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UNITED NATIONS
ECONOMIC
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28 September 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. Of a population of approximately 100 million people in the Eastern Mediterranean area, it is estimated that 60 million live in potentially malarious areas. This fact will inevitably indicate the major emphasis for UNICEF in this part of the world at the present time. Eradication programmes are under way in Iran, Iraq, Israel, Jordan, Lebanon and Syria, and efforts which may be expected to lead to eradication have been launched in several other countries. At the Inter-Regional Conference on Malaria for the Eastern Mediterranean and European Regions held in Athens in June under WHO sponsorship, particular stress was laid upon administrative machinery and organization in the setting up and conducting of any malaria eradication programme. The significance of this kind of careful planning and execution is as great for the Eastern Mediterranean regions as for any part of the world, and a casual glance at a map would indicate immediately the strategic necessity of international co-operation.

2. The historical development and traditional social structure of most of the countries of this region give rise to particular opportunities for the development of services designed to train health personnel and develop maternal and child health services. In certain areas milk conservation and child feeding projects contribute substantially to the laying of foundations for permanent improvements in the living standards of children.

3. Recent adjustments of UNICEF organization in this area, arising naturally out of the trends established over the past few years, have tended to bring us closer to the centres of our activities as well as to enhance and strengthen our relationships with the governments concerned. While the Area Office remains in Beirut, there are now four Country Offices located in Addis Ababa, Beirut, Cairo and Teheran. The basic Agreement between the Lebanese Government and UNICEF was finalized on 3 July.

/4. Since inception

4. Since inception UNICEF has allocated over \$27.4 million for fourteen countries in the Eastern Mediterranean area and for Palestine refugee mothers and children. A summary of these allocations is given in E/ICEF/L.919. Exclusive of allocations which have been made for Palestine refugees and for freight (\$17.7 million), the total is \$9.7 million.

5. Of this amount one-fourth has been spent for completed programmes as follows:

	<u>Amount</u>	<u>Per cent</u>
Completed.....	\$ 2,481,600	25.5
Active.....	7,265,400	74.5
	<u>\$ 9,747,000</u>	<u>100.0</u>

6. By main types of programmes the \$9.7 million is divided as follows:

	<u>Amount</u>	<u>Per cent</u>
Maternal and Child Health.....	\$ 1,436,700	14.7
Disease Control		
Malaria (incl. DDT production).....	3,180,200	32.6
Treponematosi.....	208,300	2.2
BCG/TB.....	1,483,700	15.2
Trachoma.....	19,000	0.2
Leprosy.....	23,000	0.2
Other communicable diseases.....	40,000	0.4
	<u>\$ 4,954,200</u>	<u>50.8</u>
Child Nutrition		
Long-range feeding.....	\$ 495,500	5.1
Milk Conservation.....	1,374,000	14.1
	<u>\$ 1,869,500</u>	<u>19.2</u>
Total Long-range Aid.....	\$ 8,260,400	84.7
Emergencies.....	1,486,600	15.3
Total.....	<u>\$ 9,747,000</u>	<u>100</u>

/7. Of the \$2,481,600

7. Of the \$2,481,600 in completed programmes the breakdown by type is as follows:

	<u>Amount</u>	<u>Per cent</u>
Emergencies.....	\$ 1,215,300	49.0
BCG/TB.....	834,400	33.6
Long-range feeding.....	113,700	4.6
Treponematosi.....	112,400	4.5
Maternal and child health..	104,600	4.2
Malaria.....	101,200	4.1
	<u>\$ 2,481,600</u>	<u>100</u>

8. Of the \$7.2 million allocated for currently active programmes, supplies amounting to 82 per cent had either been shipped or had been ordered by 30 June 1956 for shipment.

	<u>SHIPPED</u>		<u>ON ORDER</u>		<u>NOT ORDERED</u>		<u>TOTAL</u>
	<u>\$000</u>	<u>%</u>	<u>\$000</u>	<u>%</u>	<u>\$000</u>	<u>%</u>	<u>\$000</u>
Maternal and child health	848.1	63.7	176.1	13.2	307.9	23.1	1,332.1
Malaria(including DDT production)	1,163.4	37.8	26.0	0.8	1,889.6	61.4	3,079.0
Treponematosi	36.9	38.5	3.4	3.5	55.5	58.0	95.8
BCG/TB	450.4	69.4	34.8	5.3	164.2	25.3	649.4
Trachoma	16.7	87.9	1.5	7.9	0.8	4.2	19.0
Leprosy	5.5	23.9	3.9	17.0	13.6	59.1	23.0
Other communicable diseases	16.3	40.7	10.6	26.5	13.1	32.8	40.0
Long-range feeding	179.2	46.9	73.9	19.4	128.7	33.7	381.8
Milk conservation	971.1	70.7	336.8	24.5	66.1	4.8	1,374.0
Emergencies	152.4	56.2	39.8	14.7	79.1	29.1	271.3
	<u>3,840.0</u>	<u>52.9</u>	<u>706.8</u>	<u>9.7</u>	<u>2,718.6</u>	<u>37.4</u>	<u>7,265.4</u>

/DISEASE CONTROL CAMPAIGNS

DISEASE CONTROL CAMPAIGNS

9. UNICEF assistance for anti-malaria work has been extended to ten Eastern Mediterranean countries. In one country, Egypt, the allocation is for the establishment of a DDT plant which should go into production early next year. Apart from four aided countries now committed to a programme of eradication, Iran, Jordan, Lebanon and Syria, the work being carried out in other countries is designed to lay foundations for eradication plans. A recommendation currently before the Board outlines plans for a five-year eradication programme to be launched by Iraq, a country with a population of over five million people. Turkey is also preparing plans for eradication. Delays in maintaining schedules have occurred in several countries, largely attributable to administrative difficulties.

10. The largest scale BCG project in the region has been planned in Iran where it is proposed to test 12.5 million people out of a total population of twenty million. As in the case of malaria, such undertakings depend upon sound administrative structures and training procedures. The successful execution of such undertakings should logically lead to the adoption of a system for regular testing and vaccination of defined sections of the population after the mass phases of the campaigns have finished.

11. Trachoma control, limited to a pilot area in Egypt, will continue with a modified treatment procedure, and further experience must be gained before any substantial extension is undertaken.

12. Leprosy control in this area is limited to Ethiopia where a modest start has been launched in association with the training of dressers.

13. In Iran and Syria anti-bejel work continues with the mass phase of the programme to be launched in Iran early in the new year. Personnel technically qualified to carry out this work have now been trained in Syria and it is expected that the mobile unit for the treatment of mycosis will be in operation early in 1957 in addition to the fixed centres already operating.

Malaria control and eradication

17. The Government has expressed itself in favour of undertaking a campaign for the eradication of malaria in Egypt, and WHO is currently considering the possibility of assisting in a malariometric survey of the country.

18. Ethiopia Approved: February 1956
Allocation: \$26,000

The pilot project of malaria eradication in Ahwas valley could not start prior to the rainy season due to difficulties in recruitment of a WHO-Malariologist. The spraying operations will therefore be postponed until after the rains in September. In the meantime, the supplies from UNICEF have been delivered and the Ministry of Health has taken steps to provide accommodation and other facilities for the establishment of a malaria field headquarters in Nazareth. In co-operation with a visiting member of the WHO expert team studying the *A. gambiae* problem in Africa, the United States International Cooperation Administration entomological study group in Ethiopia has been able to make certain preliminary surveys of importance for the forthcoming control operations in Ahwas valley.

