VI. SOCIAL DEVELOPMENT
VI. Social Development

Economic advances and social development are interdependent and mutually reinforcing.

Social policies to be framed over the next five years are intended to raise health and living standards; to ensure that all people share in the growing prosperity of the Kingdom; to ensure that no family is prevented by large numbers, misfortune, or lack of opportunities for employment from obtaining the basic necessities of life; and to bring to rural and nomadic communities health and welfare services comparable to those available to residents of urban communities.

Planned development of the Kingdom's social programs, discussed in this chapter, include improvement and expansion of health services; an increased and enlarged range of social security, community development, cooperatives, social welfare, and rehabilitation programs; and extension of the Government's contributory social insurance scheme. Specific plans for the youth and nomadic bedouin sectors of the population are also included.

Economic and social development would have little value without an effective system of administration of justice. The chapter concludes with a plan to develop the judicial system to meet the growing demands placed on it by economic and social development.
A. HEALTH

In addition to the expanded and improved health services to be delivered by the Ministry of Health and the Saudi Red Crescent Society, as described on the following pages, a number of health programs will be established or improved within other agencies. Most of these are described elsewhere — in specific plans of the respective agencies — and are therefore only briefly summarized below.

☆ Boys’ Education — Ministry of Education
- A network of mobile health units, including X-ray and dental care facilities, will make regular school visits.
- 23 main health units, one in each school district, and 47 branch units will be established. The system will include 31 eye clinics, 17 X-ray centers, and 34 dental clinics.
- 6 hospitals for students will be established.

☆ General Presidency for Girls’ Education
- The number of school health units will be increased from 23 to 30.
- Health visitors will make regular visits to all remote schools.
- A laboratory as well as dental and ophthalmological clinics will be included in the Jiddah, Riyadh, and Dammam health units.

☆ Higher Education
- The two existing student health units of the University of Riyadh will be expanded and additional units established on a one-per-college basis.
- At Islamic University, a 40-bed hospital will be constructed to provide both in-patient and out-patient care for students and staff.
- The health units at the women’s colleges in Jiddah and Riyadh will be strengthened in both the preventive and curative fields.

☆ Department of Municipal Affairs
- Water, sanitation, and insect eradication services will be improved in the municipalities.
- Public health laboratories will be established in the major municipalities.

☆ Ministry of Labor and Social Affairs
- Labor law enforcement to protect against occupational hazards will be strengthened.
- The number of community development centers will be increased and the
health services available within each improved.

- The rehabilitation program is to be significantly expanded.

☆ Ministry of Defense

- The number and operation of health facilities available to military personnel and their dependents will be improved.

☆ King Faisal Specialist Hospital, Riyadh

- Opening in 1395, this hospital will offer a wide range of the most sophisticated health services on a referral basis.

☆ Medical Schools

- University of Riyadh — The new College of Medicine will be completed by the beginning of the 1399-1400 academic year and enrollment increased from the current level of 258 males and 30 females to 597 males and 214 females in 1399-1400.

- King Abdul Aziz University — A College of Medicine will be established in 1395-96 with an initial enrollment of 60 males and 20 females, increasing to 397 males and 125 females in 1399-1400.

Figure VI-1 shows the pyramid of health services provided by the Ministry of Health and other government agencies.
VI.A.1. MINISTRY OF HEALTH

1. Present Conditions

1.1 Services relating to human health and nutrition are offered to the population through a number of channels, as just summarized above. By far the most significant health services in terms of size and coverage are those offered by the Ministry of Health. They are described below.

1.2 The current level of key health personnel and facilities under the jurisdiction of the Ministry of Health and in the private sector are compared with those at the beginning of the first development plan in Table VI-1. The health programs operated by other government agencies employ a further 517 doctors and 1,464 nursing and technical staff in a number of hospitals and clinics.

<table>
<thead>
<tr>
<th></th>
<th>Ministry of Health</th>
<th>Private Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1930</td>
<td>1934</td>
</tr>
<tr>
<td>Hospitals</td>
<td>47</td>
<td>62</td>
</tr>
<tr>
<td>Hospital beds</td>
<td>7,165</td>
<td>7,734</td>
</tr>
<tr>
<td>Dispensaries</td>
<td>187</td>
<td>215</td>
</tr>
<tr>
<td>Health centers</td>
<td>322</td>
<td>372</td>
</tr>
<tr>
<td>Doctors</td>
<td>789</td>
<td>1,900</td>
</tr>
<tr>
<td>Health inspectors and technicians</td>
<td>1,396</td>
<td>2,536</td>
</tr>
<tr>
<td>Nurses</td>
<td>2,253</td>
<td>3,934</td>
</tr>
</tbody>
</table>

a Excluding a total of 1,326 beds used seasonally (for example, quarantine).
b Data not available.

