planning and construction to complete the initial programme for 150 communities this year. During 1966 and 1967 the Government proposes to extend the programme to 142 more communities in the same States of Zulia, Tachira, Merida and Trujillo and also

VENEZUELA (continued)

to the States of Barinas, Portuguesa and Lara, which form part of the Andean Region. It is expected that water will be supplied to about 20 communities in each of the seven states mentioned serving a population of approximately 45,000. The water supply systems are being planned to serve a population twice that of the communities benefited today. UNICEF will provide pipe and fittings for wells and distribution systems. WHO will continue to provide technical advice through short term consultants and advisers from the Regional Office and it will continue to grant fellowships for the training of Venezuelan technical personnel abroad.

THE AMERICAS REGION

HEALTH SERVICES: TRAINING
(WEST INDIES AND CARIBBEAN
AREA)
Continuation, 1965-1966

Allocation approved: 138,000
Technical approval: WHO

E/ICEF/P/L.487

Three courses have been held for sanitary inspectors in Barbados and Jamaica and two for district nurses in Barbados. A course in paediatric nursing and a course for medical laboratory technicians were in progress at the end of 1964 at the University of the West Indies in Jamaica. The following courses will be given in 1965-1966:

- a) District nurses: An eight-week course designed to give the district nurses a greater understanding of public health work, with emphasis on health education, supervision and local staff education. The participants will include 80 district nurses from eight territories and superintendents of public health nurses from three territories.
- b) Medical laboratory technologists: Four senior technicians from four territories will attend the second eleven-month course in public health laboratory techniques at the University of the West Indies in Jamaica.
- c) Public health statisticians: In order to cope with the urgent need for properly trained public health statisticians, a four-month course is being organized at the University of the West Indies in Jamaica. A total of 24 persons will participate.

UNICEF will provide equipment, supplies, reference materials and stipends and travel costs for all participants in training courses. WHO will assist in organizing the courses and will provide instructors from zone and project staff.

THE AMERICAS REGION

BASIC HEALTH
PEDIATRIC TRAINING
Continuation, 1965/1966

Allocation approved: 131,000
Against approved commitment

THE AMERICAS REGION
(Caribbean)

SOCIAL SERVICES TRAINING
(University of the West
Indies, Jamaica)
First request for UNICEF
aid, mid 1965 to mid 1967

Commitment approved: \$59,000
Allocation approved,
1965/1966: \$26,000
Technical approval: United Nations
Department of Economic and Social
Affairs

E/ICEF/P/L.909

The objective of this project is to improve the quality of social welfare services in the Caribbean area by providing training for personnel employed in government and voluntary agencies in this field. The training will be provided by the University of the West Indies in three types of courses: a two year certificate course in social work offered in the Faculty of Social Sciences; a sixteen-week course in social work principles and practices for new trainees and a two-week refresher/evaluation course for workers who have had some previous training, the last two courses sponsored by the Extra-Mural Department. A sixteen-week residential course for twenty students from the region will be organized at the Social Welfare Training Centre, University of the West Indies, from January to May in 1966 and another in 1967 under the direction of the Staff Tutor. This course will be intensive, designed to help the students become more proficient in their work by improving their knowledge and understanding of Caribbean society and its problems, social sciences related to social work, and the principles and methods of social work practice and their application to the particular problems of the area. Field work will be an essential part of the course. It will be arranged on an individual basis to meet the particular needs of each student. Certificates of attendance will be presented to the students on completion of the course. During the same period a refresher course of two weeks' duration will be offered to a selected number of trainees who participated in earlier short courses similar to the one described above. UNICEF will provide audio-visual and printing equipment and books for the Extra-Mural Department, a vehicle for supervision of field work, stipends for 40 participants in two sixteen-week courses, including travel expenses, and stipends for 15 participants in a two-week refresher/evaluation course, including travel expenses. As a means of making professional training available to additional qualified workers of demonstrated leadership capacity, UNICEF will also assist with fellowships for the two-year social work certificate course given in the Faculty of Social Sciences, by paying 75 per cent of the cost of such fellowship in the first year and 50 per cent in the second. The University will be responsible for financing the balance of these fellowships and for the selection of the candidates. In addition to the assistance mentioned above, UNICEF will provide salaries, travel and per diem for two visiting lecturers for the course on social development, and the salary of the co-ordinator and local office expenses for the El Salvador study.

THE AMERICAS REGION

PLANNING FOR CHILDREN AND YOUTH
(Latin American Planning Institute)
Continuation, mid 1965 to end 1966

Allocation approved: \$80,000

E/ICEF/P/L.606

Since 1962 UNICEF has made available the sum of \$213,000 for the purpose of promoting the research and training activities of the Social Programming Division of the Latin American Institute for Economic and Social Planning. During the next eighteen months these activities will continue. UNICEF will maintain support for the two faculty posts and provide fellowships for four graduate students and two research assistants, and for two government officials in the social field to take the basic course. In addition to further work on the main research project - the study of the social and economic factors in stagnation and development in Latin America - the staff will participate in developing three or four Latin American country case studies on "Youth and National Development".

THE AMERICAS REGION (continued)

The following special projects are envisaged:

- El Salvador study on the needs of children: On the basis of the research design that has been agreed upon by the Government, the Institute and UNICEF, a co-ordinator will be appointed in the country and an office set up to compile and prepare the information gathered. The staff of the Division will participate later in the theoretical orientation of the study and in the field work.
- Course on social development in Latin America: A course approximately four months' duration will be organized by the Division of Social Programming for ten fellows. It will be the first planning seminar of this kind based on original research studies of the problems of social development in the region. It will also focus on the role of youth and on the formative phases of personality. Two visiting lecturers will supplement the regular staff for this course.
- Advisory services: It is expected that, as a result of the Latin American Conference on Children and Youth in National Development, which is to be held in December 1965, follow-up requests for advisory services in this field will be forthcoming from the Governments of the region. The advisory groups will be drawn from the staff of the Division, including the professors, post-graduate students and research assistants.

THE AMERICAS REGION

PLANNING FOR CHILDREN AND YOUTH
(Latin American Conference on
Children and Youth in National
Development)
Continuation, 1965

Allocation approved: 165,000

E/ICEF/P/A.551

The purposes of the Conference are:

- To study the needs and problems of children and youth in Latin America;
- To examine the present approach to meeting the needs of children and youth within the context of the national development plans of five countries in the region;
- To consider improved methods for planning to meet the needs of children and youth within national development plans;
- To provide an opportunity for an exchange of information and experience among countries in Latin America concerning the welfare and development of young people within the framework of national development;
- To stimulate further studies and research on the needs of children, and the formulation of appropriate policies and programmes for their welfare and development.

Participants will be drawn from planning and policy levels of planning organizations, functional ministries, departments and agencies of Latin American countries, concerned with the problems of children, as well as from universities and research institutes. A few experts from within and outside the region have been invited to contribute papers and participate in the Conference. In addition, representatives of the Department of Economic and Social Affairs of the United Nations, the ILO, FAO, UNESCO, WHO and the IBRD are being invited. The number of participants is estimated at sixty-five. UNICEF will provide travel and living costs for 42 participants, funds for the preparation of documents (5 country case studies on taking account of children and youth in national development; 20 national reports on the situation of children and youth; papers on special topics prepared by experts from within and outside the region), running costs of the Conference (interpretation and translations) and funds for the publication of conference report. ECLA and the Latin American Institute will provide premises and facilities for the Conference including educational services, translators and press writers for taking informal records of the meeting, secretarial services and reproduction and distribution of documents.

F. INTERREGIONAL

INTERNATIONAL CHILDREN'S CENTRE
Continuation 1965-1971

Commitment approved: \$2,350,000
Allocation approved for 1966: 1,400,000

E/ICEF/P/L.554 and 555

The proposed programme for 1966 represents a continuation and extension of activities in the developing countries and a steady trend toward adaptation or adjustment of these activities to the needs of children. Of particular note in the projects outside of Europe is the growing emphasis on social problems, special concern with the pre-school child, and the emphasis on children and youth in development planning. The Centre has become increasingly an inter-regional centre for education and training, and a laboratory where new methods of action and new ideas in the area of child welfare are constantly being developed, tested and propagated. The programme for 1966 includes three courses in Africa, one of which will be organized at Maker on the subject of public health problems as applied to children. A preliminary study will be made of the pre-school child. In the Americas, the Centre will again collaborate with the Pan American Health Organization and WHO in a course in social paediatrics. Other courses and seminars will include training for judges of children's courts, organized by the Interamerican Children's Institute. In Europe, the Centre plans to hold a number of courses and seminars for teaching personnel, doctors, para-medical staff, social welfare and administrative personnel, youth movement workers and child court judges. Research and applied studies will be continued as in previous years, including further studies on the prevention of tuberculosis and on the vaccination of children. More than 20 per cent of the research budget is earmarked for social studies.

