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**Regional Office
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**ORGANISATION MONDIALE
DE LA SANTÉ**

**Bureau régional
pour la Méditerranée orientale**

**INTER-AGENCY CONSULTATION ON TRAINING
IN MATERNAL AND CHILD HEALTH AND ON
FEMALE CIRCUMCISION**

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REGIONAL NUTRITION TRAINING PROJECT

UNICEF/WHO/FAO/UNESCO

(1970-1978)

INTRODUCTION

The Regional Food and Nutrition Project was sponsored jointly by FAO, WHO and UNICEF in 1970, enlisting the participation of the Government of Lebanon and the American University of Beirut through a special agreement. UNESCO joined the project at a later date.

The original objectives of the project were:

- a) promoting an awareness of the food and nutrition problems among the Government officials and the professional community;
- b) providing necessary training in order to develop badly needed manpower for carrying out nutrition work and
- c) promoting food and nutrition policies and programmes.

Although the above objectives were later slightly expanded, development of manpower continued to be its chief objective.

Due to the disturbances in Beirut where the project office was located, its activities had to be considerably curtailed since 1976, leading to its eventual termination in early 1978.

ACCOMPLISHMENTS

The project pursued its objectives, all of which were geared to the promotion of nutrition activities at the country level, through a series of meetings, seminars and symposia, workshops and special courses. There were altogether 22 such events in the active life-time of the project which extended over six years, with a sum total of national participants exceeding 940. In addition there were 14 individuals from the region who received academic fellowships under the project, leading in most cases to the award of post-graduate degrees or diplomas (MSC & MPH) at the AUB in subjects related to agriculture and public health with emphasis on nutrition.

Nine of the 22 meetings referred to above were of regional character (with 433 participants), five were organized on a sub-regional basis (150 participants) and eight were at the national level (357 participants). The project thus provided opportunities to train nationals in a wide-ranging areas such as public health nutrition, food control and hygiene, management of feeding programmes, analyses of national situations, food and nutrition policy and planning, nutrition education, role of women's organizations in nutrition and so on. Many of the events were so tailored as to meet the felt needs of the time.

BENEFITS

A number of benefits can perhaps be claimed to have accrued as a natural sequence of the project's activities. The two regional seminars on food and nutrition held in Beirut in 1970 and 1973 brought together national representatives from Planning, Agriculture, Health and Education (from 14 and 19 countries respectively), where the general problems were critically reviewed and the need for multi-sectoral approach emphasized. Four countries, namely Lebanon, Cyprus, the Sudan

and Syria actually followed on with national seminars analysing the prevailing situations and identifying feasible plans of action. Personnel trained through academic fellowships and special courses helped to strengthen the agricultural sectors, national food and nutrition institutes and nutrition cells in the health sectors in about 10 to 12 countries of the region. A number of feeding programmes mostly supported by the World Food Programme were tangibly benefited in their organization, supervision and management. Yet another accomplishment has been the collection and compilation of available food and nutrition information from several countries; about 167 such contributions form part of the reports and publications brought out by the project, which continue to serve as useful reference. A publication of great practical application which is very much in demand is the manual "Family Food and Nutrition - A Manual of Priorities for the Eastern Mediterranean Region - Messages for Mothers".

While some useful activities to increase food and nutrition capabilities in countries of the region were thus initiated, these efforts were directed mainly to the top and intermediate level personnel. The expected "multiplier" effects of the training thus far carried out could not be assessed; they must have been rather limited and in any case not tuned to the evolving concepts of primary health care, which is the focus of this consultation.

FUTURE NEEDS

In the light of the past experience and particularly in view of the commitments of UNICEF and WHO (and other agencies) to the principles of primary health care, the need for a change in the training priorities has become a matter of some urgency. It is increasingly being recognized that emphasis in training should be shifted in favour of the village level health (and other) workers and to their immediate supporting staff, if the set goals in the type of health care and its coverage are to be accomplished in a reasonable span of time.

And also, just as nutrition constitutes an integral part of primary health care along with MCH, Family Planning, EPI and the like, so should training in nutrition be. In other words, there should be no isolated training in nutrition for primary health care workers or their teachers/supervisors, it should be fully integrated into the package of PHC training which encompasses MCH, Family Planning, EPI, Health Education, etc, among others. It is in this general framework that the following activities deserve the attention of this meeting:-

- 1) Training of local level workers, not only those directly involved in delivering primary health care but also others from related sectors as well as teachers, volunteers, local leaders etc, whose activities are expected to be complementary.
- 2) Training of trainers/supervisors. This should receive immediate priority, through perhaps special training programmes organized for the purpose and through reorientation and revision of curriculae of the existing health training institutes in the region.

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- 3) Continuation of training of administrators and professionals, wherever required, in order to acquaint them with the principles and concepts of primary health care (and counteract resistance from the establishment) and to update them with their changing roles in the context of PHC.
- 4) Development or adaptation of educational materials and manuals: especially for the use of trainers, as well as the variety of local level workers.
- 5) Support to health service research, to facilitate adoption of technology appropriate to local situations and also to determine the workloads, the time and numbers of PHC workers required etc., as a feed-back for improvement of the system.

It is realised that the areas listed above for cooperation are not new, they are recapitulated with the hope that the deliberations of this consultation will concentrate in clarifying the mechanisms for our collaborative efforts.