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UNITED NATIONS
ECONOMIC
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SOCIAL COUNCIL



GENERAL

E/ICEF/309/Add.4
9 February 1956

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UNITED NATIONS CHILDREN'S FUND
Executive Board

GENERAL PROGRESS REPORT OF EXECUTIVE DIRECTOR:
PROGRAMME DEVELOPMENTS IN
EASTERN MEDITERRANEAN AREA

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INTRODUCTION

1. The growth of planning in the area for economic development and social welfare is illustrated by two schemes of particular interest to UNICEF. The first is a five-year plan for malaria eradication covering Iran, Iraq, Israel, Jordan, Lebanon, Syria and Turkey. It is the second region of the world to seek UNICEF assistance for malaria eradication (see below).

2. The second is an example in one country of the extension of a network of permanent health and welfare services to rural areas - a five-year plan of the Permanent Council of Social Services in Egypt. This plan was briefly described in a recommendation to the Board last September for a first allocation (E/ICEF/L.787). The backbone of the scheme is the community centres, which are to be brought up to 860 over the next five years, thus providing one for approximately every 15,000 persons. One of the main activities of these centres is rural health, including maternal and child health, and disease control. Another is agricultural extension, aspects of home economics, and the related improvement of nutrition. There is a school in the centre and adult education is provided. Thus the centre brings together the activities of government departments touching the village on the agricultural, health and social welfare side. Control of the centres is being decentralized to a provincial level, and elements of provincial and local self-government are to be introduced progressively. Some 30 of these centres were opened by the end of 1955, and personnel have had refresher training in readiness to open about 200 more during 1956.

3. Existing rural centres of the Ministry of Health (186), the Ministry of Social Welfare (120) and voluntary agencies (80), are giving maternal and child health and some other services, and are to be upgraded into community centres during the fourth and fifth year of the plan. It is expected that construction and equipment of centres and running costs during the first five years would amount to a sum of the order of Eg. £ 35,000,000 (US \$98,000,000).

/4. One....

4. One of the bases for the bolder health and welfare plans in the area is an increase of financial possibilities from various sources. Royalties from petroleum production are one of the very important sources of this improvement, and are so often spoken of that it is perhaps appropriate to mention that two countries aided by UNICEF - Iran and Iraq - are oil producers, while two others - Lebanon and Syria - receive payments for the transit of oil through pipelines crossing their territory. In Iran and Iraq respectively 75 per cent and 70 per cent of oil revenues go into special funds for financing a long-term development plan. Oil production, and therefore, royalties, are increasing each year. In Iraq direct payments by oil companies to the government amount at present to approximately the equivalent of \$45 annually per inhabitant. This allows substantial development and welfare projects to be financed by the country. One effect as far as UNICEF is concerned is that Iraq is asking administrative and procurement services for the malaria eradication campaign, but only limited help with insecticides and transport. In the other three countries, Iran, Lebanon and Syria, direct payments by oil companies happen in each case to be of the order of \$6 annually per inhabitant. As far as UNICEF is concerned this greatly improves the country's prospects for carrying out assisted projects, but does not remove the need for material assistance from international sources.

5. Since inception UNICEF has allocated \$25.3 million for thirteen countries in the Eastern Mediterranean area and for Palestine refugee mothers and children. A summary of these allocations by type of programme and country is given in E/ICEF/L.837. Exclusive of allocations which have been made for Palestine refugees (\$16.5 million) and for freight, the total is \$7.5 million.

/Of this

Of this amount one-fourth has been spent on completed programmes as follows:

Completed programmes	\$ 1,838,800	24.4%
Active programmes	5,640,900	75.6%
	<u>\$ 7,529,700</u>	<u>100%</u>

By main types of programmes, the \$7.5 million is divided as follows:

Maternal and Child Welfare	\$ 1,436,700	19.1
Mass Health		
Malaria (incl. DDT production)	\$ 1,250,200	16.6
Treponematosi s	174,200	2.3
BCG	1,370,300	18.2
Trachoma	19,000	0.3
Leprosy	23,000	0.3
Other communicable diseases	40,000	0.5
Subtotal, Mass Health	<u>\$ 2,876,700</u>	<u>38.2</u>
Child Nutrition		
Long range feeding	436,200	5.8
Food Conservation	1,282,000	17.0
Subtotal, Nutrition	<u>1,718,200</u>	<u>22.8</u>
Total long-range Aid	6,031,600	80.1
Emergency Aid	1,498,100	19.9
Total	<u>\$ 7,529,700</u>	<u>100%</u>

6. Of the \$1.9 million in completed programmes, the breakdown by type is as follows:

	<u>Amount</u>	<u>Per cent</u>
Emergencies	\$ 1,152,300	62.7
BCG	468,800	25.5
Long-range Feeding	113,700	6.2
Maternal and Child Welfare	104,000	5.6
	<u>\$ 1,838,800</u>	<u>100%</u>

7. Of the

7. Of the \$5.6 million allocated for currently active programmes, supplies amounting to over 80 per cent have either been shipped to the countries or ordered for shipment.

	Shipped		On Order		Not Yet Ordered		Total
	\$'000	%	\$'000	%	\$'000	%	\$'000
Maternal & Child Welfare	669.2	50.2	248.1	18.6	415.4	31.2	1,332.7
Malaria (incl. DDT production)	1,068.1	85.4	73.6	5.9	108.5	8.7	1,250.2
Treponematosi	129.5	74.3	16.0	9.2	28.7	16.5	174.2
BCG/TB	755.0	83.7	131.3	14.6	15.2	1.7	901.5
Trachoma	14.9	78.4	-	-	4.1	21.6	19.0
Leprosy	-	-	-	-	23.0	100.0	23.0
Other comm. diseases	13.0	32.5	13.8	34.5	13.2	33.0	40.0
Long-range Feeding	140.8	43.7	47.2	14.6	134.5	41.7	322.5
Milk Conservation	704.6	55.0	435.5	34.0	141.9	11.0	1,282.0
Emergencies	109.8	31.7	65.3	18.9	170.7	49.4	345.8
	<u>3,604.9</u>	<u>63.4</u>	<u>1,030.8</u>	<u>18.1</u>	<u>1,055.2</u>	<u>18.5</u>	<u>5,690.9</u>

8. In accordance with provisions in the budget a UNICEF representative was appointed in November to be resident in Teheran to serve Iran and, also by means of regular visits, Iraq.