For the five year period 1967-1971, the board approved a commitment of \$2,350,000, indicating its approval in principle to share the costs of operation equally with the French Government. The purpose of the commitment is to enable the Centre to establish its plan of action for future years on a firm financial basis. Following the procedure adopted by the UNICEF Executive Board in 1968, annual allocations within this commitment would be recommended by the Board for approval on the basis of a plan of operations and budget proposed by the governing body of the Centre.

INSTITUTE OF CHILD HEALTH,
LONDON, AND ASSOCIATED
OVERSEAS INSTITUTIONS

PAEDIATRIC TRAINING
Resumed: mid 1965-1966

Commitment approved: \$159,000
Allocation approved for 1965/1966: \$15,000

E/ICEF/P/L.583

As the project approved by the Executive Board in 1961 was due to terminate at the end of the third (1964-1965) course (i.e. 17 August 1965) an evaluation of the scheme was undertaken in London in November 1964 by a meeting of representatives of the Institute of Child Health, UNICEF and WHO. The review panel unanimously recommended the resumption of the course for a further period of three years (1966-67 to 1968-69), allowing a respite of one year after the conclusion of the present project to permit various improvements to be introduced. So far as training in the United Kingdom is concerned, the pattern will generally follow that adopted during the past three years, but with increased emphasis on obtaining greater practical experience, particularly in the preventive side of social paediatrics, and on participating, so far as practicable, in relevant activities being carried on in appropriate institutions. Added attention will be given to the organization and administration of paediatric departments, methods and practice of teaching, the development of research, statistics, libraries, and generally an appreciation of the whole range of the problems of children in connexion with national programmes of social development. So far as training in overseas institutions is concerned, it is proposed to discontinue the practice previously adopted of arranging for the fellows to visit a number of centres for relatively short periods, and to arrange instead for them to participate in a specially prescribed course, covering a period of fourteen to seventeen weeks at a single university or medical school, situated in an area where training and experience, particularly in field work, can be obtained in all the problems affecting child health and welfare arising in conditions common to most developing countries. Negotiations are proceeding, in association with WHO, on the selection of such a centre and the determination of the curriculum and scheme of training to be adopted. The commitment of \$159,000 approved by the Board includes \$15,000 for preparatory work in 1965/1966 and \$144,000 for assistance in the full training course for three academic years, including provision for books and equipment as well as the salary of a tutor and secretarial staff, honoraria for lecturers, fees to assisting institutions, travel of tutorial staff in the United Kingdom, subsistence, fees and travel costs for 6 fellows and travel subsistence of tutor accompanying fellows outside the United Kingdom.

ADVANCE TRAINING IN NUTRITION
AND FOOD SCIENCE (London/Ibadan)
Continuation, 1965/1966

Allocation approved: 1141,000
against approved commitment

ADVANCE TRAINING IN APPLIED
NUTRITION AND FOOD ECONOMICS
(France/Senegal)
Continuation, 1965/1966

Allocation approved: 593,000
against approved commitment

WHOLE MILK FOR HEALTH SERVICES

Allocation approved: 1195,497

E/ICEF/P/L.615

Milk-fund drives in Austria and Ireland in 1964 resulted in the availability of funds for the purchase and delivery to country destinations of 274,057 pounds of dry whole milk. These funds have been recorded in UNICEF's accounts for 1964 as "private contributions" and form part of the general resources. Allocations made against these collections do not absorb other resources of UNICEF. The Government of Switzerland donated 300 tons of dry whole milk in 1964, with packing and ancillary charges to be borne by UNICEF. The allocation approved is based on the following calculation:

	<u>US dollars</u>
Value of whole milk available from private milk-fund drives	92,091.06
Cost of packing and ancillary charges on milk donated by the Swiss Government	<u>41,464.81</u>
Total	136,356.67
Less funds remaining from previous allocations	<u>- 899.82</u>
Recommended allocation	135,496.85

The value of the milk delivered has been apportioned to the respective health services products as shown in the annex to E/ICEF/P/L.615.

FOOD TESTING AND DEVELOPMENT
Continuation, 1965/1966

Allocation approved: 1100,000
against approved commitment

ACQUAINTING PLANNERS WITH PROBLEMS
OF CHILDREN IN NATIONAL DEVELOPMENT

Allocation approved: 144,000

E/ICEF/P/L.632/Rev.1

To acquaint planners from developing countries with the basic problems of children and youth in national development, and to provide an opportunity for them to exchange views with respect to how the younger generation could be taken account of in the preparation of development plans and programmes, a two-week seminar will be organized in Paris for planners, concerned with social problems, currently working in French-speaking African countries. The seminar will be sponsored by UNICEF, The International Children's Centre (ICC), and the Institut d'Etudes du Développement Economique et Social (IEDES). Four student-planners, who have graduated from the three year planning course at IEDES, will be awarded six-month fellowships to permit them to undertake theoretical and practical training on problems of children and youth in development planning. Training in this subject will later be introduced into the regular courses at IEDES. After completing training, the planners will return to their own countries to work in planning ministries or in functional ministries with programmes benefiting children. The field training of the fellows will be supervised by a professor, who would also assist in the preparation of course material on children's problems in development, which would be introduced into the regular course for planners offered by IEDES. Based on the experience of this programme, UNICEF will explore the possibility of organizing similar training for officials concerned with social planning from English-speaking countries. UNICEF will provide per diem and travel expenses for 12 participants in November 1965 seminar and for the experts, 4 six-month fellowships for student-planners, the salary of professor for 10 months, travel costs for the professor and fellows and secretarial services. IEDES and the ICC will provide the services of some of their teaching staffs for the November 1965 seminar, and also various administrative services.

PLANNING FOR CHILDREN AND YOUTH
(Asian Institute for Economic
Development and Planning.)
Continuation, mid 1965/end 1966

Allocation approved: \$40,000

E/ICEF/P/L.537

The Executive Board approved in January 1964 a sum of \$30,000 for the purpose of promoting training and study in the field of social development planning at the Asian Institute for Economic Development and Planning. UNICEF agreed to provide the Institute with supplies and equipment for teaching activities and funds for the salary of a faculty member who would organize and co-ordinate all teaching and research in the field of social planning and participate in preparations for the Asian Conference on Children and Youth in National Planning and Development, to be held in Bangkok from 13 to 24 September. The Faculty member was appointed in January 1965 and will serve in the UNICEF financed faculty post until the end of 1965, at which time he will be transferred to another position in the Institute. The Director of the Institute is now considering candidates for the faculty post for the second year, and it is hoped that an appointment can be made in the second half of 1965. The funds now approved will cover the salary and travel expenses of a faculty member for the second year, two visiting professors to spend four or five weeks teaching at the Institute in 1965/1966, and two fellowships, to be awarded in the academic year 1966 to persons engaged at senior levels in planning for the younger generation within the context of national planning and development.

STUDY ON PLANNING FOR CHILDREN AND
YOUTH IN NATIONAL DEVELOPMENT
United Nations Research Institute
for Social Development, Geneva
First request for UNICEF aid

Allocation approved: \$53,000

E/ICEF/P/L.545

The funds approved are for a study on planning for children and youth in national development to be undertaken by the United Nations Research Institute on behalf of UNICEF. The study will deal primarily with methods by which countries in different stages of development can plan to meet the needs of their children and youth, and prepare them for their future contribution to development programmes. It is foreseen that the results of the study will be of use to government planners, administrators of departments with services benefiting children, and by those who, at the request of Governments, provide advisory services on the problems of children and youth in national development. The study will also provide material for training courses for general planners. A planner economist and a planner-sociologist will be attached to the Research Institute for Social Development in Geneva, and would undertake field visits to several countries in developing regions. As a preliminary step, a review will be made of available material concerning the nature and magnitude of the needs of children and youth in these regions. The consultants will examine the documentation prepared for the Asian and Latin American Conferences on Children and Youth in National Development, national development plans, and other material on the subject prepared by Governments, and by the United Nations specialized agencies, regional economic commissions and planning institutes, and other organizations. The consultants will then concentrate on general methods of planning within the framework of national development with a view to meeting children's needs and preparing the younger generation for their future roles in society, examining development plans to see how they are prepared, what provisions are made for young people and what will be required of the rising generation at a later stage in the execution of the development plans, and assessing the impact of various aspects of the development plans. UNICEF will provide the salary of the economist consultant for 15 months, the salary of the sociologist consultant for 6 months, travel costs and per diem, secretarial services and funds to cover the translation and printing of the final report.