19. Iran Approved: March 1956
Allocation: \$1,848,000

Population Malarious areas: 12,000,000
Estimated total UNICEF aid to eradication: \$3,300,000 to
\$4,300,000

UNICEF assistance is not due to begin until 1957. During 1956 spraying operations went well during the first three months but were then retarded by administrative difficulties arising from the reintegration of the Public Health Cooperative Organization into the new Public Health Department of the Ministry of Health. For the same reason preparation is behind schedule for the eradication operations due to begin in January 1957 in the Caspian Sea area and Azeertaijan. A WHO malariologist and three other consultants have been in Iran since July to assist in these preparations. The Ministry of Health is preparing a law to establish an autonomous Malaria Eradication Department in order to avoid administrative delays. The plan of operations is not yet signed.

/20. Iraq

20. Iraq First Approved: March 1952
Allocation: \$164,900

Population of Malarious areas: 3,812,000

	<u>Number of Persons Protected</u>	
	<u>Total</u>	<u>With UNICEF DDT</u>
Achieved in 1955	1,251,000	377,000
Target 1956	2,285,000	175,000
Achieved Jan.-June 1956	2,302,000	186,000
Target 1957 (Eradication plan)	3,812,000	380,000
(Spraying Season: April - June)		

The 1956 spraying operations have been carried out successfully, exceeding the target. A new plan of operations for a malaria eradication campaign 1957-61 has been reviewed with the Government and WHO experts and a recommendation for UNICEF assistance for the first two years (1957-58) is before the present session of the Board.

21. Jordan Approved: March 1956
Allocation: \$66,000

Population of Malarious areas: 1,185,000
Estimated total UNICEF aid to eradication: \$116,000 to \$156,000

	<u>Number of Persons Protected</u>	
	<u>Total</u>	<u>With UNICEF DDT</u>
Target for 1956	1,185,000	985,000
Achieved Jan.-June 1956	200,000	--
Target for 1957	1,185,000	985,000
(Spraying Season: April to November)		

A serious staffing problem has impeded the launching of the eradication programme. When the work was planned, the understanding was that the Jordanian medical officer in charge of UNRWA's anti-malaria project in the Yarmuk-Kordan Valleys would assume the responsibility for the conduct of the new countrywide eradication

/programme. Having

programme. Having reconsidered the various aspects of this programme, however, the Government felt that the technical and administrative problems involved were too complex and necessitated the services of an international expert whom they requested WHO to provide. WHO eventually agreed to provide such an expert but, meanwhile, little time was left for the recruitment and training of personnel, the setting up of centres for the programme and the actual initiation of the work in the field to be carried out. The only protection work that could be recorded for the 1956 season is that done by the UNRWA project for the Yarmuk-Jordan Valleys. By the end of June, the target protection figure of 200,000 for this project was reached mainly through larvicidal operations which will be repeated until late in the year.

22. The revised plan of operations should be ready by the end of October. In the meantime until the international malariologist is appointed, technical guidance for the programme remains the responsibility of the Regional WHO Malaria Adviser for the Eastern Mediterranean.

23. Lebanon Approved: March 1956
Allocation: \$18,000

Population of Malarious areas: 300,000
Estimated total UNICEF aid to eradication: \$23,000 to \$33,000

	<u>Number of Persons Protected</u>	
	<u>Total</u>	<u>With UNICEF DDT</u>
Target for 1956	300,000	115,000
Achieved First Half of 1956	120,000	46,000
Target for 1957	300,000	115,000
(Spraying Season:	April through June)	

With the allocation approved in March for an eradication programme, UNICEF resumed its assistance to anti-malaria work in Lebanon which it had assisted with insecticides in 1953 and 1954. Thanks to the good efforts made in previous

/years towards the

years towards the control of the disease, the malaria problem in Lebanon is actually less acute than in other countries of the region. The present campaign is capitalizing on the recession of the disease, and it is hoped that evidence will soon be available indicating the interruption of malaria transmission in Lebanon.

24. Operations began this year in mid-April under the supervision of a national malariologist and a qualified sanitary engineer and continued to 31 August (behind schedule). Two of the four district malaria eradication centres envisaged for the programme have been opened in the Mohafazats of Ba'abda and Saida. The opening of the remaining two centres is now scheduled for early 1957.

25. Somaliland under Italian administration Approved: March 1955
Allocation: \$81,700

Number of Persons Protected

Target for 1956	125,000
Achieved First Half of 1956	62,000
Target for 1957	125,000

After careful surveys, including a census of the buildings to be sprayed, the first insecticide application was carried out during February and March. In a pilot zone around lower Uebi Scebelli, 25,000 people were protected with different insecticides, - DDT, BHC and Dieldrin. The mass campaign has begun ahead of schedule and 30,000 persons were protected with DDT residual spraying in the past season, in a sector in the north between the two rivers Uebi Scebelli and Giuba. A malaria campaign headquarters has been established in Mogadiscio where malariometric data are collected and analysed. A complete plan has been drawn up for the national control of malaria to be achieved in 1959.

26. Sudan Approved: September 1955
Allocation: \$31,000

Number of persons protected with UNICEF DDT

Target for 1956	200,000
Achieved First Half of 1956	--
Target for 1957	200,000

(Spraying season: March - mid-July)

/UNICEF has...

UNICEF has approved assistance for a one-year pilot project designed to establish criteria for a malaria eradication campaign. The pilot area is next to a control operation protecting 500,000 people in the irrigated Gezira area, without international assistance. Since the WHO malaria team for this project could not be made available in the country prior to the 1956 spraying season, it became necessary to postpone the initiation of the first spraying until 1957. The WHO malaria team leader is expected in the country in September 1956 and the team members in October. A WHO malariologist who visited the country late in 1955 has recommended that the pilot project originally envisaged should be extended to three years. It is the opinion of WHO that it would not be possible within the limited period of one year to establish the criteria for a fuller mass campaign for the eradication of malaria. It may be necessary to present a recommendation on this matter to a later session of the Board.

27. Syria

Approved: March 1956
Allocation: \$140,000

Population of malarious areas: 1,150,000

Number of Persons Protected

	<u>Total</u>	<u>With UNICEF DDT</u>
Target for 1956 (revised)	700,000	700,000
Achieved in 1956 (end of July)	200,000	200,000
Target for 1957	1,150,000	1,150,000

(Spraying Season: April to June)

Anti-malaria work in Syria is now being converted into a malaria eradication programme. The new Department of Malaria Eradication has been established within the Ministry of Health, and special premises in Damascus have been assigned as Headquarters. The budget for this year's operations was approved by Parliament in March and funds made available. It is understood that in future years funds will be made available in January in order to permit organizational work for a commencement of spraying in April.

28. Since the arrival in the country on 20 April of the new WHO Malariologist, whose post was vacant for nineteen months, the international team is permanently stationed in Damascus instead of Homs. In close co-operation the national counterparts and WHO experts now direct the programme in its countrywide extent, including /operations...

operations in the southern districts which had hitherto been the exclusive responsibility of the Government. The international team has also taken an active part in the training of some 36 new malaria inspectors and technicians.

29. The dates of malaria transmission season are under study by Professor G. Livadas, WHO Temporary Consultant on Malaria Eradication, who visited Syria for six weeks last spring. Owing chiefly to administrative difficulties, spraying operations were not started until early May in the southern districts nor until early June in the central and northern districts. Thus only about 200,000 persons had been protected by the end of July against the original target figure of 1,150,000 to be protected, and against the 1955 figure of 240,000. The 1956 target has been revised downward to 700,000. The Government and the international team, however, count on the many technical and administrative readjustments already achieved or in process to ensure that targets will be met in 1957 and in the following years. The signing of the new plan of operations for the eradication programme was delayed for some time pending clearance of matters relating to financing and the employment of national personnel.