In percentage terms, the Ministry of Health has made considerable progress in a number of fields during the past five years, but still has far to go before the level of basic health facilities and services can be said to be fully satisfactory. Moreover, a number of hospitals and other medical facilities are in serious need of improvement, equipment, and qualified staff.

1.3 Progress under the first five-year plan was hampered by a number of factors, including:

☆ Lack of skilled manpower at all levels.
☆ Organizational and management difficulties.
☆ Insufficient information and research on the health characteristics of the country and on the appropriate form and size of an effective health system.
☆ Lack of integration of the preventive, curative, and educational components of the health system.

☆ A low level of enrollment and output in the Kingdom’s training schools; in the period 1390-94, only 152 female nurses and 357 technical assistants graduated from the nursing schools and health institutes.

1.4 A number of steps toward alleviating these and other problems were taken toward the end of the first plan period. These include:

☆ The preparation of a series of standardized designs for a full range of hospitals of varying size and function.

☆ Initiation of a major study and implementation program, of several years’ duration, designed to evaluate and improve the health system, covering the following major areas:
  - General health survey.
  - Baseline survey of health facilities and related staff.
  - Improvement of the integration of health services in hospitals and clinics.
  - Pilot projects for evaluative research demonstration, and training concerning innovative patterns of integrated health services delivery.
  - A series of categorical health programs.
  - Health manpower planning, training, and recruitment.
  - Administrative improvement within the Ministry.

☆ Establishment of a General Directorate for Coordination and Follow-up within the Ministry to provide a strong central group for directing research, planning, program analysis and selection, training implementation, and evaluation throughout the Ministry.

☆ The awarding of 30 overseas scholarships for Saudis to study hospital management.

☆ Passing of Council of Ministers’ resolution No. 183 (27.9.1394) for the granting of loans to persons intending to establish private hospitals; such loans will amount to 50 percent of hospital-establishment unit expenses.

Although it is in many instances too early to evaluate the effects of these significant innovations, they should nevertheless provide a strong base for achieving the improvements in health care envisioned in the current National Development Plan.

2. Objectives and Policies

2.1 A primary objective of the development of the health sector in the period 1395-1400 is to provide the Kingdom’s population in all regions with a comprehensive range of preventive and curative health services so that the people may, through higher levels of health, both contribute to and benefit from the socio-economic progress of the Kingdom.
2.1.1 Expansion of preventive and curative services is planned both horizontally and vertically, and will include the following.

☆ Curative Services:
- Increasing the number of hospital beds, to provide 2.5 beds per 1,000 population by the end of the plan period.
- Increasing the number of dispensaries and upgrading a number of existing health points into category ‘B’ dispensaries.
- Establishing district dispensaries in selected urban areas to reduce the present out-patient loads of hospitals.

☆ Preventive Services:
- Strengthening and extending the system of preventive health services with the aim of reducing the incidence of disease and lowering the burden on curative services.
- Introducing a network of Mother and Child Care Clinics with the aim of reducing the infant mortality rate to no more than 110 per 1,000 births and improving mother and child care generally.
- Establishing a nutritional program.

2.1.2 High priority will be given to the integration of preventive and curative services at both the delivery and administration levels.

2.1.3 The development of private-sector health services will be encouraged and regulated.

2.1.4 Health education programs will be improved to increase public awareness of health problems, their causes, and the means of resolving them.

2.2 Significant improvement of the efficiency of health service operations at all levels is another major objective. The guiding policies associated with this objective are as follows.

2.2.1 Improve the range and performance of the support services necessary for the operation of a modern and efficient health system.

2.2.2 Develop a better understanding of the Kingdom’s particular health situation by means of research and improved statistics.

2.2.3 Undertake significant management and administrative improvement to provide for efficient operation of the expanded health system.

2.2.4 Delegate increased responsibility for operation and control to the local level.

2.2.5 Expand the number and improve the quality of skilled manpower at all levels of the Ministry’s operations. The specific plan target is a doctor: population ratio of 1:2,000 by the year 1400.
2.2.6 Increase coordination with other government ministries and agencies in order to derive the maximum benefit from scarce skilled health personnel and to develop common supportive health services.

3. Programs and Projects

3.1 Health Facilities Network

Health services will be delivered to the population through a hierarchy of strategically located health facilities in each region:

☆ General hospitals of varying sizes, located in urban communities and offering both preventive and curative health services.
☆ Specialized hospitals, located in the major cities of the Kingdom.
☆ Dispensaries, staffed by physicians and providing both preventive and curative services, which serve communities of 10,000-15,000 (type 'A') and 5,000-10,000 (type 'B'), and 40,000 (district dispensaries).
☆ Health centers providing, under the jurisdiction of a dispensary, both preventive and curative services, and serving the smallest communities.
☆ District dispensaries (polyclinics), located in major towns and each providing both preventive and curative services to a population of 40,000.
☆ Specialized facilities, providing services such as bilharzia and malaria control, chest disease clinics, and mother and child health centers.
☆ Support services, including regional laboratories, equipment and supply warehouses, and engineering departments.
☆ Health offices, responsible for organizing the collection of vital statistics and providing guidance on preventive health services.
☆ Mobile health services, to cover nomadic and other persons scattered in small villages.