FINANCING INTERNATIONAL PROJECTS FOR
PROJECTS ASSISTED JOINTLY BY UNICEF
AND INTERNATIONAL TECHNICAL AGENCIES

Allocation approved: \$347,300

E/ICEF/P/L.597 and amendments 1

The allocation approved relates primarily to expert posts and fellowships for which financing is required in 1966, the second year of the current ITA programme. These are in part new posts, and in part extensions of previously approved posts, except where delays in recruitment during 1964/1965 have resulted in earlier allocations remaining available to finance the respective posts in 1966. In regard to 1965, the financing of the main requirements was approved by the Board at its June 1964 session. Since then, however, requests have been received for a limited number of posts which had not been foreseen in 1964, and the allocation now approved therefore includes supplementary allocations for 1965. UNICEF will reimburse the amounts of actual expenditures, which may be higher or lower than the estimates.

EMERGENCY RESERVE

Allocation approved: \$61,500

ICEF/CRP/65-23

In June 1962, the Executive Board established a reserve allocation of \$25,000 which was placed at the disposal of the Executive Director for the provision of assistance in minor emergencies occurring between Executive Board sessions. On the recommendation of the Executive Director, this reserve allocation was increased to \$50,000 by the Executive Board at its session in January 1964. From the \$50,000 emergency reserve allocation established in January 1964, assistance has been provided in the amount of approximately \$11,500 for drugs for the control of a recurring cerebro-meningitis epidemic in West and Central Africa, leaving a balance of approximately \$38,500 in the reserve fund. In order to raise the emergency reserve allocation to \$100,000, the Board approved an allocation of \$61,500.

ALLOCATION TO COVER
OVER-EXPENDITURES

Allocation approved: \$23,986

E/ICEF/P/L.596

This allocation was approved to cover deficits incurred in the course of fulfillment of six projects previously approved by the Board.

FREIGHT ACCOUNT

~~Commitment approved: \$2,000,000
Allocation approved: \$1,500,000~~

E/ICEF/P/L.550/Rev.1, para. 10

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 existing commitment for the freight account amounts to \$4,117,500. Against this commitment, the Board approved an allocation of \$3,300,000 for the cost of ocean freight on supplies to be shipped during the next twelve months. This includes approximately \$550,000 for the shipment of milk and \$2,550,000 for other shipments. The allocation takes into account the balances existing in allocations for freight. This leaves an outstanding freight commitment of approximately \$1 million. As it will cost approximately \$3 million to ship the total supply assistance for which commitments are outstanding at the time of this session the Board approved an additional commitment of \$2.0 million for the freight account.

ANNEX VI

COMMITMENTS AND ALLOCATIONS APPROVED BY THE
EXECUTIVE BOARD IN JUNE 1965

Table 1

Allocations approved by the Executive Board in June 1965 and
reductions of outstanding obligations through savings or
cancellations of allocated funds

(in US dollars)

	Action taken by Board					Savings or cancel- lations c/
	Allocations approved			Redistri- bution of global allocations b/		
	Long-range aid		Emer- gencies			
	New allocations	Transfers				
I. AFRICA	4,756,093 ^{a/}	(208,200)	11,505	655,919	85,122	
II. EAST ASIA AND PAKISTAN	3,289,662	-	8,573	1,036,398	5,560	
III. SOUTH CENTRAL ASIA	5,780,458	-	-	633,100	372,955	
IV. EASTERN MEDITERRANEAN	2,717,501	-	275,000	399,418	61,468	
V. EUROPE	505,259	-	-	89,770	143,687	
VI. THE AMERICAS	5,578,633	-	-	901,888	275,674	
VII. ASSISTANCE BENEFITING MORE THAN ONE REGION	3,998,306	-	49,997	(3,696,493)	149,120	
Total (I-VII)	26,425,912	(208,200)	345,075	-	1,093,416	
VIII. OTHER ASSISTANCE:						
Operational services		4,733,850			95,692	
IX. ADMINISTRATION		2,411,750			85,913	
Total (VIII-IX)		7,145,600			181,605	
Grand Total		33,708,365			1,275,021	

a/ Includes transfers shown in parentheses in next column.

b/ For international project personnel and fellowships on FAO/UNICEF-assisted projects, international project personnel contingency and freight as per documents E/ICEF/P/L.594, E/ICEF/P/L.597/Amend.1, para. 4 and E/ICEF/P/L.629.

c/ Consists of reductions of outstanding obligations through savings or cancellations of allocated funds (see E/ICEF/P/L.596):

Unspent balances from previously approved country allocations

\$1,033,411

Operational services and administrative costs for 1965

181,605

\$1,275,021

Table 1 (continued)

	Action taken by Board				
	Allocations approved			Redistri- bution of Global allocations b/	Savings or cancel- lations c/
	Long-range aid		Emer- gencies		
	New allocations	Transfers			
I. AFRICA					
Algeria	363,400	-	-	10,803	-
Basutoland	81,000	(14,400)	-	65,922	-
Bechuanaland	65,000	-	-	-	-
Burundi	36,486	-	-	665	-
Cameroon	-	-	-	6,192	-
Central African Republic	63,400	(2,900)	-	6,034	3,093
Chad	24,000	(9,300)	-	8,618	-
Comoro Islands	-	-	-	-	5,330
Congo (Brazzaville)	90,000	-	-	4,572	-
Congo (Democratic Republic of)	-	-	-	15,763	-
Dahomey	14,000	(4,400)	-	12,494	-
Ethiopia	374,395	-	-	53,328	-
Gabon	48,100	(15,000)	-	2,411	-
Gambia	50,000	-	-	3,723	-
Ghana	155,000	-	-	6,320	-
Guinea	120,000	-	-	4,271	56,071
Ivory Coast	159,800	(7,700)	-	25,430	-
Kenya	255,000	(2,700)	-	103,144	-
Liberia	66,000	(12,700)	-	748	-
Madagascar	-	(6,300)	-	11,935	-
Malawi	90,000	(3,300)	-	5,808	-
Mali	262,100	(8,100)	-	22,787	-
Mauritania	110,100	(7,100)	-	10,381	-
Mauritius	1,000	-	-	3,000	-
Morocco	303,600	-	-	27,700	290
Niger	17,200	(24,700)	-	1,700	-
Nigeria	270,200	(13,100)	-	21,142	4,200
Rwanda	66,486	-	-	5,932	-
St. Helena	-	-	-	23	-
Senegal	93,000	(4,400)	-	16,158	-
Seychelles	-	-	-	1,181	-
Sierra Leone	109,000	(13,400)	-	3,011	-
Somalia	160,793	-	-	8,239	-
Southern Rhodesia	50,000	-	-	-	-
Swaziland	17,000	(13,400)	-	1,313	-
Tanzania (United Republic of)	10,721	(8,700)	-	41,295	-
Togo	109,670	-	-	3,463	-

Table 1 (continued)

	Action taken by Board				
	Allocations approved:		Redistri-		Savings or cancel- lations
	Long-range aid		bution		
	<u>New</u> <u>allocations</u>	<u>Transfers</u>	<u>Emer-</u> <u>gencies</u>	<u>of global</u> <u>allocations</u>	
				r/	c/
AFRICA (continued)					
Tunisia	357,218	-	-	23,495	16,070
Uganda	62,000	-	-	29,840	-
Upper Volta	250,553	-	-	19,734	-
Zambia	88,800	(1,900)	-	930	-
Regional:					
Emergency drugs for cerebrospinal meningitis	-	-	11,505	-	-
FAO project personnel	67,200	(7,800)	-	-	-
Paediatric training (Makerere)	-	-	-	260	-
Post-basic nursing (Ibadan)	-	-	-	186	-
Social services/ community develop- ment training (Makerere)	-	-	-	112	-
Training in nutrition, agriculture and home economics	-	-	-	480	-
Total	4,750,095	(206,200)	11,505	(35,949)	65,122

II. EAST ASIA AND PAKISTAN

Burma	421,789	-	-	72,267	1,699
Cambodia	170,254	-	-	7,809	-
China	453,440	-	-	131,457	-
Hong Kong	3,000	-	-	6,373	-
Indonesia	55,518 ^{d/}	-	-	11,402	-
Japan	-	-	-	5,497	-
Laos	578	-	-	3,025	-
Malaysia	63,000	-	-	49,777	200
Pakistan	410,920	-	-	230,753	70
Philippines	405,000	-	-	65,273	79
Republic of Korea	219,000	-	-	14,874	-

d/ For dried whole milk delivered in 1964 (see E/ICRF/I/L.115).