30. The WHO experts and their national counterparts are now engaged in the preparation of a detailed plan for next year's operations which is to be ready by December 1956.

BCG anti-tuberculosis vaccination

Current programmes

31. UNICEF-aided BCG anti-tuberculosis vaccination campaigns are now current in only three countries in the region: Iran, Sudan and Turkey. The BCG regional assessment team has completed its work, the last countries visited being Iraq and Jordan. BCG vaccination has previously been carried out in nine countries in this region. Developments in some of these programmes since UNICEF-aid has been completed are described in a second part of this section.

/32. Iran...

32. Iran

First Approved: May 1951
Total Allocations: \$332,400

	<u>Tests</u>	<u>Vaccinations</u>
Campaign Target (since 1952)	14,000,000	6,700,000
Accomplished through June 1956	1,543,473	913,342
Target for 1956	400,000	200,000
Accomplished from January to June 1956	178,000	80,000
Target for 1957	2,500,000	1,200,000

UNICEF has assisted this BCG programme since 1952. The first phase of the programme was to test and vaccinate the children of the cities along the main roads, particularly the school children. The complete reorganization of the campaign is under preparation. By the increase of the number of the field teams from the present 8 to 80, the mass BCG work will be considerably extended to all 10 Ostans during the next five years during which a total of 12,500,000 persons in rural and urban areas will be tested.

33. International personnel (one doctor and one BCG nurse) are to be recruited for the reorganized mass campaign for about eighteen months, subject to the availability of funds. Meanwhile local personnel are under recruitment and the Ministry of Health is preparing the training of two BCG doctors in addition to the present BCG medical director.

34. Sudan

First Approved: October 1952
Total Allocations: \$53,900

As a result of civil disturbances in the south of the Sudan, commencement of the BCG mass campaign was postponed for a considerable time and is only now beginning. The mass campaign is to be carried out over a period of three years during which time some two million persons in the southern and central provinces of the Sudan (Bahr el Ghazal, Equatoria, Upper Nile and part of the Blue Nile Province) will be tuberculin tested. At the present known rate of reaction to the tuberculin test, it is estimated that some 700,000 persons will be vaccinated with BCG in the three-year period. A WHO team of a medical officer and two nurses is to arrive in the

/country this...

country this autumn. Government personnel previously trained during the pilot phase of the programme are currently being assigned to the reactivated BCG services to form four operating teams. A Government medical officer, assigned as the project leader, returned in mid-1956 at the completion of a tour of study abroad under a WHO fellowship.

35.	<u>Turkey</u>	First Approved: May 1951	
		Total Allocations: \$199,400	
		<u>Tests</u>	<u>Vaccinations</u>
	Campaign Target	12,000,000	4,800,000
	Accomplished in 1955	3,826,500	1,542,633
	Target for 1956	3,500,000	1,400,000
	Accomplished from January to June 1956	1,648,000	625,000
	Cumulative through June 1956	9,365,448	3,767,411

Sixty-eight teams were in the field in the first 4 months of this year and 63 in June. In order to facilitate the field operations of the teams the 12 jeeps approved by the Board in March 1956 have been delivered and the procurement of spares and tools for central and mobile field maintenance is under way.

36. The mass campaign has now covered more than the western half of the country and progress is being made towards the east, where the scattered population and poor conditions of village roads will make the work more tedious. Another 2 to 3 years will be required to complete national coverage. Discussions between Government authorities and WHO are going forward on how to maintain systematic vaccination in the provinces, after the mass screening and vaccination conducted by the teams has finished. It is tentatively proposed that a second, more selective mass campaign will be launched while arrangements are being made to integrate a permanent BCG vaccination scheme into the newly developing national rural health services. In the course of the next year, a WHO Assessment Team is due to work in Turkey to help establish the criteria for the second campaign.

/Completed programmes...

Completed programmes

37. Egypt: UNICEF assistance to this programme ceased in 1955. The Government on 21st March 1956 promulgated a law making BCG vaccination compulsory for certain groups of the population. BCG vaccination will be given to infants between 6-12 months of age, to all contacts of tuberculosis patients, to all children and adolescents in schools and universities, to army recruits and to certain other categories.

38. Ethiopia: The vehicles provided by UNICEF have been transferred to other health efforts. After the departure in December 1955 of the WHO Adviser, two national teams of male nurses and dressers have continued tests and vaccinations, mainly in the provinces of Kaffa and Gammu Goffa in the South. A permanent BCG-vaccination of limited scope is being organized to be carried out in conjunction with the school health-service and with other health activities. The WHO-assisted Rural Pilot Team, which has been in operation in Ethiopia since June this year will also carry out BCG vaccinations.

39. Iraq: At the end of 1955 the UNICEF equipment, materials and transport were transferred officially to the Government with some 682,000 tested and 240,000 vaccinated since the programme began in 1952. The target number of tests in 1956 is 150,000, and in 1957, 200,000. Continuing the regional assessment programme in the Eastern Mediterranean Region the WHO special team (one medical officer and two nurses) visited various parts of Iraq in the past six months. The tuberculin surveys of rural communities were scheduled from the hot central region of Iraq to the humid neighbourhood of the Persian Gulf and to the cooler climate of the mountainous northern region. The principal activities of the team were: retesting of the previously tested children, special tuberculin survey among tuberculosis patients in Baghdad and histoplasmin surveys in the villages of Baghdad Liwa.

40. Jordan: The mass vaccination campaign was completed at the end of 1955, having exceeded its target as follows:

	<u>Tests</u>	<u>Vaccinations</u>
Target for Mass Campaign	600,000	300,000
Accomplished by Mass Campaign	611,101	314,039

/Following...

Following completion of the campaign and reassignment of the international team, UNICEF's assistance to this programme has been continued mainly with vaccine, tuberculin and minor technical supplies.

41. The BCG work is now established in five permanent centres situated in Amman, Jerusalem, Irbid, Nablus and Hebron, and is being operated from the headquarters of the anti-tuberculosis programme. The Government centres are co-operating with UNRWA in the extension of the BCG services to all Palestinian refugee camps. Emphasis in their routine programme is placed on the systematic testing and vaccination of the country's children of school and pre-school age not covered by the mass campaign.

42. Reports received from the Government on the work of the permanent centres give the following figures for the period April to June 1956:

	<u>April</u>	<u>May</u>	<u>June</u>
Tested	4,147	3,681	9,292
Vaccinated	1,403	1,327	3,140

43. Thanks to the efficient education campaign undertaken by the WHO team, the public response to the programme continues to be very satisfactory, and the country's medical officers, of whom a number have attended special WHO courses on BCG, are providing the programme with their full backing.

44. Libya: Since the reassignment of the WHO team at the end of 1955, BCG vaccination services in Libya are being provided through permanent vaccination centres established by the Government in conjunction with the MCH Training and Demonstration Centre in Suk-el-Giuma in Tripoli and in the Tuberculosis Hospital at Benghazi. A third permanent vaccination centre is to be put into operation at the Derna Hospital in Derna. The Government has also established a federal mobile vaccination team consisting of a medical officer, two nurses and two clerks, all of whom previously received training by the WHO team. Pending WHO's final recommendations for the consolidation of BCG work, this team will continue testing

/and vaccination...

and vaccination in the schools during the eight months' school year. During the remaining four months of the year, the team will carry out a mass campaign in the three provinces. It is expected that within five years a major part of the country will have been covered by the mass campaign.