3.2 Facilities Construction and Improvement

3.2.1 An additional 11,500 hospital beds will be established during the plan period. The precise location, size, type, and number of new hospitals is subject to ongoing surveys and studies. However, construction of hospitals in areas of urgent need will begin prior to completion of the facilities studies.

3.2.2 The following are the present and planned numbers of dispensaries:

<table>
<thead>
<tr>
<th>Type</th>
<th>Existing</th>
<th>Planned</th>
<th>Total in 1400</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 'A'</td>
<td>29</td>
<td>123</td>
<td>152</td>
</tr>
<tr>
<td>Type 'B'</td>
<td>186</td>
<td>89</td>
<td>275</td>
</tr>
<tr>
<td>Total</td>
<td>215</td>
<td>212</td>
<td>427</td>
</tr>
</tbody>
</table>

a Funds for 55 type 'A' dispensaries were appropriated in the 1994-95 budget.
3.2.3 The following improvements are planned for health points.
3.2.3.1 Upgrade 40 health centers serving populations of 5,000 or more to Type ‘B’ dispensaries.
3.2.3.2 Equip all health centers serving populations of 800 inhabitants or more with an ambulance, and place them under the jurisdiction of a specified dispensary or hospital. Gradually upgrade these centers to Type ‘B’ dispensaries.
3.2.4 A total of 45 district dispensaries in urban areas will be rented or constructed by 1400 with the purpose of reducing the current pressure on hospital out-patient clinics.
3.2.5 Table VI-2 shows the specialized facilities program.

<table>
<thead>
<tr>
<th>Type</th>
<th>Existing</th>
<th>Planned</th>
<th>Total in 1400</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical rehabilitation centers</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Bilharzia control stations(^a)</td>
<td>8</td>
<td>32</td>
<td>40</td>
</tr>
<tr>
<td>Malaria control stations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Regional</td>
<td>3</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Quarantine stations</td>
<td>34</td>
<td>10</td>
<td>44</td>
</tr>
<tr>
<td>Tuberculosis clinics</td>
<td>2</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Chest disease dispensaries(^b)</td>
<td>12</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td>Mother and child welfare clinics</td>
<td>4</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>Dental clinics</td>
<td>55</td>
<td>91</td>
<td>146</td>
</tr>
</tbody>
</table>

\(^a\) All rentals
\(^b\) All to be improved.

3.2.6 Present and planned health training institutes are shown below:

<table>
<thead>
<tr>
<th>Type</th>
<th>Existing</th>
<th>Planned</th>
<th>Total in 1400</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health institutes (men)</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Nursing schools (women)</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Socio-medical training centers</td>
<td>0</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Health museum</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Public Health Institute</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

3.2.7 The program of support services and administration for the planned health facilities is summarized as follows:

<table>
<thead>
<tr>
<th>Type</th>
<th>Existing</th>
<th>Planned</th>
<th>Total in 1400</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply stores</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Regional</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Regional engineering offices</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>General Directorate of Medical and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical Licenses (Building)</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Regional Medical Laboratories(^a)</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Forensic Medicine offices</td>
<td>6</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Health offices</td>
<td>17</td>
<td>31</td>
<td>48</td>
</tr>
</tbody>
</table>

\(^a\) All to be replaced.
3.2.8 The above-described construction and improvement programs will be implemented by:
3.2.8.1 Using standardized designs as far as possible.
3.2.8.2 Renting appropriate facilities pending construction of specified buildings.
3.2.8.2 Immediately initiating research into the possibility of establishing multi-purpose health complexes.
3.2.8.4 Forming as soon as possible a new department for overall initiation and supervision of the facilities' improvement and procurement programs.
3.2.8.5 Strengthening the Inspection Department, as well as the Engineering Department, to ensure the improvement of health unit operation and maintenance standards (1395-1400).

3.3 New and Improved Health Services
3.3.1 Existing health programs will be expanded and strengthened, and new ones introduced, as follows.
3.3.1.1 Expand the mother and child care program for both pre- and post-natal care as well as child care, through dispensaries, district dispensaries, health centers, and community development centers. In addition, establish 20 specialized mother and child clinics (1395-1400).
3.3.1.2 Staff each of the 45 new district clinics in urban areas with 4 physicians, to provide preventive and curative services and thus relieve the current strains on hospital out-patient clinics in urban areas (1395-1400).
3.3.1.3 Establish 91 dental clinics in hospitals throughout the Kingdom (1395-1400).
3.3.1.4 Establish 3 rehabilitation centers for the physically handicapped in Riyadh, Jiddah, and Hofuf (1399-1400).
3.3.1.5 Expand chest disease programs through the planned increase of 10 specialized dispensaries (1398-99), 8 tuberculosis centers (1396-99), the establishment of vocational units within chest hospitals, and the improvement of existing facilities and services (1397-1400).
3.3.1.6 Increase manpower in the psychiatric health section (1395-96) and establish 9 psychiatric health sections within public hospitals (1395-1400).
3.3.1.7 Improve socio-medical services to provide social, psychiatric, and training services to patients during hospitalization and treatment: 69 centers plus 20 model/training units will be established under a Socio-medical Service Office to be located within the Curative Health Department (1396-99).