Table 1 (continued)

	Action taken by Board				
	Allocations approved			Redistri- bution of global allocations b/	Savings or cancel- lations c/
	Long-range aid				
	New allocations	Transfers	Emer- gencies		
EAST ASIA AND PAKISTAN					
(continued)					
Republic of Viet-Nam	350,216	-	8,575	44,830	-
Thailand	646,641	-	-	82,693	-
Tonga	-	-	-	3,704	1,951
Western Samoa	-	-	-	137	1,187
Regional:					
Pacific island territories	100,000	-	-	6,464	-
Total	3,289,662	-	8,575	1,036,398	5,386
III. SOUTH CENTRAL ASIA					
Afghanistan	617,458	-	-	59,249	-
Ceylon	137,000	-	-	5,196	-
India	4,711,000	-	-	567,215	372,955
Mongolia	100,000	-	-	-	-
Nepal	211,000	-	-	1,440	-
Total	5,780,458	-	-	633,100	372,955
IV. EASTERN MEDITERRANEAN					
Aden	58,104	-	-	4,149	-
Cyprus	1,857	-	-	1,308	-
Iran	1,195,000	-	-	197,148	22,204
Iraq	165,000	-	-	21,149	-
Israel	117	-	-	1,981	35,443
Jordan	144,893	-	275,000	39,659	781
Lebanon	35,000	-	-	16	-
Lithya	23,782	-	-	6,543	-
Saudi Arabia	-	-	-	3,209	-
Sudan	129,834	-	-	7,477	-
Syria	585	-	-	4,188	-
Turkey	445,000	-	-	59,106	-
United Arab Republic	356,000	-	-	53,322	3,000
Yemen	142,329	-	-	2,163	-
Total	6,717,501	-	275,000	399,416	61,468

Table 1 (continued)

	Action taken by board				
	Allocations approved			Reduction of Global allocations b/	Savings or cancell- ations c/
	Long-range aid				
	New allocations	Transfers	Emer- gency		
V. EUROPE					
Greece	-	-	-	16,590	-
Poland	175,259	-	-	32,068	52,827
Spain	241,000	-	-	10,677	-
Yugoslavia	89,000	-	-	30,435	90,800
Total	505,259	-	-	69,770	143,687
VI. THE AMERICAS					
Argentina	55,000	-	-	9,631	-
Bolivia	75,000	-	-	33,678	4,824
Brazil	206,300	-	-	49,264	5,476
British Guiana	53,000	-	-	5,059	-
British Honduras	23,000	-	-	1,336	-
Chile	-	-	-	49,074	28,446
Colombia	558,000	-	-	75,467	-
Costa Rica	93,000	-	-	41,073	-
Cuba	-	-	-	14,987	5,041
Dominican Republic	254,000	-	-	30,871	-
Ecuador	303,000	-	-	48,070	6,271
El Salvador	59,000	-	-	35,806	30,396
Guatemala	181,733	-	-	25,732	43,032
Haiti	49,000	-	-	39,003	17,775
Honduras	105,000	-	-	21,359	12,205
Jamaica	-	-	-	618	54,900
Mexico	2,000,000	-	-	182,955	15,135
Nicaragua	42,000	-	-	20,272	-
Panama	230,000	-	-	20,321	-
Paraguay	420,000	-	-	22,494	1,702
Peru	117,300	-	-	60,315	14,900
Surinam	-	-	-	14,415	-
Trinidad and Tobago	-	-	-	19,674	31,070
Uruguay	-	-	-	6,675	-
Venezuela	180,000	-	-	21,225	-
British Caribbean Territories:					
Antigua	-	-	-	3,200	-
Barbados	10,000	-	-	514	-
Dominica	-	-	-	6,332	-
Grenada	-	-	-	2,781	-

Table 1 (continued)

	* Action taken by Board				
	Allocations approved			Redistri- bution of global allocations	Savings of cancel- lations
	Long-range aid		Emer- gencies		
	New allocations	Transfers			b/
THE AMERICAS (continued)					
British Caribbean					
Territories: (continued)					
Montserrat	-	-	-	2,718	-
St. Kitts	-	-	-	2,948	-
St. Lucia	-	-	-	8,105	802
St. Vincent	-	-	-	4,631	-
Turks and Caicos Islands	-	-	-	550	-
Regional:					
FAO project personnel	38,400	-	-	-	-
Health services train- ing (West Indies and Caribbean)	38,000	-	-	60	-
Latin American Insti- tute for Economic Development and Training	80,000	-	-	1,396	-
Latin American Con- ference for Children and Youth in National Development	65,000	-	-	-	-
Nutrition manual	-	-	-	587	-
Nutrition seminars	-	-	-	-	1,102
Nutrition training: INCAP	-	-	-	451	-
Nutrition training: home economics (Santiago)	-	-	-	23	200
Nutrition training: Puerto Rico	-	-	-	11	-
Pediatric training	51,000	-	-	-	-
Social services train- ing (University of the West Indies, Jamaica)	30,000	-	-	-	-
Total	3,375,613	-	-	901,868	275,674

Table 1 (concluded)

	Action taken by Board				
	Allocations approved		Redistri- bution of global allocations	Savings at cancel- lations	
	Long-range aid				
	<u>New allocations</u>	<u>Transfers</u>	<u>Emer- gencies</u>		
			b/	c/	
VII. ASSISTANCE BENEFITING MORE THAN ONE REGION					
Advance training in ap- plied nutrition and food economics (France/Senegal)	93,000	-	-	240	-
Advance training in nu- trition and food science (London/Ibadan)	141,000	-	-	125	-
Asian Institute for Econo- mic Development and Planning	40,000	-	-	52	-
Development of protein- rich foods for children	100,000	-	-	-	-
International Children's Centre (Paris)	400,000	-	-	-	-
Paediatric training (UK)	15,000	-	-	-	-
Planning for children in national development (Geneva study)	53,000	-	-	-	-
Planning seminar (Lake Cmco)	12,300	-	-	-	-
Training for planners (ICU/IEDDS) (Paris)	111,000	-	-	-	-
Global allocations:					
Reimbursement to FAO, Project personnel and fellowships	-	-	-	(593,805)	149,120
International project personnel: contingency	-	-	-	(19,200)	-
Emergencies	-	-	49,997	-	-
Freight	3,100,000	-	-	(3,283,149)	-
Total	3,996,300	-	49,997	(3,696,493)	149,120

Table 2

Contributions supported by the Executive Board in June 1955
by country and by type of expenditure

(in US dollars)

	HEALTH SERVICES		DISEASE CONTROL		MILITARY		WORLD CHILD WELFARE		NATIONAL TRAINING		GRAND TOTAL	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ALGERIA	125,000			75,000								200,000
ANGOLA	4,000											4,000
ARGENTINA												
ARMENIA	1,400											1,400
AUSTRALIA												
BANGLADESH												
BELGIUM												
BENIN												
BHARAT	61,000											61,000
BURMA	5,000											5,000
BURUNDI												
CAMBODIA												
CANADA												
CENTRAL AFRICAN REPUBLIC												
CHINA												
COLOMBIA												
COTE D'IVOIRE												
CUBA												
CYPRUS												
DEMOCRATIC REPUBLIC OF THE CONGO												
DENMARK												
DOMINICAN REPUBLIC												
DRC												
EGYPT												
EL SALVADOR												
ETHIOPIA												
GUINEA												
HONG KONG												
HUNGARY												
INDIA												
INDONESIA												
IRAN												
IRAQ												
ISRAEL												
ITALY												
JAMAICA												
JAPAN												
JORDAN												
KENYA												
KHMER REPUBLIC												
KOREA												
LIBERIA												
LIBYAN ARAB REPUBLIC												
LUXEMBOURG												
MADAGASCAR												
MAURITANIA												
MAURITIUS												
MEXICO												
MOROCCO												
MYANMAR												
NIGERIA												
NORWAY												
OMAN												
PANAMA												
PAPUA NEW GUINEA												
PARAGUAY												
PERU												
PHILIPPINES												
POLAND												
PORTUGAL												
ROMANIA												
RUSSIA												
SAUDI ARABIA												
SENEGAL												
SIERRA LEONE												
SINGAPORE												
SOUTH AFRICA												
SOUTH KOREA												
SPAIN												
SRILANKA												
SWEDEN												
SWITZERLAND												
TAIWAN												
TANZANIA												
THAILAND												
TURKEY												
TURMENISTAN												
TUNISIA												
UGANDA												
UNITED STATES OF AMERICA												
UPPER VOLTA												
URUGUAY												
ZAMBIA												
ZANZIBAR												
Regional												
Total	1,648,700	75,000	153,000	479,000	703,000	1,189,100	246,000	1,621,000	29,000	5,400,000		