45. During the first six months of 1956, the federal team worked in schools in the Missurata, Sabrata, Zawia and Zuara districts in Tripolitania province testing 13,117 persons and vaccinating 4,792. The comparatively low rate of coverage was caused primarily by vehicle breakdowns.

46. The WHO Tuberculosis Research Office published in May a report on technical assessment of BCG work in Libya which shows, inter alia, that retesting of sample groups of school children previously vaccinated has given a comparatively low level of post-vaccination tuberculin sensitivity. These results are consistent with findings in other countries within the area and may possibly be due to the vaccine being used. WHO is giving this matter further attention.

Trachoma control

47. Egypt

Approved: March 1954
Allocation: \$19,000

The pilot phase of a campaign for the control of communicable eye diseases, including trachoma, has up to the present time been carried out by means of treatment of infected school children with antibiotics; prophylactic treatment of pre-school children with compound sulphonamides; and a programme of health education, including general sanitation and fly control. In the course of the first six months of 1956, 3,800 school children were examined and 2,700 treated with aureomycin ointment, bringing the total, since the start of the project in the spring 1955, to 11,461 examined and 7,861 treated. These accomplishments are 12 per cent over the original target. Prophylactic treatment of pre-school children had by April 1956 reached a cumulative total of 5,200 and was then discontinued following an assessment of the methods and the results. Health education work has been carried on in the villages of the pilot area although with a somewhat reduced staff. Home visits are made by a social worker and nurses.

/48. An evaluation...

48. An evaluation by WHO indicates that the method of sulpha prophylaxis among pre-school children does not give the results that had originally been expected. The incidence of infection after treatment has been high. WHO has therefore suggested discontinuance of use of sulpha and proposes instead for the period September 1956 to mid-1957 a mass campaign using antibiotics to reach the entire population, approximately 10,000 people, in an area around Caliub. Aureomycin ointment would be applied during four consecutive days each month by trained dressers and by older school children. At the same time consideration is to be given to extension of trachoma control to other areas of Egypt.

Bejel-syphilis control

49. Iran Approved: March 1956
Allocation: \$34,000

In 1955 and 1956 surveys were begun in Khuzistan and in rural areas in two other provinces with the help of WHO VD advisers. The work will be expanded into mass phase in January 1957 after the arrival of UNICEF equipment, laboratory supplies and transport. The population to be examined in 1957 is estimated at 400,000 and the population to be treated at 25,000. The Government budget reserve for this programme amounts to 24 million rials for the next three years (US\$ 320,000). The mass campaign operations will be organized to cover Khuzistan and Khorassan in three years.

50. Syria First approved: November 1951
Total allocation: \$52,200

The mass campaign is now progressing in two strips along the Euphrates River between Deir-el-Zor and the previous pilot area of Abou Kamal. When the two parts of the campaign are linked the highly infected area around the lower course of the Euphrates will have been covered. In view of the particularly high endemicity prevailing in the upper part of this area, the WHO team has decided to extend treatment with penicillin to the entire population in that part. The rate of

/examinations and...

examinations and treatments was intensified in the first half of this year. The returns for May and June were four times higher than for any previous month. The reports for the second quarter of 1956 showed:

	<u>1956</u>		
	<u>April</u>	<u>May</u>	<u>June</u>
Population Examined	3,566	15,315	12,951
Population Treated	3,295	15,127	12,647

The population to be examined numbers 300,000 with second visits to the villages also needed.

Mycosis control

51. Syria

Approved: September 1953
Allocations: \$40,000

The expansion and re-organization of the Damascus Anti-Mycosis Centre representing the second phase of this programme, was concluded by the end of August with the departure of the WHO experts. The WHO experts trained medical officers for the Damascus and Aleppo Anti-Mycosis Centres and 16 technicians in microscopy, radiology, etc. Four of the technicians are to be assigned to the mobile X-ray unit currently under procurement by UNICEF. The refresher course for medical officers and for the technicians of the remaining two mycosis centres in Hama and Dera'a will be undertaken by the national personnel of the Damascus Centre.

52. The mobile X-ray unit is to reach the country in the near future and the Government has requested WHO to arrange for international experts to return as temporary consultants after the arrival of the equipment to supervise the initial work of the mobile unit.

53. The Aleppo Centre, operated by the national personnel since November 1955, has maintained and sometimes surpassed the treatment rate established earlier with the assistance of the international experts.

/54. Examinations and...

54. Examinations and treatments carried out in Damascus and Aleppo from 1 January until 30 June 1956 are indicated below:

	<u>Damascus Centre</u>	<u>Aleppo Centre</u>
Clinically Examined	6,999	15,460
Microscopically Examined	2,483	1,359
Treated	1,508	1,221

The cumulative number of treatments in the UNICEF-assisted centres at 30 June 1956 was 5,230.

Leprosy control

55. Ethiopia Approved: September 1955
Allocation: \$23,000

Over 7000 patients are under regular treatment in Ethiopia with drugs from the Government and from missionary societies. With the arrival of sulphone drugs from UNICEF, the number under treatment will approximately be doubled. One former BCG vehicle has been transferred to the project to serve in the selection of treatment outstations. The training course of 26 leper dressers in Addis Ababa Leprosarium has been prolonged because of recognition that the dressers need longer training than at first foreseen.

56. The Leprosarium in Addis Ababa in the meantime has undergone further improvements in respect to housing and sanitary installations. A small children's ward has been organized in the hospital wing. The Ministry of Education recently approved a scheme to build primary schools in all existing leprosaria as an important factor in promoting social rehabilitation.

57. Swedish bilateral aid, which was forecasted as a possibility when this project was presented to the Executive Board (E/ICEF/L.793, para. 18) has not been forthcoming, but has instead been directed toward an MCH programme. The staff of the leprosarium in Addis Ababa has, however, raised funds from other voluntary sources to supplement UNICEF's assistance.

MATERNAL AND CHILD HEALTH

58. Of the thirteen countries receiving UNICEF-aid of one type or another in the Eastern Mediterranean area, all but two are receiving UNICEF aid for maternal and child health.

59. Long term progress in maternal and child health in this area must be tied to the development of training programmes, the encouragement of women to enter this field of work, and the subsequent further development of rural centres. While in certain sections health services of a very high standard are found, most governments are increasingly recognizing the basic importance of establishing facilities and services which will strengthen local MCH services.

60. The maternal and child health recommendation for Aden which is submitted to this session (E/ICEF/L.967) provides an interesting example of a project which is designed to provide training to girls in "purdah", and represents a significant step in dealing with the problem of training women who by custom and tradition would normally not have been attracted to work of this type.

61. Egypt

First approved: March 1953

Total allocation: \$342,400

At the outset of the present year 574 of the 894 urban and rural centres for which UNICEF has provided supplies and equipment were in operation - including the first 30 rural collective centres operated under the auspices of the Egyptian Permanent Council for Public Welfare Services. By the middle of 1956, 270 additional centres had been constructed or otherwise made available, comprising 120 collective centres and 150 cooperative health centres built or rented by cooperative village societies supervised by the Ministry of Social Welfare. In June 1956 a total of 714 centres were in operation throughout the country. An additional fifty centres are to be constructed. These plus 130 already built will be staffed and equipped to fulfil the original objective of 894 centres.

/62. All supplies...

62. All supplies and equipment from UNICEF have now arrived in the country and distribution to the centres started in June. Training of staff has continued satisfactorily through the collective centres and during the first half of 1956, assignments were made to new centres of 118 doctors, 50 midwives, 75 assistant nurses, 235 assistant midwives, 200 laboratory assistants and 65 health assistants.

63. Activities of the collective centres appear to be well adapted to meet the village requirements, and the population is actively interested to make use of the services offered. Construction of new collective centres continues. This schedule includes 406 collective centres to be established over and above the 894 assisted by UNICEF.