/DISEASE CONTROL CAMPAIGNS

DISEASE CONTROL CAMPAIGNS

Malaria

9. Sub-Committee A of the WHO Regional Committee of the Eastern Mediterranean, at its 1955 meeting during September, considered the subject of malaria eradication, and resolved as follows:

"Noting the resolution of the Eighth World Health Assembly (WHA8.30) concerning the eradication of malaria;

Having studied the document submitted by the Regional Director (RC 5/EM.12)

Considering the danger constituted by the potential development of anopheline resistance to insecticides;

Recognizing the great importance of malaria as a cause of high mortality and morbidity rates in the Region, with resultant economic loss;

Noting with satisfaction the plans already drawn up for continued assistance by the Organization; and

Noting that up to 50 per cent of the total cost of eradication programmes can be met from international or other forms of aid;

1. Calls upon the Governments of State Members within the Region in which such programmes are feasible, to draw up long-term plans for eradication of malaria and to press their respective legislative bodies to commit adequate funds in advance for a five-year programme;
2. REQUESTS the WHO and UNICEF to provide the maximum possible aid to countries concerned." (RC 5/EM/19/Rev.1)

In relation to the last considerandum it has been necessary to explain in connexion with a number of country projects that UNICEF assistance can extend only to imported equipment and supplies.

10. In September and October Dr. Paul F. Russell, special WHO Malaria Consultant and Dr. M. Farid, WHO Regional Malaria Adviser, visited Iran, Iraq, Jordan, Lebanon, Syria and Turkey and helped to crystallize their planning for the next five years. These countries have had large malaria control operations since 1950, based increasingly on the use of DDT. It is now planned that eradication should be completed, apart from surveillance, by 1960 or 1961 depending on the country. Recommendations for assistance to Iran, Iraq, Jordan, Lebanon and Syria are expected to be presented to the March 1956 Board meeting, and for assistance to Turkey to the September session. A further study still has to be made in Israel where malaria control is approaching eradication.

11. This group of countries has adequate natural boundaries constituted by the sea, mountains or desert. Co-operation across national boundaries will be arranged at the conference of national malaria control authorities around the Mediterranean basin, to be held in Athens in June 1956 under the auspices of WHO.

12. The present situation in the six countries visited by Drs. Russell and Farid is summarized in the following table:

Country	Total Population	Population of Potentially Malarious Areas	Population Protected 1955
Iran	20,253,000	12,000,000	3,886,000
Iraq	4,871,000	3,800,000	2,000,000
Jordan	1,360,000	1,360,000	360,000
Lebanon	1,353,000	300,000	230,000
Syria	3,535,000	1,150,000	240,000
Turkey	22,949,000	18,000,000	9,000,000
	54,321,000	36,610,000	15,716,000

13. All the above countries are working within the framework of a five-year plan for malaria eradication. All will be switching their operations from a control to an eradication basis during 1956, and plan to end general house spraying operations - through not surveillance - in 1960 or 1961. Overall spraying in any particular district will be continued only long enough to maintain interruption of transmission during three years.

14. Extensive malaria control operations in recent years have helped to create the basis of what can now become a national malaria organization, having trained professional and technical staff. These control operations have all received international aid. UNICEF assistance for malaria control to the six countries is shown in the following table:

Country	1952	1953	1954	1955	Total	Period of Support of Campaign
Iran	-	-	350,000	-	350,000	1954
Iraq	71,000	-	85,000	8,000	164,000	1953-1956
Jordan	-	-	-	-	-	-
Lebanon	8,000	-	6,000	-	14,000	1953-1954
Syria	23,000	-	186,000	-	209,000	1953-1956
Turkey	-	-	-	-	-	-
	\$102,000	-	\$627,000	\$8,000	\$737,000	

15. Iran and Turkey have had important United States bilateral aid for control operations and Jordan has had a control operation run by UNRWA in the Yarmouk/Jordan project.

16. The planning has shown that eradication will cost considerably more than control during the next five years. All infected areas have to be sprayed and not only those where the spleen rate is above 10 per cent. All villages in any endemic area have to be sprayed, and not only those villages that are easier of access to the roads. The surveillance organization which has to go into effect one year before spraying cases in any district represents a further expense for that year. Iran provides an example of these increased costs. In 1954 it was not expected that Iran would need assistance from UNICEF in subsequent years since the Seven-Year-Plan Organization would contribute some 130 million rials to meet all the expenses of maintaining malaria control.

17. The recommendation now before the Board for assistance to malaria eradication in Iran shows that even with UNICEF providing insecticides and imported vehicles, that country will have to spend 170 million rials (= U.S. \$2,270,000) per year in the years of maximum effort. All six countries will need UNICEF assistance, although in the case of Iran national revenues will permit her to meet nearly all the expenses and material assistance from UNICEF is requested on a very limited scale.

18. The assistance requested from UNICEF from the five countries for which recommendations are going to the March session (i.e. excluding Turkey) would cost approximately \$1,000,000 annually for the period of eradication. However, the first allocations would be approximately double this sum in order to set up the fleet of vehicles for the campaign, provide sprayers and other equipment and a safety stock of insecticides.

19. In the African part of the Eastern Mediterranean area the malaria problem extends from Libya through to Somaliland (Italian Administration). Only in Egypt have sufficiently large control measures been undertaken in the past to permit a consideration of national eradication in the near future. Since the UNICEF-assisted DDT plant is expected to go into operation during 1956 it is expected that an eradication plan will come up for consideration in Egypt in the near future. In the Sudan, Ethiopia, British Somaliland and Somaliland (Italian Administration), UNICEF is assisting or about to assist a pilot-scale activity which is directed towards working out methods for eradication in the particular country. In some of these countries the problem is made more difficult by the presence of the African vector anopheles Gambiae. Malaria also exists in the Arabian peninsula, where some control operations are underway. Eradication here also would be considered at a later stage. Planning in all these countries is expected to be stimulated by the Athens conference (See para. 11).

20. The goal for numbers of persons to be protected with UNICEF DDT in 1955 was 700,000 in Iraq and Syria. The target in Iraq was exceeded and fell considerably short in Syria, so that only 600,000 were reached with UNICEF supplies.

21. The goal for 1956 with UNICEF supplies is 2,600,000 in five countries subject to the approval of plans currently before the Board. The total numbers of persons protected (including with non-UNICEF supplies) in the above campaigns would be 5,500,000.

22. British Somaliland: UNICEF aid to a limited campaign for the protection of a nomadic population of 150,000 in the Haud area was approved last March. Field preparations have shown that the nomads cross into Ethiopia for a season and appropriate arrangements to deal with them have not yet been worked out. The commencement of operations will probably be delayed.

23. Egypt: The DDT plant at Kafr El Zayat is now nearing completion with 90 per cent of the UNICEF equipment erected in the main building. The quarters for the senior staff, the store rooms and administrative buildings are under construction. The Board of management of the factory has been established and provided with a working budget, and a general manager appointed. It is hoped that the senior operating staff will be appointed at an early date. The first test run is scheduled for late 1956 and the time at which the products of the DDT plant can be counted upon for field use will depend on the rate of training of the operating staff.

