information. Two studies based on these sources have appeared, and the project has begun to fulfil its major objective - to demonstrate the usefulness of a good statistical service to a health authority.

Though there has been much activity, training of statistical personnel affords little ground for satisfaction. The chief lack is in top-level statisticians with the requisite medical background and practical experience. Training of personnel at intermediate and elementary level continues - both in-service training and organized courses. This type of training is much in demand and appears to be of some value.

4. PUBLIC HEALTH ADMINISTRATION

4.1 Strengthening of National Health Services

The policy of using WHO staff to assist in strengthening the administration of health services at central or provincial levels has been maintained. WHO Area Representatives and Public Health Advisers in the countries of the Region have worked in close contact with national health directorates. WHO's assistance and advice are increasingly being given at the directorate level.

As described elsewhere in this report, progress has been made in the integration of WHO assistance with plans for national development. In community development areas in Indian States, the number of teams, headed by a public health officer and including nursing and other advisory staff, was increased, and comparable teams have been operating in Afghanistan and in the Kalutara area of Ceylon. In the field of nursing, advisers to health directorates were working in Burma, Ceylon, Indonesia and in an augmented number of Indian States. WHO public health engineers assisted in the development of divisions of environmental sanitation in the health directorates in Burma and Ceylon; in Afghanistan the public health engineer assigned to Gulzar was able to lend assistance to the organization of the environmental sanitation section in Kabul Municipality.

As indicated above, WHO epidemiologists assisted in the creation of sections of epidemiology at the directorate level in Ceylon and Indonesia. Assistance designed to strengthen vital and health statistics at the central level was continued in Burma, Ceylon, Indonesia and Thailand, and in India the project in Nagpur was aimed at promoting the development of a model vital statistics section in a corporation health service as well as at training statistical assistants from several states.

WHO health educators assisted in strengthening health education bureaus in Afghanistan, Burma and Indonesia; in India a WHO health educator was working at the Ministry of Health in co-operation with the Ministry of Education, and an active health education section of the directorate was assisted in Bombay State.

4.2 Community Development

The rural health pilot project in Afghanistan is maintaining steady progress and is helping to provide sound patterns for the promotion of rural health. In Indonesia, technical approval has been
given to the provision of UNICEF assistance in the form of supplies and equipment for eight rural health demonstration areas, three of which are related to declared community development districts. Since 1956 the Government of Indonesia has, each year, scheduled sixteen rural districts to be community development areas.

In Thailand, consultations have been held with the local authorities on the further development of rural health services, particularly in relation to areas intended for community development.

Community development is considerably advanced in India. Rural health programmes in connection with community development areas have continued to receive assistance from WHO and UNICEF.

WHO public health teams were in position in six Indian States at the end of the year and recruitment was in train to provide teams in four further states.

Plans have been drafted for three of eighteen demonstration districts scheduled to be developed. A technical circular issued by the Regional Office, "General Guidelines for Establishment of Demonstration Districts", together with a questionnaire, was prepared to assist State Governments in drafting plans. The policy envisages the creation of a demonstration district project in each State during the current plan period.

Progress in growth of rural health services has not been entirely smooth. Experience has shown that evolution of basic health services may be retarded by shortage of trained staff and funds. Adequately trained and orientated staff is necessary to secure integration of health services at all levels. Coupled with this it is essential to provide appropriate supervision and guidance. Only when these requisites are fulfilled is due use being made of referral hospitals and laboratories.

The factor of staff shortage and lack of facilities delayed upgrading of referral hospitals and laboratories. Sufficient hostel accommodation, particularly for female staff, was not always available. Though there was evidence that staff training programmes were gathering momentum, yet some were still handicapped by staff difficulties and, occasionally, shortage of female candidates.

5. SPECIAL PUBLIC HEALTH SERVICES

5.1 Maternal and Child Health

The trend to render maternal and child health services on the field level through all-purpose health centres rather than in special maternal and child health centres continued in all countries of the Region. It is felt that while the concept of integration of services is sound, and reorientation courses for personnel are the only possible way of bringing about at least a limited degree of improvement, the future of the services will depend on better training during the undergraduate period.