3.3.1.8 Establish a Laboratories Department at the Ministry level (1395-96) and establish two additional regional laboratories in the Northern and South Western regions which, together with the existing regional laboratories, will be under its jurisdiction (1398-99).

3.3.1.9 Improve blood banks at all hospitals (1395-1400) and provide a laboratory inspector for each health directorate (1396-97).

3.3.1.10 Establish 2 central medical supply centers (Jiddah and the Eastern Region) — as well as smaller stores in Qasim, Medina, Asir, and Jaizan — to be coordinated with the central stores in Riyadh (1395-98).

3.3.1.11 Establish 5 regional engineering departments to provide a higher level of equipment and facilities maintenance (Riyadh, Dammam, Jiddah, Abha, and the Northern Region) (1395-98).

3.3.1.12 Strengthen the Nutritional Department within the Ministry with additional manpower and establish a national Nutrition Institute, following study, to provide the Ministry with information upon which to base specific programs (1395-98).

3.3.1.13 Establish and staff an infectious disease research unit (1395-96).

3.3.1.14 Establish, progressively, a nationwide system of providing each citizen with a health card and medical file, with the purposes of improving medical records and facilitating referral (1395-99). Coordinate this program with programs for social services registration being undertaken in other ministries.

3.3.1.15 Increase skilled manpower and equipment available at the bilharzia and malaria control stations, the Environmental Health Department, and the Water Department (1395-96).

3.3.1.16 Provide additional manpower to the health programs operated through existing community development centers (1395-96) and initiate new programs as additional centers are opened by the Ministry of Social Affairs (1396-1400).

3.3.1.17 Improve staffing, both in terms of numbers and of competence, in existing health facilities by improved recruitment and training procedures (1395-1400).

3.4 Organization and Administration

3.4.1 Strengthen the Ministry’s organizational and administrative structure for effective operation, as follows:

3.4.1.1 Re-define health region boundaries to coincide with the Kingdom’s administrative divisions, thus providing an improved base for both administrative and statistical purposes (1395-96).
3.4.1.2 Following study in 1396-97, delegate increased authority for implementing and operating health projects to Regional Health Directors while centralizing responsibility for policy, planning, and evaluation at the Ministry level.
3.4.1.3 Integrate preventive, curative, and educative services at the regional level; and establish a special department with the sole responsibility of supervising clinics and health centers (1395-96).
3.4.1.4 Increase decentralization of support services by establishing offices at the regional level (1395-1400).
3.4.1.5 Upgrade the quality of staff at all levels of the Ministry's activities by in-service training, specification of career development prospects, and by training programs operated by the Ministry, the Institute for Public Administration, and overseas (1395-1400).

3.5 Planning, Coordination, and Implementation

3.5.1 Place within the newly formed General Directorate for Coordination and Follow-up the major role in initiating, coordinating, and evaluating health policy and implementation. This General Directorate will comprise the following departments:

- Planning, Programming and Scientific Missions
- Organization and Administration
- Technical Training
- Budgeting
- Statistics
- Health Education
- Investigation
- Inspection
- Inter-Ministry Coordination Office
- Office of Construction Programs Coordination.

3.5.2 Specific projects to be undertaken by the General Directorate for Coordination and Follow-up are listed below.
3.5.2.1 Formulate the Ministry's objectives and plans (1395-1400).
3.5.2.2 Introduce improved methods of financial accounting, budgeting, and planning (1395-1400).
3.5.2.3 Review the specific projects and programs submitted by the Ministry's departments (1395-1400).
3.5.2.4 Prepare job descriptions (1396-99) and objectives for all departments (1395-1400), together with regular evaluations of performance.
3.5.2.5 Improve the statistical system relating to health and vital statistics, and train personnel in its use (1395-1400).
3.5.2.6 Initiate and monitor research programs for evaluation of technical and administrative aspects of the health system including, within the plan period:

☆ A general health survey.
☆ Survey of health facilities and related staff.
☆ Improvement in integrated health service delivery.
☆ Pilot projects for research, demonstration, and training.
☆ Categorical health programs.
☆ Health manpower planning, training, and recruitment.
☆ Management improvement.
☆ Feasibility of a nationwide health card system.
☆ Feasibility of mobile health services.