24. Iraq:

	<u>Number of persons protected</u>		
	<u>Target 1955</u>	<u>Achieved 1955</u>	<u>Target 1956</u>
Total programme	800,000	1,251,300	2,285,000
With UNICEF DDT	187,000	376,648	175,000

25. The spraying operations for 1955 were carried out with considerable success. A summary compiled at the conclusion of the spraying season shows that the population protected by residual spraying, in the three regions of the country, had approximately doubled since 1954. In the northern mountainous region, spraying teams were required to cover large sectors of the area twice or more, to spray both winter and summer structures of a population with seasonal moving habits. Similarly, approximately 6 per cent of treated premises were re-sprayed due to fresh mud-washing or other alterations.

26. The country was visited in September by Drs. Russell and Farid of WHO, when a plan for a five-year malaria eradication campaign was reviewed with the Government. Iraq is requesting limited UNICEF assistance and a recommendation is expected to be before the Board.

27. Somaliland (Italian Trusteeship)

Number of Persons Protected
Target 1956

Total Programme)	
With UNICEF DDT)	125,000

28. A WHO Special Consultant carried out an extensive survey June/August 1955. His comprehensive report has provided the basis for the plan of operations presently under negotiation with the Government. The Plan stresses training in the pilot area in the early stages. At the same time a mass campaign will extend in the Webi Schebeli and Juba rivers territories. The ultimate objective is eradication which will require extension of the present plan. The Trust Territories' Administration has taken all steps of budgetary, administrative and legal nature including recruitment of personnel. WHO has made arrangements for special training of the Director of the project and UNICEF procured and delivered the supplies and equipment so that all pre-requisites exist for the start of the survey and spraying operations as foreseen in January 1956.

29. Sudan:

Number of Persons Protected
Target 1956

Total Programme	700,000
With UNICEF DDT	200,000

30. This programme was approved in September 1955. The WHO Special Adviser spent December and January in The Sudan helping finish the plans for the forthcoming spraying season, beginning next April. He has also been discussing longer-term eradication training.

31. Syria:

Number of Persons Protected

	<u>Total</u>	<u>With UNICEF DDT</u>
Target for 1955	750,000	520,000
Achieved in 1955	240,000	81,000
Target for 1956	1,150,000	1,150,000

32. The Plan for the expansion of this programme in 1955 towards the North and the North-East could not be implemented in the absence of local finance, the international adviser, and UNICEF transport referred to in the previous progress report (E/ICEF/300/Add.4, para.15). Nevertheless, the local authorities in the Southern and Central districts which were sprayed in 1954 were able to carry out limited respraying operations in some of their respective areas using municipal funds for this purpose. The 240,000 people sprayed in 1955 compare with 260,000 in 1954, and in addition the 1955 work could not provide blanket coverage of the areas treated.

33. Considerable efforts are now being made to launch an eradication campaign beginning in 1956. Most of the UNICEF supplies for 1955 remain available for use in 1956, but more will be required and a separate recommendation is before the Board.

ECG ANTI-TUBERCULOSIS VACCINATION

34. The latter part of 1955 was a period of transition in BCG work in most countries in the area. In four countries (Ethiopia, Iraq, Jordan and Libya) BCG vaccination is being integrated with existing public health services to continue as a permanent feature, and international aid by WHO project personnel was concluded. In two other countries, Iran and Turkey, mass campaigns continue; while in four further countries (Cyprus, Lebanon, Somaliland/Italian trusteeship and Sudan) consideration is currently being given to initiate geographically limited campaigns or special public health measures related to tuberculosis control.

35. Since the inception of BCG work in the Eastern Mediterranean area in 1949 to the end of 1955, (including the International Tuberculosis Campaign), 16.5 million persons had been tested, of whom 6.7 million were vaccinated. The plans for 1956 foresee a target of 5 million to be tested, and 2 million to be vaccinated. This is similar to what was accomplished in 1955. The reduction anticipated in countries where mass campaigns are replaced by permanent measures will be offset by a further increase in mass vaccination work, particularly in Turkey and Iran.

36. The WHO Regional Assessment team has continued its work in the area. In July - October the team visited Cyprus to obtain data on pre-vaccination tuberculin sensitivity in villages and to study the allergic effect of different vaccine batches among school children. Altogether, 9,000 tests were carried out, with 7,000 vaccinations. The survey material which shows a very low proportion of tuberculin reactors, is being analysed by the WHO Tuberculosis Research Office (TRO). In October the team moved to Lebanon, where at year's end 8,200 tests had been made. The team will in 1956 carry out surveys in Jordan and Iraq.

37. In the south of the area, the East African Tuberculosis Survey team after a three month's survey in Somaliland (Italian Trusteeship ...), prepared to work in British Somaliland. Analysis of findings of both teams is being processed by TRO.

/38. During 1954....

38. During 1954 and 1955 the mass vaccination campaign in Iran has been slowed down by doubts about whether the amount of TB infection in the rural areas (as revealed by specific reaction to the tuberculin test) was too low to make a BCG campaign worthwhile. At the end of 1955, WHO's analysis of the findings of the assessment team confirmed the desirability of protecting the general child population of Iran, and a large development of the campaign with further UNICEF assistance is now planned. A similar question raised by a pilot project in the Sudan has also been answered in favour of a mass campaign in part only of the country. The solution to be recommended in Cyprus is still under study.

39. Ethiopia

	<u>Tests</u>	<u>Vaccinations</u>
Target for 1955	300,000	160,000
Accomplished in 1955	253,000	153,500
Cumulative through 1955	529,810	270,970

40. By the end of 1955 the campaign had approximately accomplished the limited objective of 600,000 tests for which \$132,000 has been allocated since March 1952. As was feared from the beginning, it was proving too costly to reach the less accessible population.

41. It became necessary to investigate where BCG services could instead be combined with other itinerant public health activities. In view of this, the WHO team leader and the Government agreed to discontinue the mass campaign by the end of 1955 and instead to continue limited BCG vaccination in the country through four permanent centres in the main towns, namely in Addis Ababa, Asmara, Harar and Condar. Furthermore, a school BCG vaccination service will be initiated for all school entrants in Ethiopia and Eritrea. Finally, BCG vaccination will also be undertaken through the mobile rural health unit which, with the assistance of WHO, will be organized in the country. Organization of these services is undertaken through the Ethiopian Pasteur Institute. Some 60,000 tests will, in this way, be carried out during 1956. Vehicles provided by UNICEF for the mass campaign will in part be in continued use for BCG services while two vehicles will be transferred for use in the leprosy control programmes (E/ICEF/L.793).