64. At the request of the Government, a WHO consultant undertook at the end of 1955 a survey of premature baby care in Egypt. WHO subsequently recommended that the Government could improve the general standards of such a service initially by establishing two units for the training of doctors, nurses and other personnel in hospital and home care of prematurely born infants. Such a programme is now being established at the Kasr-el-Aini hospital in Cairo and in a health unit in the same city and training is expected to start in January/February 1957. WHO will make available a nurse/tutor and three fellowships and UNICEF will provide demonstration and training equipment under the present MCW allocation.

65. Ethiopia

Approved: March 1954
Allocation: \$74,600

Rural MCH: The Public Health and Training centre in Gondar has continued with 22 students in the third year of the health officers course. In the two-year course for community nurses, 26 girls have started their first year with stipends provided by UNICEF. Originally, a maximum of ten trainees was expected in this latter course but growing interest has encouraged the direction of the centre to accept more than double the number.

/66. Pediatric and...

66. Pediatric and maternity equipment supplied by UNICEF has been installed and put to use in the training hospital and MCW consultations have begun in the rural health unit in Koladuba. Parallel with the teaching activities, the technical staff from WHO and United States International Cooperation Administration undertook numerous surveys in the province of Begemeder in this period in preparation for further expansion into rural areas.

67. The Advisory Committee of the Ministry of Health is reviewing the curriculum of the training centre with a view to making it as practical and realistic as possible and is giving study to the future employment of the trainees after graduation.

68. MCH: Environmental Sanitation Approved: September 1955
Allocation: \$38,000

UNICEF supplies and equipment have arrived for the environmental sanitation project which is to be carried out in close connexion with the MCH activities of the training centre. The WHO Adviser in sanitation is engaged in the finalizing the plan of operations for this project.

69. Iran First approved: October 1952
Total allocation: \$219,100

A training course for MCH personnel has been reorganized in the new demonstration centre in Teheran under the Ministry of Health with the assistance of one WHO public health nurse. The refresher courses for doctors, Behdars (health officers), nurses and midwives are continuing in five public health centres of the former Public Health Cooperative Organization. The health visitors training schools graduated 52 health visitors at the end of March 1956. These health visitors are now working in the MCH centres of the Ministry of Health and the Red Lion and Sun Organization in the provinces. During the period under report twelve MCH centres of the Red Lion and Sun Organization have been equipped by UNICEF in rural areas. Forty-five sanitarians have been trained in Varamine by the Near East Foundation School. The midwives school in Teheran was opened in February 1956 with ten nurses for post-graduate courses.

/70. Milk distribution...

70. Milk distribution through MCH centres reached 31,650 in May 1956 and school distribution reached 37,000 in 124 schools in Teheran and was expanded in the provinces after 1 January 1956 to reach 52,000 children in May 1956 (end of the school year). A total of 1,096,550 pounds of powdered skim milk has been shipped to Iran in the first eight months of 1956.

UNICEF drugs and diet supplements have been distributed to 106 distribution centres: those of the Red Lion and Sun Organization (51), the Imperial Organization of Social Services (29), the Department of Public Health of the Ministry of Health (16), the American Joint Distribution Committee (3), and social departments of other para-governmental organizations (7).

71. In connexion with the school feeding programme, a draft plan of operations is now under discussion in Teheran in collaboration with the Ministry of Health, the Ministry of Education and the Nutrition Institute of Teheran. This project has been discussed in detail with the WHO and FAO experts in Nutrition and the Government hopes to begin a school feeding programme in September 1957 to reach 400,000 beneficiaries daily during the scholastic year. The tentative plan would give one third of these children a full meal every morning and the other two thirds one glass of milk and a vitamin A and D capsule per day.

72. The Shiraz rural midwifery school is continuing the training of 24 rural midwifery students. This school was equipped in June 1956 with UNICEF equipment. The rural midwifery school at Meshed has not yet been opened.

73. UNICEF equipment for the rural maternity homes of Nishapour and Yazd has been requested in accordance with the plan of operations which is ready to be signed soon by the three parties, the Government, UNICEF and WHO. The WHO MCH team leader for the Demonstration Centre in Teheran will be recruited during the second half of 1956 to replace the previous team leader who left Iran in November 1955.

74. IraqFirst approved: March 1953
Total allocations: \$151,900

The maternal and child health policy in Iraq had been reviewed by the Ministry of Health authorities with the help of WHO MCH experts stationed in Iraq, consisting of an MCH medical adviser and four public health nurses and midwives. Twelve health visitors are under training, one graduate nurse has received reorientation training during a three-month period at the Shaikh Omar Centre, and one provincial doctor has followed a special programme of reorientation in MCH work.

75. The Mosul MCH Training Centre received technical equipment from UNICEF and opened in June 1956 under the supervision of a WHO public health nurse. A third training centre, in Basrah, has also received technical equipment from UNICEF.

76. Five MCH centres in rural areas have received technical equipment from UNICEF. In June 1956, 46 UNICEF midwifery bags were distributed to indigenous midwives who had followed seven-weeks courses at Shaikh Omar Centre under the WHO midwife-nurses and 18 health visitors bags were distributed in Shaikh Omar Centre (14) and Kasrah (4). UNICEF milk distribution reached about 10,000 children and mothers through the MCH centres and the milk distribution centres in Baghdad (9 centres) and the provinces (5 centres). The distribution of drugs and diet supplements, soap and capsules continues according to schedule.

77. IsraelFirst approved: Prior to 1951
Total allocations: \$206,000

Rural MCH: The first of the nine UNICEF-assisted rural health units was opened at Tira in May 1956 and is in full operation. This centre provides services to Tira and four other villages, each with a population of over 15,000. During the first two months of operation, 15 deliveries were performed at this centre. The second centre, at Baq'a al Gharbiah, is now under construction and may be opened later this year. The Government is finding budgetary and financial difficulties in developing these centres at the rate originally envisaged, and the third centre will only be started at the beginning of 1958. It will possibly take up to five years before the project is completed. UNICEF equipment has been delivered for the first two centres, also fish-liver oil

/capsules for...

of these centres and a regular immunization service began in July. Some standard equipment is also being procured for the Sisters of Nazareth Children's Hospital in Amman where in-service training will be given to students taking the Community Midwives Training Course.

82. The WHO team is now working on plans for developing the programme's domiciliary delivery service for which the training school will serve as a base of operations.

83. Lebanon

Approved: May 1951
Allocation: \$26,000

Rural MCH: With the help of WHO consultants, the Government has made some progress in the planning of the project for Rural Health Centres through which services will be given in the fields of MCH, environmental sanitation and general public health. The project is to begin before the end of the current year in a pilot area in South Lebanon from which the work would progressively expand to the other districts. WHO will make available three experts for the training of the national personnel. The Beirut Training Centre is regularly visited by groups of students from the various nursing schools of Beirut.

84. Rehabilitation of handicapped children: Approved: March 1954
Allocation: \$25,000

Equipping of the Rehabilitation Centre within the Cite des Apprentis Libanais at Hazmieh was completed early in the year. Additional facilities were supplied by UNICEF for the hydromassage room which is now in constant operation. The physiotherapy room is also functioning satisfactorily under the supervision of the WHO physiotherapist, helped by two-sister-nurses who studied physiotherapy in France, and six assistants. Training at the UNICEF-equipped prosthetic workshop is given to two national technicians by the WHO prosthetic expert. The services of the centre were provided to an average of twenty patients in the first months of 1956.

/85. The assignment...