3.5.2.7 Establish a center for study and research into health and social development, in Riyadh (1395-99).

3.5.2.8 Strengthen the investigation and inspection activities of the Ministry to ensure proper practice at all levels of the health system (1395-1400).

3.5.2.9 Coordinate with the health activities of other government agencies, both to avoid duplication of effort and to provide a common source of information and understanding relating to health activities (1395-1400).

3.6 Medical Supplies

3.6.1 Improve the logistical aspects of assuring the availability of necessary medical supplies throughout the health system.

3.6.1.1 Strengthen operation of the medical supplies system by introducing an improved inventory control and reporting system (1395-96).

3.6.1.2 Establish additional central and regional medical supply stores, as already noted.

3.6.1.3 Improve training for personnel in the Ministry’s Medical Supply Department (1395-1400).

3.6.2 Maintain a firm control over the quality and use of drugs and medicines.

3.6.2.1 Prepare a drugs directory for use by public and private health services (1395-96).

3.6.2.2 Establish a laboratory for the manufacture of vaccines and serums (1398-99).

3.6.2.3 Establish a factory for drug and medicine packaging (1395-96).

3.7 Health Education

3.7.1 Prepare, through the Health Education Department, literature and visual aids for dissemination through all general health facilities, including community development centers, and mother and child care clinics; such material will also be made available for the use of other government agencies and the private sector (1395-1400).
3.7.2 Undertake mass media campaigns (radio, television, and the press) on health information and careers (1395-1400).
3.7.3 Initiate special campaigns during the time of the pilgrimage in the Hajj areas.
3.7.4 Establish health education units, at the rate of two per year, in the regional health offices (1395-1400).
3.7.5 Establish a health museum for the education of students and the general population (1395-98).

3.8 Personnel Training and Recruitment
3.8.1 Operate training programs for technical and nursing personnel:

☆ Establish three new health institutes and five nursing schools (1395-99).
☆ Improve the present three institutes and four nursing schools (1395-98).
☆ Plan to graduate 5,250 technical assistants (1395-1400).

3.8.2 Establish, within each health institute, a specialized department of psychiatric nursing (1395-1400).
3.8.3 Establish 20 model socio-medical training centers to train staff for the new socio-medical service (5 per year: 1395-98).
3.8.4 Establish 1,061 scholarships for medical and related personnel.
3.8.5 Utilize the training courses offered by World Health Organization centers in the Middle East for the training of specialists in rehabilitation and artificial limbs (1395-1400).
3.8.6 Develop a series of incentives to attract an increased number of both males and females into health careers (1395-96).

3.9 Regulation and Stimulation of Private-Sector Health Activities
3.9.1 Analyze loan applications with the Ministry of Finance for the establishment of private hospitals; such loans will amount to 50 percent of establishment expenses in accordance with Council of Ministers’ Resolution No. 1832.
3.9.2 Increase the staff and efficiency of the General Directorate for Medical and Pharmaceutical Licenses to strengthen its capabilities for registration, licensing, inspection, and the preparation of regulations (1395-98).
3.9.3 Provide assistance and information on technical matters (1395-1400).
4. Finance

The annual financial requirements of the Ministry of Health in the plan period are estimated as follows (SR millions):

<table>
<thead>
<tr>
<th></th>
<th>Budgeted</th>
<th>1395</th>
<th>1396</th>
<th>1397</th>
<th>1398</th>
<th>1399</th>
<th>1400</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1394-95</td>
<td>-96</td>
<td>-97</td>
<td>-98</td>
<td>-99</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurrent</td>
<td>727.9</td>
<td>775.1</td>
<td>829.4</td>
<td>944.7</td>
<td>1,198.9</td>
<td>1,215.5</td>
<td>4,963.5</td>
<td></td>
</tr>
<tr>
<td>Project</td>
<td>435.1</td>
<td>5,793.2</td>
<td>3,054.5</td>
<td>2,363.6</td>
<td>805.9</td>
<td>320.8</td>
<td>12,338.1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,163.0</td>
<td>6,568.3</td>
<td>3,883.9</td>
<td>3,308.3</td>
<td>2,004.8</td>
<td>1,536.3</td>
<td>17,301.6</td>
<td></td>
</tr>
</tbody>
</table>


VI. A.2. SAUDI RED CRESCENT SOCIETY

1. Present Conditions
1.1 The Saudi Red Crescent Society provides first-aid, ambulance and emergency medical services, principally on highways where traffic accidents are numerous and during the period of the Hajj. Through a General Center in Riyadh, the Society operates 3 branch offices, 8 health centers, 27 first-aid centers (24 hours per day), and 120 ambulances.
1.2 During the period of the first development plan the following objectives were met:
   ◆ Establishment of a First-Aid Training Institute.
   ◆ Equipment of ambulances with radios in the Hajj areas.
   ◆ Increased number of first-aid centers.
1.3 Targets not met were:
   ◆ Establishment of a public relations office.
   ◆ Procurement and operation of a mobile hospital.
   ◆ Adequate staffing of the First-Aid Training Institute.