42. Iran

	<u>Tests</u>	<u>Vaccinations</u>
Target for 1955	250,000	150,000
Accomplished in 1955	350,000	190,000
Cumulative through 1955	1,394,029	826,650
Target for 1956	400,000	200,000
Campaign target	12,500,000	6,000,000

43. \$235,000 has so far been allocated for this campaign since 1952. During the last six months of 1955, the eight government teams continued BCG operations in Ostans 5 and 6, in the Malayer, Mehavand, Aligdars and Karmanshah districts. The Regional Assessment Team completed its survey in July, when it had tuberculin tested 15,000 persons (pre-vaccination, retesting and special studies). Analysis of the Team's findings was completed by the WHO Tuberculosis Research Office in December. In line with these findings, the Government has approved for implementation a plan for a considerable expansion and reorganisation of mass BCG vaccination. By an increase of the number of field teams from the present 8 to 80, mass BCG work will be extended to all 10 ostans, where over the next five years a total of 12.5 million persons in rural and urban areas are to be tested. A request for aid for this campaign is being submitted by the Government and a more detailed report is given in that document. The campaign would simultaneously include smallpox vaccination.

44. Iraq

	<u>Tests</u>	<u>Vaccinations</u>
Target for 1955	235,000	158,000
Accomplished in 1955	138,000	46,000
Cumulative through 1955	634,724	234,153
Target for 1956	150,000	53,000
Campaign target	800,000	300,000

45. In July 1955 the Government took over the entire procurement of vaccine and tuberculin. The programme was started at the end of 1952 as a mass campaign with the target to test 800,000 children in the age-group up to 18 years. (UNICEF has allocated \$83,000 since 1952). During the operation of the campaign four field teams had been trained by WHO advisory staff and had carried out

/testing and....

testing and vaccination in schools and among the public in all 14 liwas of the country. With few exceptions, the campaign has been well received by the population. There have, however, been certain factors against a fully efficient mass campaign, namely geographical and climatic conditions, the nomadic habits of certain sectors of the population as well as occasional prejudice, which however gradually was overcome. However, the execution of the campaign in the schools and other organized groups has been fully satisfactory. The Government has in the course of the last two years simultaneously developed a general tuberculosis control programme into which the BCG programme has gradually been merged. A service of BCG testing and vaccination is therefore now provided as a permanent arrangement, particularly through mobile teams based in each of the three regions, and through liwa stationary public health centres (tuberculosis, MCW and school health). The period of such reorganization has during 1955 caused a temporary reduction in the number of children that could be reached from month to month. One of the main reasons for this has been an increased demand of personnel to staff the general tuberculosis control service and ensuing use of BCG staff in the overall project while others were being trained. Toward the end of 1955, BCG activities were again to be increased to an average of approximately 10,000 tests per month.

46. The WHO BCG medical adviser left in June 1955. A WHO TB Control adviser will remain in the country until 1956. UNICEF has supplied a sufficient number of station units and vaccination kits to equip 58 vaccinators and three regional stationary units.

47. Jordan

	<u>Tests</u>	<u>Vaccinations</u>
Target for 1955	240,000	100,000
Accomplished in 1955	363,700	185,200
Cumulative through 1955	618,936	316,100
Target for 1956	140,000	80,000
Campaign Target	600,000	300,000

48. By the end of 1955, this campaign which commenced in December 1953, had tested approximately one half of the total population of the country, including Palestinian refugees. (UNICEF has allocated \$54,000 since 1952).

/During the....

During the latter part of 1955, the remaining districts of Nablus, Karak and Ma'an were covered. The Jordan campaign is thus one of the best in the area on account of the reasonably effective mass coverage obtained before completion of the mass phase.

49. Plans for the consolidation of the campaign were advanced during the period, and the establishment of the first permanent centre, in Irbid, was completed in October. BCG services will be continued as part of the national tuberculosis control service, through BCG permanent centres and a mobile unit. Training of personnel to staff this permanent service has gone ahead, to have available 13 medical officers, 40 vaccinators and 13 registrars. The WHO team leader and nurse left at the end of 1955; the Regional BCG Assessment Team will carry out pre- and post-vaccination studies in the country in 1956. UNICEF supplies and equipment, including vaccine and tuberculin, is available for a further year of BCG work.

50. Libya

	<u>Tests</u>	<u>Vaccinations</u>
Target for 1955	50,000	26,000
Accomplished in 1955	47,345	26,381
Cumulative through 1955	319,937	137,625
Target for 1956	50,000	25,000
Campaign target	375,000	175,000

51. By the end of 1955, the cumulative total of 320,000 tests have been carried out in the Tripolitania, Cyrenaica and Fezzan provinces. (UNICEF has allocated \$101,000 since 1952). The WHO team, which during the latter part of 1955 has been supervising the BCG work in Benghazi, at the end of the year left the country. A permanent vaccination centre has been established in Tripoli and two additional centres in Benghazi and in Derna are to be opened. The national counterpart medical officer was appointed in November and plans for the consolidation and future activities of the BCG campaign await the final recommendations of WHO.

/52. Sudan....

52. Sudan

	<u>Tests</u>	<u>Vaccinations</u>
Target for 1955	21,000	8,000
Accomplished in 1955	20,740	7,563
Cumulative through 1955	65,162	26,602
Pilot project target	100,000	35,000

53. UNICEF has allocated \$54,000 since 1952. Since the conclusion of the BCG pilot study in mid-1955, no active BCG work has been carried out in the country, pending a final recommendation from WHO for the implementation of a mass campaign. Toward the end of 1955, the WHO Tuberculosis Research Office advised that a full campaign in the southern provinces of Sudan would be fully justified. An advisory team for this campaign is under recruitment by WHO to arrive in early 1956. A curfew in force in southern Sudan may, however, postpone start of the campaign.

54. Turkey

	<u>Tests</u>	<u>Vaccinations</u>
Target for 1955	2,250,000	900,000
Accomplished in 1955	3,826,500	1,542,633
Cumulative through 1955	7,717,500	3,142,400
Target for 1956	3,500,000	1,400,000
Campaign target	12,000,000	4,800,000

55. UNICEF has allocated \$179,000 since 1952. The mass campaign has continued during the period with an increased number of teams (78). The work has accelerated beyond initial targets, partly by the inclusion of higher age groups. Meanwhile the future course of BCG work in terms of policy regarding revaccination and a gradual integration into more permanent public health services of the country is being subject to study. To this end, the national director of the campaign has proceeded abroad on a WHO fellowship. The question of age groups to be included in the future is also being given special attention.

OTHER DISEASES

Trachoma

56. Eye diseases constitute one of the most important problems of communicable disease in the area and one particularly affecting children. The interest of governments to extend measures of control is shown by the fact that surveys with the help of WHO have been or are being made in Iraq, Jordan, Lebanon, Syria and Turkey. Iran is also concerned. It is hoped that the Qalioub pilot project (see below) will show how to adapt to the conditions of the region the control measures successful elsewhere. However, results cannot be expected before the end of 1956 or early in 1957.