Table 2 (continued)

VI THE AMERICAS	HEALTH CARE		DISEASE CONTROL		EDUCATION		CULTURAL		OTHER		TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
Argentina	38,000	4,000									
Bolivia		4,000									
Brazil											
Chile		3,000									
Colombia	21,000	302,000									
Costa Rica	136,000	50,000									
Dominican Republic		254,000									
Ecuador	40,000	192,000									
El Salvador		54,000									
Guatemala		181,000	733								
Haiti		137,000									
Honduras		2,000,000									
Nicaragua	40,000	111,000									
Panama	82,000	2,500,000									
Paraguay	3,000										
Peru	300,000										
Uruguay											
Venezuela											
Subtotal	987,000	3,619,000	733		3,609,733	879,400		115,000	703,000	115,000	3,799,133
Area total	987,000	3,619,000	733		3,609,733	879,400		115,000	703,000	115,000	3,799,133

Table 2 (continued)

HEALTH /	Malaria eradication 1970/71		Leprosy control		Subtotal (7)	MILK		NUTRITION		FAMILY & CHILD WELFARE & EDUCATION			GRAND TOTAL		
	(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	(10)	(11)		(12)	(13)
ASIAN DEVELOPING AREA	1,131,227	5,170,500	1,013,566	361,200	277,000	117	7,547,195	1,056,000	708,770	1,770,270	707,300	5,812,400	61,500	7,568,370	18,890,111
Subtotal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Latin America and the Caribbean	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal (Total)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Operational services for 1966	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Administrative costs for 1966	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

All costs are equal to the amount of the commitment were incurred in all cases except where the commitment amount is marked with an asterisk (*). In these cases alternative commitments are shown in parentheses for future allocations (see Table 1).
 * Includes environmental sanitation, 2,200,000; handicapped children, 47,000; vaccine production, 30,000; and immunization, 81,000.
 ** Includes social services, 453,750; mothercraft and homecraft, 1194,300; community development, 45,070; and urban projects, 646,000.
 *** Includes activities for children and youth in national development that require separate funding, 4,700,000 and International Children's Centre Paris 4,124,000.
 **** For Africa while still delivered in 1964 (see E/CN/IV/1963/10).

Operational services for 1966
Administrative costs for 1966



Table 1

Allocations approved by the Executive Board in June 1965 by country and type of program

(in US dollars)

COUNTRY	HEALTH SERVICES (1)	DISKETS CONTROL			Other (5)	Sub-total (6)	Applied nutrition (7)	Other (8)	Sub-total (9)	MILK PRODUCTION			TOTAL (10)	
		MILK PRODUCTION (10)								TOTAL (11)	TOTAL (12)	TOTAL (13)		TOTAL (14)
		Milk (11)	TOTAL (12)											
			Other (13)	Sub-total (14)										
ALGERIA	125,000	76,000	-	-	76,000	2,500	-	76,000	56,000	-	160,000	341,000		
ALGERIA	60,000	-	-	-	-	-	-	-	60,000	-	60,000	120,000		
ARGENTINA	1,000	-	25,000	25,000	25,000	3,000	-	28,000	25,000	-	53,000	53,000		
ARGENTINA	-	-	12,000	12,000	12,000	1,000	-	13,000	10,000	-	23,000	23,000		
ARGENTINA (Provincia)	51,000	-	10,000	10,000	10,000	1,000	-	11,000	10,000	-	21,000	21,000		
ARGENTINA	5,000	-	-	-	-	5,000	-	5,000	5,000	-	10,000	10,000		
ARGENTINA	40,000	-	-	-	-	40,000	-	40,000	35,000	-	75,000	75,000		
ARGENTINA	1,000	-	-	-	-	1,000	-	1,000	1,000	-	2,000	2,000		
ARGENTINA	2,000	-	-	-	-	2,000	-	2,000	2,000	-	4,000	4,000		
ARGENTINA	3,000	-	-	-	-	3,000	-	3,000	3,000	-	6,000	6,000		
ARGENTINA	4,000	-	-	-	-	4,000	-	4,000	4,000	-	8,000	8,000		
ARGENTINA	5,000	-	-	-	-	5,000	-	5,000	5,000	-	10,000	10,000		
ARGENTINA	6,000	-	-	-	-	6,000	-	6,000	6,000	-	12,000	12,000		
ARGENTINA	7,000	-	-	-	-	7,000	-	7,000	7,000	-	14,000	14,000		
ARGENTINA	8,000	-	-	-	-	8,000	-	8,000	8,000	-	16,000	16,000		
ARGENTINA	9,000	-	-	-	-	9,000	-	9,000	9,000	-	18,000	18,000		
ARGENTINA	10,000	-	-	-	-	10,000	-	10,000	10,000	-	20,000	20,000		
ARGENTINA	11,000	-	-	-	-	11,000	-	11,000	11,000	-	22,000	22,000		
ARGENTINA	12,000	-	-	-	-	12,000	-	12,000	12,000	-	24,000	24,000		
ARGENTINA	13,000	-	-	-	-	13,000	-	13,000	13,000	-	26,000	26,000		
ARGENTINA	14,000	-	-	-	-	14,000	-	14,000	14,000	-	28,000	28,000		
ARGENTINA	15,000	-	-	-	-	15,000	-	15,000	15,000	-	30,000	30,000		
ARGENTINA	16,000	-	-	-	-	16,000	-	16,000	16,000	-	32,000	32,000		
ARGENTINA	17,000	-	-	-	-	17,000	-	17,000	17,000	-	34,000	34,000		
ARGENTINA	18,000	-	-	-	-	18,000	-	18,000	18,000	-	36,000	36,000		
ARGENTINA	19,000	-	-	-	-	19,000	-	19,000	19,000	-	38,000	38,000		
ARGENTINA	20,000	-	-	-	-	20,000	-	20,000	20,000	-	40,000	40,000		
ARGENTINA	21,000	-	-	-	-	21,000	-	21,000	21,000	-	42,000	42,000		
ARGENTINA	22,000	-	-	-	-	22,000	-	22,000	22,000	-	44,000	44,000		
ARGENTINA	23,000	-	-	-	-	23,000	-	23,000	23,000	-	46,000	46,000		
ARGENTINA	24,000	-	-	-	-	24,000	-	24,000	24,000	-	48,000	48,000		
ARGENTINA	25,000	-	-	-	-	25,000	-	25,000	25,000	-	50,000	50,000		
ARGENTINA	26,000	-	-	-	-	26,000	-	26,000	26,000	-	52,000	52,000		
ARGENTINA	27,000	-	-	-	-	27,000	-	27,000	27,000	-	54,000	54,000		
ARGENTINA	28,000	-	-	-	-	28,000	-	28,000	28,000	-	56,000	56,000		
ARGENTINA	29,000	-	-	-	-	29,000	-	29,000	29,000	-	58,000	58,000		
ARGENTINA	30,000	-	-	-	-	30,000	-	30,000	30,000	-	60,000	60,000		
ARGENTINA	31,000	-	-	-	-	31,000	-	31,000	31,000	-	62,000	62,000		
ARGENTINA	32,000	-	-	-	-	32,000	-	32,000	32,000	-	64,000	64,000		
ARGENTINA	33,000	-	-	-	-	33,000	-	33,000	33,000	-	66,000	66,000		
ARGENTINA	34,000	-	-	-	-	34,000	-	34,000	34,000	-	68,000	68,000		
ARGENTINA	35,000	-	-	-	-	35,000	-	35,000	35,000	-	70,000	70,000		
ARGENTINA	36,000	-	-	-	-	36,000	-	36,000	36,000	-	72,000	72,000		
ARGENTINA	37,000	-	-	-	-	37,000	-	37,000	37,000	-	74,000	74,000		
ARGENTINA	38,000	-	-	-	-	38,000	-	38,000	38,000	-	76,000	76,000		
ARGENTINA	39,000	-	-	-	-	39,000	-	39,000	39,000	-	78,000	78,000		
ARGENTINA	40,000	-	-	-	-	40,000	-	40,000	40,000	-	80,000	80,000		
ARGENTINA	41,000	-	-	-	-	41,000	-	41,000	41,000	-	82,000	82,000		
ARGENTINA	42,000	-	-	-	-	42,000	-	42,000	42,000	-	84,000	84,000		
ARGENTINA	43,000	-	-	-	-	43,000	-	43,000	43,000	-	86,000	86,000		
ARGENTINA	44,000	-	-	-	-	44,000	-	44,000	44,000	-	88,000	88,000		
ARGENTINA	45,000	-	-	-	-	45,000	-	45,000	45,000	-	90,000	90,000		
ARGENTINA	46,000	-	-	-	-	46,000	-	46,000	46,000	-	92,000	92,000		
ARGENTINA	47,000	-	-	-	-	47,000	-	47,000	47,000	-	94,000	94,000		
ARGENTINA	48,000	-	-	-	-	48,000	-	48,000	48,000	-	96,000	96,000		
ARGENTINA	49,000	-	-	-	-	49,000	-	49,000	49,000	-	98,000	98,000		
ARGENTINA	50,000	-	-	-	-	50,000	-	50,000	50,000	-	100,000	100,000		
ARGENTINA	51,000	-	-	-	-	51,000	-	51,000	51,000	-	102,000	102,000		
ARGENTINA	52,000	-	-	-	-	52,000	-	52,000	52,000	-	104,000	104,000		
ARGENTINA	53,000	-	-	-	-	53,000	-	53,000	53,000	-	106,000	106,000		
ARGENTINA	54,000	-	-	-	-	54,000	-	54,000	54,000	-	108,000	108,000		
ARGENTINA	55,000	-	-	-	-	55,000	-	55,000	55,000	-	110,000	110,000		
ARGENTINA	56,000	-	-	-	-	56,000	-	56,000	56,000	-	112,000	112,000		
ARGENTINA	57,000	-	-	-	-	57,000	-	57,000	57,000	-	114,000	114,000		
ARGENTINA	58,000	-	-	-	-	58,000	-	58,000	58,000	-	116,000	116,000		
ARGENTINA	59,000	-	-	-	-	59,000	-	59,000	59,000	-	118,000	118,000		
ARGENTINA	60,000	-	-	-	-	60,000	-	60,000	60,000	-	120,000	120,000		
ARGENTINA	61,000	-	-	-	-	61,000	-	61,000	61,000	-	122,000	122,000		
ARGENTINA	62,000	-	-	-	-	62,000	-	62,000	62,000	-	124,000	124,000		
ARGENTINA	63,000	-	-	-	-	63,000	-	63,000	63,000	-	126,000	126,000		
ARGENTINA	64,000	-	-	-	-	64,000	-	64,000	64,000	-	128,000	128,000		
ARGENTINA	65,000	-	-	-	-	65,000	-	65,000	65,000	-	130,000	130,000		
ARGENTINA	66,000	-	-	-	-	66,000	-	66,000	66,000	-	132,000	132,000		
ARGENTINA	67,000	-	-	-	-	67,000	-	67,000	67,000	-	134,000	134,000		
ARGENTINA	68,000	-	-	-	-	68,000	-	68,000	68,000	-	136,000	136,000		
ARGENTINA	69,000	-	-	-	-	69,000	-	69,000	69,000	-	138,000	138,000		
ARGENTINA	70,000	-	-	-	-	70,000	-	70,000	70,000	-	140,000	140,000		
ARGENTINA	71,000	-	-	-	-	71,000	-	71,000	71,000	-	142,000	142,000		
ARGENTINA	72,000	-	-	-	-	72,000	-	72,000	72,000	-	144,000	144,000		
ARGENTINA	73,000	-	-	-	-	73,000	-	73,000	73,000	-	146,000	146,000		
ARGENTINA	74,000	-	-	-	-	74,000	-	74,000	74,000	-	148,000	148,000		
ARGENTINA	75,000	-	-	-	-	75,000	-	75,000	75,000	-	150,000	150,000		
ARGENTINA	76,000	-	-	-	-	76,000	-	76,000	76,000	-	152,000	152,000		
ARGENTINA	77,000	-	-	-	-	77,000	-	77,000	77,000	-	154,000	154,000		
ARGENTINA	78,000	-	-	-	-	78,000	-	78,000	78,000	-	156,000	156,000		
ARGENTINA	79,000	-	-	-	-	79,000	-	79,000	79,000	-	158,000	158,000		
ARGENTINA	80,000	-	-	-	-	80,000	-	80,000	80,000	-	160,000	160,000		
ARGENTINA	81,000	-	-	-	-	81,000	-	81,000	81,000	-	162,000	162,000		
ARGENTINA	82,000	-	-	-	-	82,000	-	82,000	82,000	-	164,000	164,000		
ARGENTINA	83,000	-	-	-	-	83,000	-	83,000	83,000	-	166,000	166,000		
ARGENTINA	84,000	-	-	-	-	84,000	-	84,000	84,000	-	168,000	168,000		
ARGENTINA	85,000	-	-	-	-	85,000	-	85,000	85,000	-	170,000	170,000		
ARGENTINA	86,000	-	-	-	-	86,000	-	86,000	86,000	-	172,000	172,000		
ARGENTINA	87,000	-	-	-	-	87,000	-	87,000	87,000	-	174,000	174,000		
ARGENTINA	88,000	-	-	-	-	88,000	-	88,000	88,000	-	176,000	176,000		
ARGENTINA	89,000	-	-	-	-	89,000	-							