Moreover, the Society is beset with problems relating to insufficient skilled manpower, outmoded equipment, and inadequate emergency supplies.

2. Objectives and Policies
   For the period of the second Plan, the Saudi Red Crescent Society has eight specific objectives for its development.
2.1 The improvement of first-aid and other health and medical services provided for pilgrims has high importance in the Society’s plan. Three policies will be followed in reaching this objective:
   ◆ New branches and clinics will be established in the Hajj zones in accordance with recommendations from the Hajj Committee.
   ◆ Mobile facilities will be provided for use in the Hajj zones during the pilgrimage period and in other areas at other times.
   ◆ First-aid patrols will be increased in the Hajj areas.
2.2 A second objective for the 1395-1400 period is to increase and diversify the Society’s financial resources.
2.3 First-aid services throughout the Kingdom are to be upgraded and expanded, as follows:
   ◆ Improve and re-equip existing centers, branches, and clinics.
   ◆ Construct and equip new first-aid centers and branch offices.
Increase the number of staff members qualified in first-aid.

2.4 To improve the Society's manpower skills and supply at all levels is another major aim, to be fulfilled by providing training courses for technical and administrative staff, and by attracting and recruiting more technical and administrative employees.

2.5 Increasing the number of voluntary first-aid workers is a distinct objective, to be reached by organizing training programs for youth groups and establishing Red Crescent societies among selected youth groups, and also organizing training programs for employees of establishments and organizations that are larger than a specified size.

2.6 Another objective is to procure additional reserves of emergency supplies and establish storage facilities for them.

2.7 Broader in scope is the objective of establishing a study and planning function to improve the overall efficiency of the Society's operations.

2.8 Finally, the aims and principles of the Society will be publicized through the various information media and publicity for selected groups.

3. Programs and Projects

3.1 Operational Improvements

3.1.1 Provide 150 fully-equipped ambulances (30 per year).

3.1.2 Introduce a system of eight-hour shifts in health centers over the first three years of the Plan.

3.2 New Facilities and Equipment

3.2.1 Establish 30 new first-aid centers for the emergency treatment of accident victims and for conveying them to hospitals (6 centers per year).

3.2.2 Establish 5 new clinics, mostly in the Hajj areas, for provision of first-aid and health services (1 per year).

3.2.3 Organize 2 stores for emergency supplies in case of catastrophes, in Riyadh (1396-97) and Mecca (1398-99).

3.2.4 Construct 3 branch offices to replace existing offices in Medina, Tayif, and Riyadh (1395-98).

3.2.5 Study and subsequently procure a mobile hospital primarily for the Hajj area during the pilgrimage, but also for remote areas at other times (1395-96).

3.2.6 Study and subsequently install a radio network to facilitate inter-unit communication and to improve emergency response-time (1396-97).

3.3 Training

3.3.1 Run one course each year at the Institute for Public Administration for administrative personnel.
3.3.2 Recruit and train 210 students in first-aid at health institutes to fill assignments in the Society’s centers and clinics (1395-1400).
3.3.3 Increase voluntary assistance by running training programs at youth centers, schools, universities, institutes, and places of work (1395-1400).

3.4 Administration and Planning
3.4.1 Establish a planning office for the Society’s operations (1395-96).
3.4.2 Study and formalize the Society’s organizational and management structure to improve its operations (1395-96).
3.4.3 Study and implement ways of augmenting and diversifying the Society’s financial resources (1395-96).
3.4.4 Strengthen the Society’s public relations program to increase public awareness of, and interest in, the Society’s services (1395-96).

4. Finance
The annual financial requirements for the Saudi Red Crescent Society are estimated as follows (SR millions):

<table>
<thead>
<tr>
<th></th>
<th>Budgeted 1394-95</th>
<th>1395</th>
<th>1396</th>
<th>1397</th>
<th>1398</th>
<th>1399-1400</th>
<th>Plan Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15.9</td>
<td>20.6</td>
<td>24.8</td>
<td>28.5</td>
<td>30.1</td>
<td>31.6</td>
<td>135.6</td>
</tr>
<tr>
<td>Project</td>
<td>2.9</td>
<td>10.1</td>
<td>16.5</td>
<td>9.5</td>
<td>14.6</td>
<td>7.1</td>
<td>57.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>18.8</td>
<td>30.7</td>
<td>41.3</td>
<td>38.0</td>
<td>44.7</td>
<td>38.7</td>
<td>193.5</td>
</tr>
</tbody>
</table>
B. SOCIAL SECURITY AND SOCIAL AFFAIRS

1. Present Conditions

The Ministry of Labor and Social Affairs offers a range of programs oriented toward the social development of individuals and groups, as well as the welfare of individuals in particular need of these programs. The Kingdom's Social Security System currently provides, on a non-contributory basis, two types of social assistance:

☆ Pensions payable to persons above the age of 60 and partially or completely disabled, to orphans, and to women without support.
☆ Grants-in-aid to persons affected by natural and social calamities.