57. Egypt: The Plan of Operations was signed in July for a pilot programme in the Qalioub demonstration area (UNICEF allocation \$19,000). It provides for the treatment of school children, prophylaxis of pre-school children and sanitation with health education, each method applied in a distinct group of villages totalling 16 altogether. While preventive measures against seasonal ophthalmia (conjunctivitis) amongst pre-school children continued, the treatment of school children slowed down during the vacations. However, 561 school children received treatment applied by specially trained school children. Sanitation work directed specifically against musca sorbens continued and the associated programme of health education started during the first week of August and is now being conducted by a staff composed of three social workers and six nurses. During October and November, 1060 home visits were made in six villages by the social workers. Health Committees were formed in the villages. In October, evaluation began of the results from previous treatment during last Spring of 2,775 school children as compared with 1,133 non-treated school children in five check schools.

58. Discussions have been held with a view to greater emphasis being given to working out methods for reaching all the infected population in a group of villages.

59. Syria

Bejel/Syphilis: An allocation of \$50,000 was made in 1952. Survey and pilot work began in the field in (Daar-el-Zar) in May 1954, and this phase was /completed in

completed in December 1955 with 22,735 persons having been examined and 8,632 treated. The work is now being expanded into its mass phase. The number of field teams is being progressively expanded from two to nine, as fast as training can be given. The population to be examined numbers 350,000 and second visits to the villages with each team capable of doing 50,000 examinations a year are also needed. The objective is to complete the mass phase during 1956, which is the final year of the WHO project team.

60. Mycosis (Favus or "ringworm"): The first phase of the programme for which \$40,000 was allocated in September 1953, was concluded by the training of the national team in Aleppo where the Mycosis Control Centre is now well established and efficiently run by the national staff. The training of technicians has been very successful. Since end October the international team transferred its Headquarters to Damascus where an X-ray unit, the second to be provided by UNICEF, is now installed and functioning. A second group of national technicians is being trained for that city by the WHO project team. The Mobile X-Ray Unit is currently under procurement by UNICEF and is expected to reach the country by May 1956. Arrangements are being made for the utilisation of this outfit in the rural areas where the establishment of stationary units is not warranted.

61. The examination and treatment figures for this programme from 7 February until end December are as follows:

Clinically examined	25,000
Referred for microscopical examination	3,000
Treated with X-Ray therapy	2,500

62. The treatments are much appreciated by the children and their families. In the future the three centres for which UNICEF provided equipment plus three government "matching" centres could do 20,000 or more treatments per year, and thus greatly reduce the favus problem over a period of years.

MATERNAL AND CHILD WELFARE

General

63. The generally good progress in planning and implementation of services for mothers and children has continued. The predominant idea of three or four years ago that an MCW centre was a specialized and therefore often isolated institution is in process of disappearing, and MCW activities are gradually being assimilated with the multi-purpose public health services. In most of the countries too few public health nurses are available for supervision. A number of Governments and WHO are giving increasing attention to this problem which is directly related to progress which can be made in MCW programmes.

Equipment and Expendables for MCW Centres:

64. For the area as a whole basic equipment is to be provided by UNICEF for 1,420 centres. Of this number 362 had been equipped by the end of 1955. It is planned to equip 610 additional centres in 1956, the largest number (488) in Egypt. By the end of 1957, except for Iraq and Syria, it is planned that all the centres for which UNICEF aid has been approved will have been equipped by UNICEF.

Basic Equipment for MCW Centres

Country	Total No. of Centres to be equipped	No. equipped by the end of 1954	Additional No. Equipped in 1955	Balance: Additional No. of Centres to be equipped in:		
				1956	1957	1958
Egypt	938	250	-	488	200	-
Ethiopia	14	-	1	13	-	-
Iran	97	-	-	57	40	-
Iraq	153	1	-	15	75	NA
Jordan	22	1	10	-	11	-
Lebanon	25	-	-	NA	NA	-
Libya	26	1	2	7	16	-
Sudan	25	-	-	25	-	-
Syria	30	5	1	5	5	14
Turkey	90	-	90	-	-	-
Total:	1,420	258	104	610	347	14

65. In the case of drugs and diet supplements including milk, the largest distributions were being made in Egypt, Iran, Israel, and Turkey by the end of 1955 with a total of 409 centres distributing the expendables throughout the area. By the end of 1956 it is planned to more than double this number, bringing it to a total of 925.

MCW CENTRES
Distributing Drugs and Diet Supplements
including milk

Country	Total No. of Centres to be supplied with Expendables	No. distri- buting by end of 1954	Additional No. distri- buting in 1955	Balance: Additional No. of Centres to be distri- buting DDS in:		
				1956	1957	1958
Egypt	1074	241	284	369	200	-
Ethiopia	14	-	1	13	-	-
Iran	140	100	20	20	-	-
Iraq	11	1	10	-	-	-
Israel	109	100	-	2	5	2(1958/59)
Jordan	30	1	1	12	11	5
Lebanon	25	1	1	NA	NA	-
Libya	26	1	2	6	6	11
Sudan	25	-	-	25	-	-
Syria	30	5	-	5	5	NA
Turkey	154	-	90	64*	-	-
Total:	1,658	450	409	516	227	18

*Skim milk distribution only.

66. Egypt: The very important programme of the Permanent Council of Social Services referred to above (paras. 2-3) is coming into operation. Large scale refresher training of personnel has already been done and 30 new centres were operating by the end of 1955, with 200 planned to open during 1956. UNICEF equipment and drugs approved last September for 1956 and (partially) 1957, will begin to arrive early in 1956 for MCW work in the afore-mentioned centres, and in rural centres of the Ministries of Health and Social Welfare.

67. Ethiopia: The project for training of auxiliary health workers and the development of a rural health service in the Begemeder Province of Ethiopia north of Lake Tana has made rapid progress recently. The number of trainees at

Gondar has increased to 64, with 21 students in the second year of the health officers class, 34 recently admitted to the first year, and 19 girls taking part in the Community Nurses course.

68. While the training facilities in the Provincial Hospital and the outpatient clinic at Gondar town are now adequate, the great increase in students has accelerated the start of field activities for training purposes. The Koluduba health centre is now functioning as a basis for sanitation work and health education amongst the population in the surrounding aradja. An MCW centre for Gondar town is under organization. The services rendered to the population by the teaching staff at the centre have also included school health, school nutrition, social welfare and community development.

69. In September 1955, the UNICEF Executive Board approved an allocation for environmental sanitation pilot programme to be launched in close association with the training scheme in Begemeder. The plan of operations has been drafted and the first batch of supplies and equipment from UNICEF is under procurement.