Table 2 (continued)

HEALTH SERVICES	DISEASE OF THE L			MITE			MUTATION			FAMILY'S CHILD			OTHER	TOTAL	
	TRACING			MITE			MUTATION			VOLUNTEER					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)			(13)
VII ASSISTANCE PREVENTING MICE															
THAI ONE REGION															
Advance training in Applied nutrition and food economics (France/Senegal)								93,000						93,000	
Advance training in home nutrition and food assistance (London/Thailand)								141,000						141,000	
Asian Institute for Economic Development and Planning														40,000	
Development of protein-rich food for children								100,000						100,000	
International Children's Centre (Paris)														400,000	
Pediatric training (UN)	15,000													15,000	
Planning for children in national development (Geneva study)														51,000	
Planning seminar (Lake Training for planners (L./L.S.)(Paris)														17,300	
International total								234,000		324,000				558,000	
VIII EXPERIMENTAL AID	6,773,727	5,368,568	487,000	465,000	25,117	1,002,605	1,774,230	66,726	100,000	2,640,998	574,360	4,000,000	300,000	646,300	13,117,712
TOTAL															283,072
IX PRELIMINARY															93,846,795
TOTAL															1,189,000
FOR PROGRAM AID															16,504,795
															1,000,000
															1,000,000
															1,000,000
															1,000,000

Estimated operational services } 1000 per month at 1965
 Estimated administrative costs }
 Estimated operational services } first six months of 1966
 Estimated administrative costs }

See also comments appended over 1965.
 1. Includes experimental activities, \$66,000; handicapped children, \$1,500; vaccine production, \$30,000; and immunization, \$1,000.
 2. Includes pharmaceutical control, \$76,000; and special control, \$117.
 3. Includes social services, \$20,700; mothercraft and homecraft, \$106,000; community development, \$25,000; and International Children's Centre, Paris, \$400,000.
 4. Includes activities for children and youth in national development which require separate funding, \$24,300; and International Children's Centre, Paris, \$400,000.
 5. For dried milk delivered in 1964 (see E/1027/P/L.615).

Table 2
Commitments outstanding at close of June 1969 session of the Executive Board
for allocation at future sessions
 (in thousands of US dollars)

	Total commitment to June 1969 session	Total allocated prior to June 1969 session	Allocated at June 1969 session	Resulting balance at close of June 1969 session	Probable future allocations against outstanding balance	
					1969	1969 1969 1969
HEALTH SERVICES						
Brazil	Jan. 1964 1,066.5	503.5	-	563.0	325.0	238.0
Brazil	June 1962 115.0	79.0	23.0	13.0	13.0	
Brazil	June 1962 3,444.0	1,950.0	-	1,494.0	797.0	697.0
Brazil	June 1964 21.0	8.0	6.5	6.5	6.5	
Ceylon	June 1965 86.0	-	-	86.0	86.0	
Chile	Jan. 1964 710.0	400.0	-	310.0	310.0	
Guatemala	June 1965 78.0	-	32.0	46.0	40.0	
Greece	June 1964 92.0	84.0	-	8.0	28.0	
Iran	June 1965 743.0	-	265.0	478.0	478.0	
Jordan	Jan. 1964 208.0	113.0	-	95.0	95.0	
Jordan	June 1965 175.0	-	86.0	89.0	89.0	
Lebanon	June 1964 100.0	33.0	-	67.0	32.0	35.0
Malaysia	Dec. 1962 78.5	36.5	-	42.0	19.0	
Malaysia	Jan. 1964 250.0	98.5	-	151.5	59.6	35.0
Malaysia	June 1964 68.0	27.0	-	41.0	18.0	23.0
Malawi	June 1965 77.0	-	40.0	37.0	37.0	
Philippines	June 1965 145.0	-	62.0	83.0	83.0	
Philippines	June 1964 184.0	89.0	33.0	56.0	98.0	
Philippines	June 1965 172.0	-	68.0	104.0	104.0	
Rhodesia	Dec. 1962 267.0	159.0	-	208.0	109.0	100.0
Rhodesia	June 1963 213.0	91.0	-	122.0	61.0	61.0
Rhodesia	June 1964 107.0	54.0	-	53.0	53.0	
Rhodesia	June 1965 85.0	-	263.0	348.0	209.0	184.0
Togo	June 1965 168.0	-	67.0	101.0	69.0	53.0
Zambia	June 1965 385.0	-	180.0	205.0	205.0	
Zambia	June 1964 89.8	-	60.0	29.8	29.0	65.0
Americas Region	June 1964 311.0	24.0	-	287.0	107.0	85.0
Americas Region	June 1964 83.0	21.0	31.0	31.0	31.0	
Interregional	June 1965 159.0	-	15.0	144.0	44.0	46.0
Interregional	June 1961-4,200.0	1,550.0	400.0	2,350.0	425.0	450.0
Centre (Paris)	June 1965 4,200.0	1,550.0	400.0	2,350.0	425.0	475.0