Social Affairs provides several other types of services:

☆ Social welfare (institutional and other care) for orphans, problem children, the elderly, and beggars.
☆ Rehabilitation for the mentally and physically handicapped.
☆ Assistance to and regulation of cooperatives.
☆ Community development services.
☆ Planning and research relevant to social programs in the Kingdom.

Both the Social Security and Social Affairs programs expanded substantially during the first plan period under the Ministry of Labor and Social Affairs.

1.2 Social Security

1.2.1 In addition to the Ministry offices in Riyadh, Social Security has 3 regional offices (Jiddah, Riyadh, and Dammam) and 46 branch offices, 6 of which were established during the first plan period.

1.2.2 Benefits payable under Social Security were increased significantly in 1394. The current maximum annual payment for a family of 7 persons is SR 5,400 per year comprising a basic rate of SR 1,080 for the family head/supporter plus SR 720 for each additional family member. Budget provisions for 1393-94 included SR 178 million for the pension program and SR 6.6 million for grants-in-aid. In 1393-94, approximately 110,000 persons received pension benefits and 3,700 received grants.
1.2.3 The major operating difficulties of the Social Security scheme during the first plan period were encountered in familiarizing the general public with the scheme, verifying claims, and obtaining skilled manpower for all Social Security offices.

1.3 Social Welfare

1.3.1 Social welfare provides in the following institutions care for young and old persons in distress because of economic, social, or physical circumstances:

<table>
<thead>
<tr>
<th>Institution</th>
<th>No.</th>
<th>Care for</th>
<th>Number of Persons (1394-95)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Males</td>
</tr>
<tr>
<td>Social Educational Institutes</td>
<td>10</td>
<td>Orphans</td>
<td>954</td>
</tr>
<tr>
<td>Welfare Home for Muslim Children</td>
<td>1</td>
<td>Orphans</td>
<td>15</td>
</tr>
<tr>
<td>Social Nursery Home</td>
<td>1</td>
<td>Children 0-6 years</td>
<td>29</td>
</tr>
<tr>
<td>Social Orientation Institutes</td>
<td>4</td>
<td>Non-delinquent problem children</td>
<td>211</td>
</tr>
<tr>
<td>Probation Homes</td>
<td>3a</td>
<td>Delinquent or first-offense juveniles</td>
<td>29</td>
</tr>
<tr>
<td>Social Welfare Institutes</td>
<td>5</td>
<td>Elderly persons</td>
<td>149</td>
</tr>
<tr>
<td>Offices for Beggars Control</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a Including 2 just completed.

1.3.2 Another Social Welfare function is the encouragement of private benevolent societies. The Ministry usually pays a subsidy to these societies; in 1394-95 these subsidies to 13 societies reached approximately SR 450,000.

1.3.3 Social Welfare also has a program for the foster and alternate family care of foundlings and infants separated from their mothers. In 1394-95 some 555 children were being cared for under this program, compared with 123 children in 1389-90.

1.4 Rehabilitation

1.4.1 A department was formed in 1393-94 to provide rehabilitation services and training to the mentally and physically handicapped. Within six months of a rehabilitation center being established in Riyadh, it was serving 42 persons.
1.5 Cooperatives

1.5.1 Cooperatives are registered and regulated by a department which also offers both technical and financial assistance in the establishment and initial operational stages of cooperatives. In 1394-95 there were 83 registered cooperatives with a membership of 27,560 in the Kingdom. There were 39 cooperatives at the beginning of the first plan period and the target for the end of the period was 76. Government policy in the most recent years has been to discourage the formation of consumer cooperatives, except in some rural areas.

1.5.2 The registered cooperatives are divided into five categories, as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-purpose</td>
<td>30</td>
</tr>
<tr>
<td>Agriculture</td>
<td>24</td>
</tr>
<tr>
<td>Consumer</td>
<td>17</td>
</tr>
<tr>
<td>Services</td>
<td>10</td>
</tr>
<tr>
<td>Professional</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>83</strong></td>
</tr>
</tbody>
</table>

1.5.3 Subsidies to the 83 cooperatives totalled SR 790,000 in the year 1394-95; other relevant financial data for that year are:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital</td>
<td>SR 7.87 million</td>
</tr>
<tr>
<td>Financial reserves</td>
<td>SR 3.54 million</td>
</tr>
<tr>
<td>Annual turnover</td>
<td>SR 14.93 million</td>
</tr>
<tr>
<td>Total assets</td>
<td>SR 14.50 million</td>
</tr>
</tbody>
</table>

1.6 Community Development

1.6.1 Through 17 community development centers (CDCs) serving a total of 83 communities, government services are coordinated with local efforts to improve the welfare of the community. Major emphasis has been placed on the concept of the community members themselves improving their own level of living.