85. The assignment of the WHO consultant (orthopaedist) who acted as senior adviser to the programme was concluded on 30 April. A number of medical students from the American and French Universities of Beirut attended the centre for training and observation but the Director of the Cite was unable to appoint a permanent counterpart to the WHO senior adviser. Arrangements are being made for an orthopaedist from France to be permanently in charge of the programme.

86. Libya

First approved: May 1951
Total allocations: \$83,600 plus
36,000 pounds of
cost-free powdered
skim milk

Aid to this programme was initially given in the form of vehicles to afford mobility for medical staff undertaking MCH work in rural centres and settlements. In subsequent years, equipment and supplies were made available for the establishment of an MCH training and demonstration centre located in Suk-el-Giuma (Tripoli), particularly to facilitate the training of community midwives, to staff an expanding number of rural MCH centres and to supplement paediatric and maternity wards in the Tripoli Hospital. The first course, which started in early 1955, was concluded in March this year when eleven trained community midwives were graduated and subsequently assigned to various centres. A new training course with a further twelve trainees started in September 1956. A new WHO adviser posted to the centre in April has reviewed the training programme in order to adjust the curriculum and training facilities to the educational standards of the trainees.

87. Meanwhile, the Government during the latter part of 1955 took steps to start a second training and demonstration centre, along the same lines as that in Suk-el-Giuma, to be located in Benghazi and to serve the province of Cyrenaica. This second centre is necessary because of the distance and scarcity of regular communications between the provinces of Tripolitania and Cyrenaica. UNICEF is providing supplies and equipment to complete this centre which will start training a first group of community midwives in November 1956.

/In August,...

In August, WHO assigned a team of four advisers to the centre. Equipment for the first nine out of projected 25 rural MCH centres has arrived in the country. While nine centres are being put into operations discussions are under way with the Government for the activation of the remaining sixteen centres.

88. The Libyan Government has made arrangements to open in Benghazi a school to train medical assistants and sanitarians for work in 52 existing health centres (ambulatoria) in rural areas throughout the three provinces. The first three-year course for fifteen medical assistants and the first one-year course for fifteen sanitarians will be started in October. WHO is making certain teaching equipment available and will assign three advisers to the course during the last half of 1956 while the Senior WHO Adviser will undertake duties as director of the training school. At the Government's request, UNICEF has within the present MCH allocation provided additional teaching equipment for this school and certain supplementary equipment for the paediatric and maternity wards of the Benghazi Civilian Hospital, where trainees from this school will have practical tuition. The principles of maternal and child health are to be emphasized as medical assistants and sanitarians trained here will later work in the expanding maternity and child health services.

89. Sudan

Approved: September 1955
Allocation: \$30,500

UNICEF is providing teaching and training equipment to increase emphasis on maternal and child health aspects in the training of medical and auxiliary personnel. For medical assistants and nurses there are two training schools in Omdurman; for nurses and midwives one training school in Wad Medani, and for sanitary inspectors and foremen one training school in Khartoum. The four courses are to begin this autumn. UNICEF is also helping to equip 25 rural MCH centres which were built in the course of 1955/1956. Supplies for these centres have arrived in Sudan and have been distributed to the centres.

90. During the next half year, the Government will, with the assistance of WHO, undertake a more detailed review of the possibilities for developing a comprehensive programme for maternal and child health which may include the establishment of an MCH training and demonstration centre and the

/construction of further...

construction of further rural MCH centres. The outcome will depend to a considerable extent on the financial capacity of the Government, which at the moment is concentrating the use of its limited resources as far as possible on long-range economically productive schemes.

91. Syria First approved: October 1952
Total allocations: \$70,100

This programme has expanded more quickly than anticipated. While only three new MCH centres were expected to open early this year, eight had opened and were operating by the end of June in the country's various provinces and in the poor districts of the larger towns. This brings up to thirteen the number of MCH centres now operating in conjunction with the main Training Centre of Damascus. The Regional MCH Adviser of WHO visited Syria in January. The Government is also extending its assistance to two centres run by private agencies (the "Goutte de Lait" Society of Damascus and the "Child Welfare" Society of Homs) with a view to aligning their activities with those of the national MCH programme. UNICEF will provide dry milk and fish-liver oil capsules to these two centres.

92. The 12-month course for auxiliary public health nurses given at the Damascus Training Centre has been expanded and has been merged with the one given for home visitors at the Anti-Tuberculosis Training Centre so that training is now provided for 69 auxiliary public health nurses a year. Graduates of the new comprehensive course will be called "health visitors" and will work in MCH or anti-tuberculosis work or both.

93. The elements of a new plan of operations between the Government and UNICEF covering the expansion of the programme are now under consideration. The final form of this plan will depend upon the development of the Government's scheme for "Rural Health Centres" which calls for the establishment of a network of polyvalent public health centres, including MCH services. A group of WHO experts who visited Syria in March in connexion with this scheme are now working on its technical details.

94. Reports received from the Damascus Training Centre give the following information:

	Visits to Centre 1956			Home Visits 1956		
	<u>April</u>	<u>May</u>	<u>June</u>	<u>April</u>	<u>May</u>	<u>June</u>
Children	743	605	673	376	529	114
Pre-Natal	400	316	408	85	94	25
Post-Natal	-	-	-	-	-	-
Home Deliveries	-	-	-	9	10	10

95. Turkey

Approved: March 1953
Allocation: \$14,400

The WHO-MCH advisory team has continued to collect material to serve as a basis of a broad programme of MCH development throughout the country. They have also given guidance to the three demonstration centres created in or near Ankara which have already been taken over by the Health Department of the Vilayet (Province) of Ankara. These centres have developed satisfactorily and yielded most valuable experience for the next phase of national planning. Milk distribution continues to be one of the main attractions for attendance.

96. The Government has now distributed all equipment for 90 of the approximately 150 existing polyvalent health centres in "kazas" (districts) throughout Turkey. This equipment has usefully complemented the existing materials and strengthened MCH work. In some centres however its usefulness has been limited because of lack of nurses, midwives and health visitors and corresponding support from physicians. In general while health centres have been able to treat the patients visiting them, they have not had the resources for adequate attention to public health problems affecting their "kazas", including supervision of health staff, such as sanitarians and rural midwives, who are stationed in the villages.

97. The first supply lists for the provision of teaching and training equipment to nurse and midwifery schools have now been put into procurement. The building at the Child Health Institute of the University of Ankara is expected to be completed and the centre to start operating by the latter part of this year. Teaching staff of various nationalities have been engaged.

/Negotiations between...

Negotiations between the Ministry of Health and the University are in progress to determine the role the Institute is expected to play in the future phases of the MCH programme in Turkey.

98. Increased attention is also being given to health education. A national committee has been formed to determine the policy to be followed and to enlist the co-operation of private organizations and the general public. The establishment of an Institute is planned to act as a point of crystallization of all health education activities in Turkey. Transport provided by UNICEF has been used by the Ministry of Public Health to try out a mobile Health Education Unit in the "vilayet" of Ankara with good results. It would appear however that more emphasis needs to be placed on the best use of special health education measures in support of the work of the staff permanently established in rural areas.

99. After one year of activity, it became apparent to the Government and the international agencies that the setting up of a few demonstration centres, the organization of short-term refresher courses for health personnel and the distribution of material and supplies would not be sufficient to introduce MCH as part of the regular health activities throughout the country. A more fundamental approach was required which would take account of three main factors:

- a) The insufficient number of qualified and auxiliary nursing personnel all over the country;
- b) The insufficient integration of existing MCH personnel into the present public health organizations;
- c) The lack of supervision and special technical guidance at more senior levels for the present staff.