70. An important further development of public health service in the country is the current planning of the first replica of the Gondar Provincial health setup in Makalle, capital of the Tigre Province. Encouraged by the developments in Gondar, existing medical services in various parts of Ethiopia have taken steps to introduce or strengthen special services for the care of mothers and children.

71. Iran: \$192,000 was approved in March 1955 for establishing 57 new MCW centres for training and for continuing the distribution of milk. The Plan of Operations is now in final draft form. Meanwhile training of personnel is proceeding. 48 Health Visitors are now receiving practical training in 7 centres of the Public Health Co-operative Organization (PHCO) of the Ministry of Health, and will complete their course in March 1956. Refresher courses are being given to behdars (health assistants), nurses and midwives in 5 PHCO centres; 45 sanitarians are in training until June 1956.

72. The midwives school in Teheran has been reopened with 10 nurses as students. The Ashraf School of Nursery has increased its intake of first year

students to 60. The WHO demonstration centre at Khadjanouri (Teheran) is about ready to receive doctors and midwives for refresher training.

73. Milk distribution through MCW centres reached 15,000 and was expanding, and school distribution reached 22,000 in Teheran and was expanding in the provinces after January 1, 1956. The planned total for MCW and school distribution is 105,000 beneficiaries. One-third of the allocation had been procured by 31 December, 1955.

74. In general, preventive rural health services have been successfully demonstrated by the PHCO, with bilateral assistance from the USA. At the same time training facilities have been established that could serve for the auxiliary personnel required to upgrade existing rural dispensaries into rural health services. The survey and recommendations of the WHO MCH Adviser pointing in this direction have been favourably received. A potential obstacle is the shortage of both hospital nurses, and public health nurses for supervision of rural work. Thus there is a basis for further progress, within the limitations of financial possibilities. Public expenditure on health for both curative and preventive services, amounted in 1955 to about \$1,20 per inhabitant (including the Government and Seven Year Plan Organization, foreign aid, the Imperial Social Service Organization and the Red Lion and Sun, but not local government expenditures). The allocation from the Seven Year Plan for health is expected to increase moderately over the next few years.

75. Iraq: The latter part of 1955 was a period of relative inactivity in this project to which allocations totalling \$152,000 were made in 1953 and 1954. Dissatisfaction with the standard of training of Health Visitors prompted the Ministry of Health to set up a special committee to revise the curriculum with a view to emphasizing the role of practical work in this training course. In order to make good this defect, a number of the first batch of 35 graduates were assigned to maternity wards in the main hospitals of Baghdad. Also, there has been a change in the project personnel assigned by WHO. The attempt to improve the quality of training and the consequent prolongation of the course to 18 months prevented the recruitment of new trainees in adequate numbers to meet the requirements of the programme. Consequently, the new centres envisaged at the

76. However, recent field reports indicate that the retardation of the programme is only temporary and that future expansion is expected to proceed along the lines indicated in E/ICEF/R.419. Special administrative arrangements and budgetary provisions have been made to open the training centre in Mosul, which would serve as a regional basis for the northern Liwas. Plans are also under way for the establishment of the Regional Centre for Southern Iraq, possibly in conjunction with the U.S. bilateral aid's Public Health programme in Basrah or Samawah, and eleven MCH centres are expected to be opened during 1956.

77. Israel: The plan of operations will be soon signed for the allocation of \$54,000 made in March 1955. Seven of the nine new rural health centres are delayed owing to the higher building costs than were originally estimated involving budgetary provision for additional funds. Construction of the first rural health centre at Tira will be completed in time for work to start from April 1956. Preparations are complete to begin construction for the second centre as also for the installation of the first premature unit in Tel Aviv. Work on the second premature unit in Haifa is scheduled to begin soon. The Government is not hopeful about the establishment of the third premature unit in Tiberias by the end of 1956, as it is uncertain of securing the stipulated number of state-registered nurses for the unit. In the rehabilitation centre at Sarafand, during the period under review, 18 students have completed their second year of training in physiotherapy and 16, who joined in October 1954, have entered on their second year of training. Fourteen new students entered the school on 31 October 1955 to begin the full three-year training. The brace workshop has been transferred to better and larger premises in the hospital.

78. Jordan: Work is proceeding under the allocation of \$58,000 made in September 1952. With the help of the WHO project teams at a MCH Demonstration and training centre in Amman, a refresher course has been given to the nursing personnel of the ten MCW centres operating in West Jordan and the UNICEF equipment was subsequently delivered to these centres. The training programme for twenty five community midwives will begin in February 1956. Upon conclusion of this programme, the trainees will be employed by the Government for the staffing of eleven new MCW centres in East Jordan. Arrangements have been made for the WHO

/team to help....

team to help with the initiation of MCW activities at 2 community health centres which will be opened at Mafraq and Salt with U.S. bilateral aid. UNICEF will supply triple vaccine for the introduction of routine vaccinations against diphtheria, tetanus and pertussis in the MCW services of Jordan.

79. The new Amman maternity hospital largely assisted by U.S. bilateral aid, and by UNICEF (\$25,000 of the above allocation) was due to open in January, 1956.

80. Lebanon: Plans have been drawn up by the Government for the expansion of MCW services to the rural areas through a projected scheme for semi-mobile health centres to be established in the 24 Cazas of the country. A WHO consultant is currently working on this project. U.S. bilateral aid will assist the project in the field of theoretical training at the American University of Beirut. The MCW work of the 24 centres in question will be related to the MCW Centre of Beirut where activities are progressing on a limited scale with students from the various schools of nursing visiting the Centre for training and observation, and the scheme represents to some extent an outgrowth of the UNICEF allocation of \$26,000 in 1951.

81. The Plan of Operations relative for the handicapped children's programme in Lebanon was signed by the Government in June. (A UNICEF allocation of \$25,000 made in March 1954). In this Plan the Government underwrites the obligations of the participating non-governmental agencies, including the Cite des Apprentis Libanais, the Lebanese Union for Child Welfare, the American University of Beirut and the French Faculty of Medicine.

82. The Rehabilitation Centre situated at Hazmieh near Beirut is now partially furnished with UNICEF equipment including a hydrotherapy installation which is scheduled to be ready in early 1956. Work at the centre has started with the assistance of WHO doctors and brace-making expert and two sister-nurses provided by the Cite des Apprentis Libanais, and trained in physiotherapy at Garches in France. The physical plant of the centre is constantly being expanded.

83. Syria: Following the UNICEF allocations of \$55,000 in 1951 and 1952, five provincial centres are now opened. The establishment of three more such centres is scheduled for early 1956. A second group of 12 Auxiliary Public Health Nurses are now following a one-year course at the Damascus Training Centre.