Table 4 (continued)

DISEASE CONTROL	Total commitments: Date	Total amount in million	Total amount prior to June 1965 in million	Allocated at June 1965 in million	Resulting balance at close of June 1965 in million	Probable future allocations against outstanding balance			
						1966	1967	1968	
Burma	June 1964	119.0	123.0	66.0	208.0	100.0	109.0		
Burma	June 1965	97.0	-	75.0	92.0	30.0	37.0		
China (Taiwan)	June 1965	112.0	-	52.0	60.0	60.0			
China (Taiwan)	June 1962	1,850.0	2,093.0	137.0	25.0	20.0			
China	June 1964	30.0	0.0	-	32.0	22.0			
China	June 1964	48.0	26.0	-	32.0	20.0	18.0		
Madagascar	June 1964	96.0	27.0	16.0	30.0	32.0			
Malaysia	June 1964	141.0	35.5	22.5	60.0	46.0	19.0		
Nigeria	June 1964	95.0	30.0	56.0	106.0	54.0	54.0		
Philippines	June 1965	164.0	-	45.0	141.0	89.0	72.0		
Thailand	June 1965	186.0	-	-	11.0	11.0			
Thailand	June 1964	27.0	16.0	-	-	-			
Uganda	June 1964	27.0	-	-	-	-			
LEPROSY CONTROL									
Burma	June 1964	119.0	123.0	66.0	208.0	100.0	109.0		
Burma	June 1965	97.0	-	75.0	92.0	30.0	37.0		
China (Taiwan)	June 1965	112.0	-	52.0	60.0	60.0			
China (Taiwan)	June 1962	1,850.0	2,093.0	137.0	25.0	20.0			
China	June 1964	30.0	0.0	-	32.0	22.0			
China	June 1964	48.0	26.0	16.0	30.0	20.0	18.0		
Madagascar	June 1964	96.0	27.0	22.5	60.0	46.0	19.0		
Malaysia	June 1964	141.0	35.5	56.0	106.0	54.0	54.0		
Nigeria	June 1964	95.0	30.0	45.0	141.0	89.0	72.0		
Philippines	June 1965	164.0	-	-	11.0	11.0			
Thailand	June 1965	186.0	-	-	-	-			
Thailand	June 1964	27.0	16.0	-	-	-			
Uganda	June 1964	27.0	-	-	-	-			
NUTRITION									
Burundi	June 1965	82.0	-	41.0	41.0	41.0			
Burundi	June 1962	91.4	63.0	-	26.4	25.4			
Burundi	June 1965	75.0	-	35.0	40.0	40.0			
Burundi	June 1962	148.0	97.0	-	51.0	51.0			
Dahomey	June 1964	169.0	39.0	-	130.0	43.0	44.0		
East Africa	June 1965	197.0	-	100.0	97.0	97.0			
Ethiopia	June 1964	146.0	29.0	35.0	84.0	31.0	27.0	26.0	
Ethiopia	Dec. 1961-	-	2,478.0	878.0	2,322.0	1,223.0	1,100.0		
Ethiopia	June 1964	7,979.0	175.0	-	556.0	-	556.0		
Ethiopia	Jan. 1964	731.0	-	-	-	-	-		
India	June 1965	260.0	-	120.0	240.0	120.0	120.0		
India	June 1965	250.0	-	113.0	137.0	75.0	62.0		
India	June 1964	164.0	45.0	-	119.0	59.0	60.0		
India	June 1963	189.0	92.5	-	76.5	76.5			
India	June 1962	107.0	25.0	-	75.0	36.0	37.0		
India	June 1965	99.0	-	41.0	16.0	16.0			
India	June 1964	600.0	208.0	173.0	219.0	117.0	102.0		
India	June 1965	66.0	-	50.0	36.0	36.0			
India	Jan. 1964	402.0	173.0	176.0	103.0	103.0			
India	Jan. 1964	241.0	156.0	-	125.0	125.0			
India	Dec. 1962	613.2	404.0	141.0	68.2	68.2			
India	June 1964	262.0	104.0	93.0	66.0	66.0			
INTERREGIONAL									
Interregional	June 1964	262.0	104.0	93.0	66.0	66.0			

Table 4 (continued)

		Total commitment Date	Total allocated prior to June 1965 session	Allocated at June 1965 session	Remaining balance at June 1965 session	Probable future allocations against outstanding balance
		Date	Amount	session	1965	1967
FAMILY AND CHILD WELFARE						
Cambodia	Mothercraft and homecraft	June 1965	31.0	-	18.0	9.0
Colombia	Social services	June 1964	131.0	83.0	48.0	48.0
East Africa	Social services/community development	June 1962	160.5	107.0	52.5	52.5
	Social services	Dec. 1962	182.3	100.0	82.3	82.3
China	Social services	June 1962	95.0	90.2	4.8	4.8
Hong Kong	Social services	June 1965	77.0	-	45.0	70.0
Jordan	Social services	June 1965	76.0	-	43.0	17.0
Lebanon	Social services	June 1965	76.0	-	43.0	17.0
Tanzania (United Republic of)	Mothercraft-homecraft/community development	June 1963	344.0	219.0	125.0	125.0
Zambia	Social welfare/community development	June 1962	212.3	105.0	43.3	43.3
Americas Region	Social services (U. of West Indies- Jamaica)	June 1965	59.0	-	23.0	23.0
EDUCATION						
Brazil	Education	Dec. 1962	657.0	549.0	98.0	9.0
Brazil	Education (Brazilia)	Jan. 1964	392.6	206.6	184.0	184.0
Burma	Education	June 1963	510.0	328.0	182.0	157.0
Cambodia	Primary education teacher training	June 1965	248.0	-	189.0	91.0
China (Taiwan)	Education	June 1963	500.	115.0	209.0	95.0
Colombia	Primary education teacher training	June 1963- June 1965	494.0	99.0	370.0	64.0
Congo (Brazzaville)	Education	June 1964	250.0	44.0	186.0	85.0
Cyprus	Manual arts	June 1964	156.0	52.0	104.0	53.0
Ecuador	Primary teacher training	June 1965	272.0	-	192.0	95.0
Ethiopia	Primary teacher training	June 1964	562.0	242.0	206.0	206.0
Ghana	Education/science teaching	June 1964	259.0	140.0	118.0	118.0
Guinea	Education	June 1965	400.0	-	260.0	130.0
India	Education (General science)	June 1965	2,182.0	600.0	1,382.0	150.0
Iran	Primary teacher training	Dec. 1962	449.0	224.0	225.0	112.0
Madagascar	Education & rural development	June 1963	291.0	91.0	176.0	80.0
Malawi	Primary education	June 1965	81.0	-	31.0	31.0
Mali	Education	June 1965	311.0	-	126.0	126.0
Mauritania	Education (Northern Region)	June 1964	2,420.0	252.0	1,820.0	518.0
Nigeria	Education	June 1964	344.0	340.0	1,820.0	370.0
Pakistan	Education	June 1964	344.0	147.0	197.0	197.0
Rwanda	Education	June 1965	115.0	-	60.0	60.0

Table 4 (concluded)