100. A 15 year plan of development has been sketched out, for the first three years of which (1957-1959) UNICEF assistance will be asked at a future session. The main objective of the broad plan is to expand and create a trained corps of rural auxiliary nurse-midwives which will work in the villages from small stations and be under the direct supervision of more highly-trained

/professional nurse-supervisors. ..

professional nurse-supervisors. At the same time professional nurse training is to be expanded and improved to provide the cadres for teaching and supervisory duties. Under the leadership of the National MCH Directorate (of the Public Health Department), responsibility will be assigned to the 16 regional health departments, each advised in MCH matters by a local pediatrician and obstetrician.

101. The training programme is to be conducted in special institutions in and near Ankara, for the teachers and supervisors; and in 10 schools to be re-organized in this first period to provide for the graduation of a first course of 125 auxiliaries in 1959. The total target is 10,000 auxiliaries to be reached around 1970.

102. Other aspects of the new programme in relation to health education, and in particular, in the training and function of sanitarians will be the object of further studies, with the help of WHO. The role of the sanitarians who are the only other permanent health staff working directly in the villages is of special importance. It is expected that sanitarians, together with the auxiliary nurse-midwives will form the nucleus staff in the health stations to be established under the responsibility of the "kaza" centres and in a small group of villages each. These sanitarians already exist in considerable number and are well trained. Further efforts are primarily required in relation to their assignments and technical supervision.

/NUTRITION...

NUTRITION

103. UNICEF is currently aiding five countries with school nutrition programmes: Ethiopia, Iraq, Libya, Syria and Turkey. In addition feeding is also carried on through MCH allocations to a number of countries, as described in the maternal and child health section of this report. As is set forth in paragraph 132, a portion of the emergency feeding programme for children and mothers in destitute border villages in Jordan is now devoted to school feeding. Milk conservation programmes are being carried on in five countries: Egypt, Iran, Iraq, Israel, and Turkey, and at the present Board session a programme is also being proposed for Syria (E/ICEF/L.951).

School feeding

104. Ethiopia Approved: March 1955
Allocation: \$13,700 plus 130,000 pounds
of cost-free powdered
skim milk

Fifty school-teachers who attended a 1955 summer-vacation course in nutrition and school-gardening, have organized gardens for their respective schools in the provinces where conditions with respect to availability of land and water are favourable. At the end of the school year in May, 1956 over forty school gardens existed and 20,000 children were directly participating in the gardening project.

105. The school feeding programme, which UNICEF is assisting, has been concentrated in the central provinces, particularly Shoa and Arussi. This is in accordance with the principle that distribution of imported milk should be organized in first place in those areas where indigenous milk supplies can be developed within the reasonably near future. Priority in selection of schools has also taken into account the availability of gardens to provide vegetables during the days when animal food is prohibited by Coptic practice. Beginning April, 1956, 6,500 beneficiaries received milk in the school feeding programme. This number is to be maintained for another year while the programme gains in administrative strength.

/106. An FAO Home...

106. An FAO Home Economist Adviser assigned to assist in the programme has visited all of the schools involved in this programme, presenting lectures and demonstrations. In spite of the great importance which the Ministry of Education places on this project, it has not yet been possible to find a suitable national officer to carry on the education and demonstration work when the FAO expert leaves.

107. Iraq First approved: March 1953
 Total allocations: \$160,000 plus
 6,480,000 pounds
 of cost-free powdered
 skim milk

The first phase of the programme has been developed over the past two years under the administration of the School Health Services to provide a full meal to 102,000 children in 665 primary schools during the first half of 1956. The second phase of the programme, the Expanded School Feeding project, started on only a limited scale this year due to the lack of distribution equipment which had to be purchased by the liwas (provinces). It is expected that the target of 240,000 children will be reached in October 1956. This programme will provide a glass of milk daily to each child, and one fish-liver oil capsule per day per child for eighty days.

108. The Government of Iraq is providing two thirds of the total requirements for the scholastic year. A special "ad hoc" Committee has been organized in Baghdad to enquire about the possibilities of producing a special "date-cake" with local proteins from suitable local products as sesame presscake flour, sunflower presscake flour and cottonseed presscake flour or other local products which could be considered.

109. The Government of Iraq is very much interested in this project and hopes that during the 1956-1957 scholastic year the programme will serve 340,000 beneficiaries a day (100,000 children for the Basic Feeding and 24,000 for the Expanded programme) or almost the total primary school population of the country.

/110. Libya...

110. Libya

Approved: September 1954
Allocation: \$85,800 plus 1,012,800 pounds
of cost-free powdered skim
milk

The school feeding service of the Libyan Government, which started as a pilot project in ten schools in May 1955, has successfully expanded. During the last school year, daily school meals were provided to a total of 60,700 primary school children in the 357 schools existing in the country. The FAO Nutritionist, assigned to the programme since March 1955, confirms its success. The basic food items provided are dates processed in a Government factory, supplemented with skim milk powder and fish-liver oil capsules from UNICEF. UNICEF is also providing soap. In 97 schools, milk could not be distributed because the schools lacked facilities for reconstituting liquid milk. This situation should, however, be improved during the next school year. UNICEF supplies will continue in the 1956/1957 school year and the distribution is expected to reach 60,000 children.

111. The Government of Libya has budgeted an annual amount of ~~LE~~ 100,000 (US\$280,000) for this service, and has established a surtax on imported goods to raise the funds. At the end of 1956 the Government will review methods for continuation of the programme and will at the same time consider the results of the experimental school gardening programme which is under way in some fifteen schools in the three provinces.

112. Syria

Approved: September 1955
Allocation: \$37,500

Milk distribution to 10,000 school children in Damascus was continued until the beginning of the fasting month of Ramadan (mid-April). The Ministry of Education has, however, met major difficulties in the implementation of the feeding programme since only a fraction of the local funds required have been approved. Negotiations are currently underway with the Government for a modified feeding plan and the entire programme is meanwhile in abeyance.

/113. Turkey...

113. Turkey

First approved: March 1956
Total allocations: \$58,500 plus
1,400,000 pounds of
cost-free powdered
skim milk

Following approval at the last Board session of assistance to a school feeding programme for 100,000 children, to begin in September 1956, in the Ankara, Diyar Bakir, Istanbul and Izmir areas, the Regional Director and a FAO Senior Nutrition Officer finalized a plan of operations for the scheme in Ankara, which was signed in May.

114. Procurement by UNICEF of its commitments (milk powder, capsules, vehicles and milk mixing utensils) is under way. On the Government side, the preliminary organization of the project is underway. Considerable emphasis has been placed on the importance of the Government matching contribution in the form of local foods and on the necessity to work out a nutrition education programme. To this end an FAO expert will proceed to Turkey in October and it is hoped that provisions will be made through Technical Assistance Funds to continue him throughout 1957.

Milk conservation

115. Egypt

First approved: October 1952
Total allocation: \$131,000

The milk drying plant at Sakha, 90 miles from Cairo, was originally intended to process 1,000 litres of milk per hour, providing spray-dried milk and butter. In order to increase the throughput to 1,300 litres per hour and to add processing facilities for 2,000 litres of sterilized milk each day, additional aid is requested from UNICEF (E/ICEF/L.952).

116. The plant comprises a main processing building, a service building for electric generators and refrigeration equipment, and a projected service extension building to house boilers, garages, offices, etc. Construction of the two first buildings, which started in October 1955, has been completed to the extent possible pending final technical specifications for

/installation of...

installation of service fittings and equipment. By October, 1956 all UNICEF equipment will have arrived and installation work will begin. The Government estimates the plant to be ready for trial by mid-1957.