/This scheme

This scheme for the training of auxiliaries has proved to be successful and practical in view of the scarcity of fully qualified nurses in the country. The WHO team who had helped initiate the programme left the country in April 1955. The Government has now requested WHO to send to Syria the Regional Adviser on MCW for the Eastern Mediterranean to help in the setting up of a long-range plan for the establishment of a network of centres in conjunction with existing rural dispensaries.

84. For the school health and nutrition services for which \$49,000 was allocated in September 1955, a Plan of Operations has not yet been agreed. A start was made with milk distribution to 10,000 school children in Damascus which began in November but efforts to get distribution into rural schools and develop a school snack have not yet been successful. A small experimental feeding scheme was started in a rural school with the assistance of the FAO nutritionist assigned to the programme. Various types of food commodities were distributed in this experimental scheme which should serve as a guide for the future expansion of the programme into rural areas.

85. Turkey: The MCW services for which \$115,000 was allocated in March 1953, have made progress during the period under review. The national training and demonstration work in the Ankara Vilayet has been further strengthened by the creation in the capital as part of the Faculty of Medicine of a Child Health Institute which is now ready to receive teaching personnel and equipment to be furnished partly by the Rockefeller Foundation. The Ministry of Health has requested UNICEF to furnish the remaining part of the equipment to permit the centre to open without delay. The Institute will serve as training ground for para-medical staff and will also include the subject of practical health care of mothers and children in the academic curriculum for all health personnel.

86. Simultaneously, the existing urban and rural mother and child demonstration centres in the Vilayet have increased their home visiting and health education functions. The WHO team has surveyed by personal visits and questionnaires the ways to expand through the 176 existing dispensaries in the whole country. Currently UNICEF assistance in the form of expendables is only given to 90 MCW centres. During 1956 it is planned to distribute skim milk through an additional 64 centres. Reporting has continued to be an unsolved problem but a new effort to obtain better coverage is being made.

/Nutrition

NUTRITION

Long-range feeding

87. Ethiopia: The programme for which \$14,000 was allocated in 1955 consists chiefly of three distinct, closely inter-related activities: training of school teachers, gardening, and feeding. The first year's summer refresher course for 50 school teachers on food production, nutrition and hygiene was successfully concluded in September. The teachers returned then to their respective schools and examined by an established questionnaire the gardening possibilities in each school. Where this survey has demonstrated the feasibility of school gardening, tools and seeds have been provided.

88. The third phase of the programme, the school feeding, has so far only developed in Gondar. The beneficiaries were selected after medical examination and children's growth and general health status is checked at regular intervals with a view to demonstrating the value of school milk distribution to the under-nourished children. The programme is administered by the Ministry of Education with the technical co-operation of FAO which has provided the services of one full time and one part-time home economist.

89. Libya: The school feeding programme for which \$86,000 was allocated in 1954 resumed in October in a total of 201 schools in the provinces of Tripolitania, Cyrenaica and Fezzan. The peak number of children receiving feeding at the end of 1955 had reached 40,000 which includes all the primary school children in one of the three provinces (Fezzan). A further increase, especially in Cyrenaica is expected at the outset of 1956. A Government-operated date factory has been brought into operations and the entire output of processed dates is being supplied to the feeding programme. The Government is organizing an experimental school gardening programme in ten schools in the three provinces.

Milk conservation

90. Milk conservation plants are in various stages of construction and completion in Egypt, Iran, Iraq, Israel and Turkey.

91. Some of the plants, namely in Israel, are already in operation. Others are due to start operation later this year or early in 1957. These projects almost invariably are receiving increasing local support and the countries are anxious to have them in full operation as soon as possible.

92. During the past year, several discussions have been held with the Government of Syria regarding possible UNICEF assistance to fluid milk plants in Damascus and Aleppo with the emphasis to be on bottled sterilized milk. Several countries have expressed a wish to improve the nutritional standards of their children through extending milk conservation programmes. In most instances, these will require careful joint surveys by the governments, FAO and UNICEF to determine the direction such assistance should take. Several such surveys are being scheduled for 1956 and 1957 including Egypt and Turkey.

93. Egypt: Construction of the drying plant at Sakha (for which \$125,000 was allocated in 1952) was started in early October; the contract specifies completion of the buildings within five months. Specifications for four collecting centres and for accommodation of the plant's staff are being completed. The Government in October submitted a supplementary request to FAO for technical assistance funds to provide in 1956 an adviser for operation of the drying plant, and fellowships for the plant's Manager and Quality Control expert. In 1956 UNICEF and FAO will jointly undertake to survey with the Government the milk potentialities in the upper Nile area. At the same time consideration will be given to a request made by the Government for aid in establishing a milk sterilizing plant.

94. Iran: UNICEF has allocated \$445,000 since 1951. Installation of UNICEF equipment is progressing at the Mehrabad plant (at Teheran) with the diesel unit and the refrigeration plant already installed. The establishment of a bottle making plant has suffered a delay but with the co-operation of U.S. bilateral aid, it is expected that manufacturing equipment will reach Iran by mid 1956. The 3 Iranians who have returned from fellowships abroad have been employed and assumed their duties with the project at the outset of 1956. The administration of the project is undergoing a final review. A high official of the Ministry of Agriculture has undertaken the duties of General Manager ad interim. A new governmental corporation (bringah) is to be

/ established to

established to operate by business methods with financial and administrative autonomy. An FAO technical assistance expert is working on the improvement of milk production in the Teheran milkshed. Pre-operational distribution of dry milk is being expanded in anticipation of liquid milk processing commencing towards the end of 1956.

95. Iraq: UNICEF has allocated \$163,000 since 1952. Construction of the main dairy building is going ahead and will be completed during next year in time to receive UNICEF equipment. The layout of the plant has been altered so as to provide for future expansion of the sterilizing equipment to permit a daily output of approximately 70,000 litres compared with the current (enlarged) plan of 40,000. The Ministry of Development is completing the plans for a first cattle compound and additional land is being obtained for a second compound.

96. This plant was slow in getting started because of difficulties in selecting and acquiring an adequate site for the plant. However, now that the site is selected and the building itself is rapidly nearing completion, the project is drawing increasing support from the Government of Iraq as indicated by the fact that Government expenditures for land and capital improvements to service the plant have been greatly increased over the original estimates. The City of Baghdad's population is increasing rapidly and, therefore, the Government has decided to enlarge the plant facilities from those originally contemplated to meet the anticipated increased demand for milk in the city. New highways currently under construction will tap additional areas of milk production and make milk from certain rural areas more accessible than originally contemplated. A request for assistance with this expansion is before the Board.