	Total commitment Date	Total Allocated prior to June 1965 session	Allocated at June 1965 session	Rebiling balance at close of June 1965 session	Probably, Culture Allocation against outstanding balance
EDUCATION (cont.)					
Sierra Leone	June 1965	384.0	109.0	219.0	117.0
Somalia	June 1964	220.0	25.0	111.0	111.0
Tanzania (United Republic of)	June 1965	55.0	24.0	31.0	31.0
Thailand	Dec. 1962	1,289.3	235.0	379.3	250.0
Tunisia	Dec. 1962	633.5	-	508.5	150.0
United Arab Republic	June 1965	96.0	36.0	60.0	20.0
Upper Volta	June 1965	220.0	130.0	90.0	90.0
		6,117.9b/	3,107.0	3,017.5	2,444.0
Freight		82,423.6	10,237.0	10,237.0	412.9
TOTAL PROGRAMME COMMITMENTS					14,814.5
	June 1964- June 1965	9,467.7	4,733.9	4,733.9	2,344.9
	June 1965	5,327.5	2,411.2	2,911.2	1,262.1
		66,714.8	17,342.6	26,118.8	19,452.5
					6,968.7
					1,638.2
					559.4

a/ Excludes the balance of the commitment (\$225,000) which will not be required during the period for which the original commitment was taken.
b/ Excludes the balance of the commitment (\$27,500) which will not be required during the period for which the original commitment was taken.
c/ Balance of five-year commitment (\$800,000) expected to be allocated in 1970.
d/ Excludes the balance of the commitment (\$6,000) which will not be required during the period for which the original commitment was taken.
e/ Of \$275,000 allocation in 1964, \$20,000 was returned and the same amount added to the outstanding balance of commitment at the June 1965 session of the Board.
f/ Excludes three commitment balances totalling \$56,900, which will not be required during the period for which the original commitments were taken.
g/ Additional \$5,000 expected to be allocated in 1970.
h/ Includes balance outstanding at close of June 1964 session and additional commitment approved at June 1965 session.

ANNEX VII

CONTRIBUTIONS TO UNICEF

Table 1

Contributions from Governments for 1963, 1964 and 1965 (as at June 1965)^{2/}

(in thousands of US dollar equivalents)

Governments	1963		1964		To 23 June 1965	
	Central account	Local costs b/	Central account	Local costs b/	Central account	Local costs b/
Afghanistan	10.0	12.6	20.0	2.5	-	2.0
Algeria	35.0	-	35.0	2.5	40.0	12.3
Argentina	-	-	71.4	-	-	-
Australia	537.6	-	537.6	-	-	-
Austria	98.1	-	96.2	-	96.8	-
Belgium	200.0	-	200.0	-	-	-
Bolivia	5.0	-	5.0	-	-	-
Brazil	209.7	40.5	274.2	8.7	94.4	2.9
British Caribbean Territories						
Antigua	.2	-	.2	-	-	-
Bahamas	2.8	-	2.8	-	2.8	-
Barbados	4.0	-	2.0	-	-	-
Dominica	-	-	.2	-	-	-
Grenada	1.2	-	.6	-	-	-
St. Kitts	-	-	.3	-	-	-
St. Lucia	.8	-	.9	-	-	-
British Guiana	1.0	-	.9	-	.9	-
British Honduras	.7	-	.7	-	.7	-
Brunei	2.3	-	2.3	-	2.3	-
Bulgaria	4.3	-	4.3	-	12.8	-
Burma	56.0	58.2	56.0	66.0	-	-
Byelorussian Soviet Socialist Republic	62.5	-	62.5	-	62.5	-
Cambodia	5.0	-	5.0	-	-	-
Cameroon	8.2	-	13.3	-	-	-
Canada	739.6	-	739.9	-	921.9	-
Central African Republic	4.1	-	4.1	-	-	-
Ceylon	14.7	2.7	14.7	3.3	14.7	2.9
Chad	10.2	-	6.1	-	-	-
Chile	80.0	4.8	80.0	1.6	-	1.5
China	15.0	-	15.0	-	-	-
Colombia	150.0	8.5	150.0	11.6	154.7	4.6
Congo (Brazzaville)	7.7	-	14.3	-	-	-
Congo (Democratic Republic of)	19.0	-	18.0	-	-	-
Costa Rica	30.0	-	30.0	-	30.0	-
Cuba	70.0	-	70.0	-	70.0	-
Cyprus	1.0	-	2.0	-	-	-
Czechoslovakia	52.1	-	52.1	-	69.4	-

a/ Including contributions receivable.

b/ These are cash contributions from Governments of UNICEF-assisted countries towards local administrative costs of UNICEF field offices (Trust Funds). In addition to cash funds shown in this column, a number of Governments (Ethiopia, Guatemala, Indonesia, Nigeria, Pakistan, Republic of Korea, Thailand) gave free services the valuation of which is not recorded in UNICEF financial accounts.

Table 1 (continued)

Governments	1963		1964		To 23 June 1965	
	Central account	Local costs b/	Central account	Local costs c/	Central account	Local costs b/
Dahomey	5.0	-	5.0	-	-	-
Denmark	172.7	-	202.7	-	226.3	-
Dominican Republic	20.0	-	40.0	-	-	-
Ecuador	15.2	1.7	21.7	1.6	0.0	-
El Salvador	20.0	-	20.0	-	-	-
Ethiopia	11.1	5.6	16.0	9.4	12.1	1.0
Federal Republic of Germany	1,500.0	-	1,500.0	-	1,500.4	-
Finland	62.0	-	62.5	-	92.8	-
France	1,109.2	-	1,109.2	-	-	-
Gabon	11.5	-	11.3	-	-	-
Gambia	.6	-	1.1	-	1.1	-
Ghana	21.0	-	16.8	-	-	-
Greece	57.0	-	57.0	-	62.0	-
Guatemala	30.0	-	30.0	-	30.0	-
Guinea	22.1	-	22.2	-	-	-
Holy See	1.0	-	1.0	-	1.0	-
Honduras	10.0	-	20.0	-	-	-
Hong Kong	3.5	1.8	3.5	1.6	4.4	1.8
Hungary	12.9	-	6.4	-	-	-
Iceland	10.6	-	10.7	-	10.7	-
India	630.0	79.8	640.0	253.7	-	-
Indonesia	100.0	11.5	110.0	1.6	-	-
Iran	275.0	-	275.0	55.0	275.0	15.0
Iraq	56.8	-	56.0	-	70.0	-
Ireland	10.0	-	12.0	-	-	-
Israel	35.0	-	40.0	-	-	-
Italy	320.0	-	192.0 e/	-	222.0	-
Ivory Coast	10.2	10.2	10.2	32.7	10.2	32.7
Jamaica	8.4	-	8.4	-	-	-
Japan	190.0	-	196.5	-	236.2	-
Jordan	5.6	-	5.4	-	5.6	-
Kenya	2.8	-	2.8	-	-	-
Kuwait	6.0	-	10.0	-	10.0	-
Laos	-	-	1.0	-	-	-
Lebanon	12.6	-	14.5	-	-	-
Liberia	15.0	-	-	-	-	-
Libya	9.8	-	12.6	-	-	-
Liechtenstein	1.0	-	1.5	-	1.5	-
Luxembourg	6.0	-	6.0	-	-	-
Madagascar	10.2	-	10.2	-	12.0	-
Malawi	-	-	-	-	9.8	-
Malaysia d/	57.6	9.7	57.6	8.7	65.5 g/	0.8
Mali	5.0	-	12.2	2.5	15.2	-
Mauritania	3.3	-	4.1	-	4.1	-

e/ In the 1963 accounts, the contribution of the Government of Italy was shown at \$320,000 (Lit. 200,000,000) on the basis of a pledge raising the annual contribution from \$192,000 (Lit. 120,000,000) to \$320,000 (Lit. 200,000,000). The increased contribution was finally approved in 1964 with effect as from 1 January 1964, too late to decrease the 1963 pledge in UNICEF accounts. At the same time, the Italian fiscal year had been changed to correspond with the calendar year. Consequently, the 1964 contribution of \$320,000 (Lit. 200,000,000) has had to be applied partly (\$128,000 - Lit. 80,000,000) towards clearing the increase set up prematurely in 1963. No further contribution other than the above is due by the Italian Government for the year 1964.

d/ Contributions from Malaysia in 1963 were received from 4 separate States.

g/ Part of 1965 contribution.

UNITED NATIONS



ECONOMIC AND SOCIAL COUNCIL

Thirty-ninth Session
OFFICIAL RECORDS

CORRIGENDUM

Supplement No. 15
(E/4083/Rev.1)
(E/ICEF/526/Rev.1)

17 September 1965

NEW YORK

UNITED NATIONS CHILDREN'S FUND

Report of the Executive Board
(14-23 June 1965)

Page 187, "Table 4 (concluded)", in the column entitled "Resulting balance at close of June 1965 session":

Ninth line:

~~For 10,237.0/~~ ~~read 24,510.8/~~

Tenth line:

~~For 4,733.9~~ ~~read 2,344.9~~

Eleventh line:

~~For 2,411.7~~ ~~read 1,263.1~~