117. UNICEF engineers visited Egypt in April and reviewed the technical aspects of the programme, including the specifications and requirements for collecting centres to be constructed within the raw milk supply area. UNICEF is requested to provide equipment for two collecting centres in Hamra and M_orabaeen. A request for advisory services and fellowships for this programme is included in the Government's technical assistance programme for 1957.

118. Iran First approved: November 1951
Total allocation: \$421,000

During the first part of 1956 the main building for the UNICEF equipped dairy at Mehrabad, near Teheran, has progressed successfully and it is now near completion. Interior finishing - floor covering, tiling, lining of cold rooms - is now complete. The Plan organizations in July let a contract for the manufacture of bottles in Teheran. The Committee in charge of the project has the purchase of transport under consideration, and the resident FAO expert is preparing a plan for collecting centres. Discussions still continue concerning the establishment of a Government corporation (bungah) to operate the plant. The General Director of the plant was named by the Government in June 1956 and if all goes according to schedule the official opening of the plant will be fixed for March 1957.

119. Iraq First approved: October 1952
Total allocations: \$263,000

The construction of the MCP plant in Abu Ghraib progressed satisfactorily during the first part of 1956. The main dairy building will be completed by the end of 1956 and will receive UNICEF equipment during the last part of this year. Layout of the plant has been altered to provide for future expansion of the sterilizing equipment to permit a daily output of approximately 70,000 litres compared with the earlier planned output of 40,000.

/120. Some UNICEF equipment...

120. Some UNICEF equipment is already on the site and being erected. Electrical equipment will not be installed, however, before July 1957. The Development Board of the Government is preparing the extension of water pipes to cover the 27 kilometres from Baghdad to Abu Ghraib. The Ministry of Development is now planning the necessary specifications for the cattle compound, housing scheme, buildings for generators, shops and social centres, etc. These buildings will be completed during the next 18 months. The Government is also requesting FAO to appoint an expert in processing of milk and milk product to be stationed in Iraq at least during two years after October 1957. According to the new schedule the plant should be ready for opening in October 1957.

121. Israel

Approved: April 1952
Allocation: \$300,000

The five plants for which UNICEF aid has provided bottling equipment have reached a monthly output of about four million litres of bottled milk. Roughly half of all milk sold in Israel for fluid consumption is now provided in bottles. In the Tel Aviv area, where four of the assisted plants are located, over 80 per cent is bottled and pasteurized. The daily output of sterilized milk at the Tenne-Nogah plant in Tel Aviv has increased to 12,500 litres, the maximum capacity of the equipment which is being worked at two shifts for 16 hours daily.

122. In Haifa, the construction of a bottling plant is being continued. About 35 per cent of all fluid milk in this city is being bottled. The same proportion of bottled milk is provided in Jerusalem, where one of the bottle fillers destined for Haifa has been temporarily installed. Upon completion of the Haifa plant, the Government intends to erect a new plant in Jerusalem and to enlarge the capacity of the existing Tel Aviv dairies. This further step would ensure that all important consumer centres of the country would have pasteurized bottled milk available, while outlying areas such as the Negev would be supplied with sterilized milk. It is likely that further UNICEF aid will be requested towards this programme.

/123. The production of milk...

123. The production of milk in Israel is rising at a rate of 12-15 per cent per year. Milk consumption has also risen considerably but is still comparatively low, - a quarter litre per day. The dairies are now paying for milk according to its keeping quality, which serves as an incentive to farmers to produce clean milk and to deliver the milk cooled to the plants. Local funds are used for loans to farmers to improve cooling facilities, but will not be sufficient to cover the overall need. Efforts are therefore being made to start a system of transport of raw milk to the processing plants by tanker.

124. Turkey

First approved: October 1952
Total allocation: \$267,000

The construction of the Ankara Dairy is well advanced. Three erectors were on site in July and initial operations are foreseen for September.

125. Continued planning of a second phase of UNICEF assistance, discussed in the previous report, has led to the selection of Kars, in northeast Turkey, as the site for the first drying plant. About 50 per cent of the initial output of the plant will go to free distribution programmes under the Health and Education Ministries, the other half will serve to increase and "tone" the public supply of milk processed by the Ankara and Istanbul dairies. A detailed plan of operations is presently under preparation by the Government and UNICEF. The U. S. International Cooperation Administration is prepared to concentrate certain of its efforts in stimulating the development of milk production in the area about Kars.

EMERGENCY SITUATIONS

126. Egypt

Approved: October 1952
Allocation: \$200,000

Gaza Area: Distribution of UNICEF supplies to feed destitute non-refugee mothers and children in Gaza continued until the end of August, the date from which the take-over by the Government had been agreed. It is understood that skim milk was to be supplied through voluntary agency channels.

127. During 1956, 15,000 children in 26 primary schools have received a daily ration of fish-liver oil capsules, while 2,500 benefited from a daily supplementary hot meal supplied by UNRWA and the Government. A ration of 500 grammes of rice was distributed each month to 28,600 mothers and children through the UNRWA distribution centres at Khan Younes and 1,400 infants received a daily supply of reconstituted milk through nine UNRWA centres.

128. Jordan

First approved: April 1952
Total allocations: \$862,500 plus
1,761,000 pounds of
cost-free powdered
skim milk

The Board last March (E/ICEF/SR.156) was informed of the transfer to this programme and the Gaza programme of the unused balance of funds remaining from the UNICEF allocation for the Palestinian refugees. Feeding of mothers and children in destitute border villages is accordingly continuing along the same patterns as heretofore. There has been no appreciable improvement in the conditions of the population in this area. In accordance with the appeal issued by the General Assembly on 7 December 1955 for "increased assistance" to this area, UNRWA and the private agencies cooperating in the relief action have continued to assist with the distribution of the milk and other food commodities procured by UNICEF for the programme. The private agencies providing daily hot meals to the children of the area have been encouraged to continue and expand this direct approach to the problem

/129. The Government's matching...

129. The Government's matching commitment was fulfilled by the provision of about one hundred tons of flour and miscellaneous drugs, the latter being issued through the medical section of the British Save the Children Fund. A new provision of J.D. 4,000 (US\$11,000) has been included in the 1956/1957 budget of the Ministry of Social Affairs to be used as matching of UNICEF supplies.

130. Thanks to the services of the UNRWA staff member seconded to UNICEF for the supervision of the programme, a closer control over the distribution operations has been made possible. This UNRWA staff member has also been instrumental in checking and keeping up-to-date the 50,000 beneficiary lists which need constant adjustment.

131. A successful experiment made by UNRWA with the issuance of milk in the form of laban (yoghourt) in some of the refugee camps will be applied to the distribution of the milk provided by UNICEF to this programme during the second half of the current year. Yoghourt is the traditional form in which milk is consumed in the area, and the new arrangement is likely to be more popular than that of the liquid distributions. The product will be issued in dry form wherever facilities for its reconstitution into yoghurt will not be available.

132. The school feeding programme is continuing its steady progress under the joint sponsorship of the Ministries of Education and Social Affairs. The latter now has a special provision in its budget for the procurement of sugar and milk reconstitution equipment for the programme. The number of children in elementary schools receiving UNICEF milk almost doubled in 1956, reaching 28,274 beneficiaries through 416 schools against 14,500 in 1955.

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UNICEF MICROFICHE INPUT CONTROL AND INSTRUCTIONS RECORD

No. 213 (1)

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Date 31 May 77 (2)

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A (17*) ENGLISH ADDENDA-CORRIGENDA UNICEF

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(19*) ENVELOPE COLOUR: White - Blue - Yellow - Pink - Green - Grey

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