97. Israel: UNICEF aid (\$300,000 allocated in 1952) has been given to facilitate bottling of processed milk in four plants in the Tel Aviv area (Tara, Tnuva, United Dairies and Tenne-Nogah) and one in Haifa (Thuva). During September and October the Tara and United Dairies plants commenced processing of bottled milk with a combined starting output of 18,000 litres pasteurized milk daily. In the Tel Aviv Tnuva plant, one of two bottling chains has been installed and this plant currently supplies 40,000 litres of pasteurized milk each day. At the Tenne-Nogah dairy the daily output of sterilized milk has reached 10,000 litres. Finally, in Haifa, building construction to house two bottling chains has started, but completion will require another year.

98. The Government is seeking a more complete solution to problems related to milk distribution and marketing. It is expected that by mid-1956 all milk in the Tel Aviv area can be supplied in bottles; experience so far has shown that the marketing of bottled milk has not only raised overall milk consumption considerably but has also eliminated the risk of milk dilution. There are still important consumer areas in other parts of the country which do not have adequate milk processing and distributing facilities. The Government is considering plans to extend processing into these areas as soon as possible.

99. Turkey: Work on the pasteurizing plant (for which \$267,000 has been allocated since 1952) at the Ataturk State Farm in the Ankara District has been completed up to the point of installation of equipment. All the equipment has been supplied to the country and installation will proceed over the next few months.

100. Consideration is being given to a future extension of the milk conservation programme in Turkey and to the development of a policy which would encourage the production and consumption of milk in the country. With a view to improve milk production and reduce the cost of milk, the Government is currently studying the possibility of establishing, as an initial step, two drying plants in the Kars and Bursa areas as well as two liquid milk treatment plants in Istanbul and Adana. These measures are being contemplated in view of the comparatively high cost of milk production in and around the more densely populated areas, whereas in the Eastern part of Turkey, production costs are considerably less so that dry milk produced in the East, could be reconstituted and mixed with local milk in districts such as Istanbul and Adana, and thus make available to the public milk at a comparatively lower cost.

EMERGENCY PROGRAMMES

101. Egypt - Gaza area: The arrangement previously reported as agreed upon for the Government of Egypt to take over the skim milk beneficiaries in this programme with U.S. surplus milk from CARE Organization was effectively implemented in mid-July 1955. There are, therefore, no more skim milk beneficiaries to report under this programme. Distributions of other commodities from UNICEF have continued as follows:-

Rice	1½ kg. (month)	-	27,000 children
Hot meals	25 (month)	-	3,000 school children
Fish liver oil	(100 capsules 1 year)		14,000 children
capsules			
Whole milk	(40 grammes/day)		1,200 infants

The monthly cost of the above items is approximately \$7,500.

102. These distributions from UNICEF will continue only to the end of June, after which the Government of Egypt has agreed to take over responsibility for the supplies required for distribution to the above class of beneficiaries in Gaza. UNICEF would concentrate its assistance to Egypt rather on long-term programmes. In turn the benefits of regular health programmes in Egypt are being progressively extended to the Gaza area.

103. Jordan: UNICEF's relief action to about 50,000 mothers and children in the borderline area has been continued in the form of quarterly distributions of dry skim milk and food commodities. Liquid milk was distributed in villages where facilities for its reconstitution were available through the assistance of UNRWA or the Lutheran World Federation. Hot meals prepared with UNICEF's food commodities were served as supplementary feeding in some localities where the British Save the Children Fund and the International Christian Committee are operating. For the first time, the Government has been able to match the UNICEF distributions by the provision of 65 tons of flour. Drugs will also be provided by the Government to the medical staff of the British Save the Children Fund for use in the borderline area.

104. The beneficiaries are selected in the following way: In the villages that had the severest economic losses because a part of their cultivable land was cut off by the cease-fire line, lists of pregnant women, nursing mothers and children belonging to families who have had such losses are certified by

/the village.....

the village headman and controlled from time to time by the UNICEF representative. UNRWA grants the use of certain facilities during slacker periods to effect the distribution; the cost of additional labourers hired for the purpose is met by UNICEF (approximately \$6,000 per year).

105. The rations distributed per quarter were:

Skim milk	3 kg.
Rice	1½kg.
Margarine	1 kg.
Raisins and dates	1-3/4 kg.
Sugar	1½kg.
Soap	2 cakes (100 grammes)

The cost to UNICEF of this ration is about \$1.25, counting only freight on the skim milk, so that the quarterly cost has recently been about \$60,000.

106. The schedule for the quarterly distributions has been re-arranged in such a manner that issues are made in two consecutive months respectively for the northern and southern parts of the area. This arrangement has made possible a better supervision of the distributions by the UNRWA staff member who was seconded to UNICEF for this purpose in March.

107. The question of relief to the "economic refugees" was discussed during the 10th Session of the General Assembly. The Director of UNRWA stated that the total number of "economic refugees", excluding inhabitants of the larger towns such as Jerusalem, Bethlehem, etc. would be put at 181,000 persons in 111 villages (UNICEF is distributing in 50 of these). (Official Records G.A. 10th Session Supplement No. 15A - A/2978/Add.1 - para 15.)

108. In an attempt to estimate the relief requirements for this population UNRWA carried out a sample survey which included 3% of the population. On the basis of this survey it was reported that 20,000 people (i.e. 11%) of this population were fully self-supporting; 11,000 (i.e. 6%) were moderately in need, that is to say they lacked 1 to 20% of the resources assumed to be necessary to provide a basic minimum standard of living; 98,000 (i.e. 54%) needed considerable assistance, that is 21 to 60% of the basic minimum requirements and 53,000 (i.e. 29%) were almost entirely needy, that is lacking from 81 to 100% of the basic minimum. The foregoing requirements of the various segments of this population were estimated at \$3.2 million, in addition to purchasing and distribution costs (estimated at about \$1.7 million). (Ibid, paras 27-28).

109. The General Assembly noted "the serious need of the ... claimants for relief as described in the special report prepared by the Director pursuant to paragraph 6 of Resolution 818 (IX), namely, the frontier villages in Jordan..."; and appealed to "private organizations to give them increased assistance to the extent that local government could not do so", and urged "all governments and individuals to support these private organizations with food, goods and services." (A/RES/337 of December 7th, 1955).

110. UNICEF's contribution to the problem is a small ration in relation to the need and is not at present reaching all the affected villages. Nevertheless, it is highly appreciated. The Administration is keeping in touch with voluntary organizations which have under study plans for the use of surplus goods. The above quarterly distributions are planned to continue. Consideration of any changes should be related to the plans of the voluntary agencies.

111. The distribution of milk through schools in Jordan has progressed satisfactorily. The number of school children served was 14,500 and it is believed that a higher figure will be reached in 1956. It had been anticipated that this scheme would be expanded into a full-fledged School Services Programme. However, the Government has informed UNICEF that due to the limited financial resources of the country, this expansion cannot be considered for the time being.