1.6.2 Although the community development program is operated under the jurisdiction of the Ministry of Labor and Social Affairs, the Ministries of Education, Health, and Agriculture and Water also participate. Typically, a CDC will include a health clinic, and operate programs in:

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy</td>
</tr>
<tr>
<td>Public hygiene</td>
</tr>
<tr>
<td>Libraries</td>
</tr>
<tr>
<td>Cooperative activities</td>
</tr>
<tr>
<td>Agricultural extension (in rural areas)</td>
</tr>
</tbody>
</table>

1.6.3 Of the 17 CDCs in operation, 11 are located in rural and 6 in urban areas. By 1395, 60 local committees had been established and the CDCs undertook 250 community
projects, such as organizing of mother and child care centers, teaching home economics courses, and schemes for sanitary improvement.

1.6.4 Although no new CDCs were opened during the period of the first plan, a study of their effectiveness was initiated and its results will form the basis for decisions relating to expansion of the CDC network.

1.6.5 Training for community development personnel and persons from other agencies participating in CDC programs is undertaken jointly by the Ministry of Labor and Social Affairs and the United Nations at the joint Center for Training and Applied Research in ad-Diriyah, near Riyadh. During the first plan period, short courses were attended by 323 persons and long courses by 131. Ten research projects on social topics were undertaken during this same period. The Center has a staff of 47 plus 7 U.N. advisors.

1.7 Planning and Research

In 1393–94 a Planning and Research Department was established in the Secretariat for Social Affairs as the basic unit for initiating research into all questions relating to social programs in the Kingdom, as well as for coordinating the planning activities of Social Affairs and Social Security. The Department has a staff of 16.

2. Objectives and Policies

2.1 Three basic objectives have been defined for Social Security and Social Affairs in the period 1395–1400. They can be summarized as follows.

2.1.1 Assist the Saudi people to improve by their own efforts their real standards of living without reducing their incentives to work.

2.1.2 Provide services and assistance to individuals who are prevented for reasons of health, age, or other particular cause from participating directly in the rewards of the Kingdom's development.

2.1.3 Help individuals and groups to adapt to the gradual urbanization and industrialization of Saudi society.

2.2 To meet the above objectives, the Ministry of Labor and Social Affairs will be guided by the following policies.

2.2.1 Improve and strengthen the existing Social Security transfer payments system.

2.2.2 Introduce additional transfer payment schemes designed to cover a wide range of persons, but with emphasis on the children of poor families and the elderly.

2.2.3 Stimulate both group and individual participation in social programs designed to further self-and community-improvement.

2.2.4 Encourage the private sector to develop social programs and, where possible, assign to private benevolent organizations the responsibility for operation of specified social programs started by the Government.

2.2.5 Improve and extend the system of institutional care for those in need.
2.2.6 Improve the services designed to prepare the mentally and physically handicapped and juvenile delinquents to assume productive roles in society.

2.2.7 Extend the application of social programs in urban areas through the existing range of institutions.

2.2.8 Provide guidance to, and collaborate with, government agencies concerned with (a) the well-being of those segments of the population who are slow to benefit directly from the development process, such as the Bedouin and small farmers, and (b) the changing social needs, such as housing, engendered by the development process.

3. Programs and Projects

Figure VI–2 summarizes the major programs described below.

3.1 Social Security

3.1.1 Before introducing the new non-contributory social assistance schemes, complete the following preparatory tasks (1395–97):

- Draft and promulgate new legislation regarding eligibility for, and operation of, the new schemes.
- Establish the procedural and organizational framework for the enlarged system.
- Finalize the payments mechanism.
- Register eligible persons.
- Prepare files for recipients, and install appropriate data processing facilities.
- Initiate (in 1395) training programs for both central and regional staff.

3.1.2 Introduce the following new non-contributory social assistance schemes (by the beginning of Jumad II, 1397):

- *Child allowances*, payable to limited-income families with children.
- *Old-age pensions*, for persons over 60 who are not covered by alternative pension schemes.

- *Death allowances*, payable to wives whose deceased husbands had been old-age pensioners under the Social Security Scheme.
- *Housing allowances*, payable as a lump-sum to tenants who have lost their accommodation owing to circumstances beyond their control.

3.1.3 Table VI–3 shows the projected expenditures on the above new and increased Social Security benefits during the period of the Plan.
SOCIAL SECURITY

Existing Benefits
• Disability Pensions
• Orphans Allowances
• Aid to Women Without Support
• Temporary Emergency Grants

Additional Benefits
• Old-Age Pensions
• Death Allowances
• Child Allowances
• Housing Allowances

SOCIAL WELFARE

Existing Institutions
• 19 Institutes for the Young
• 5 Institutes for the Elderly
• 7 Offices for Beggar Control
• 13 Private Benevolent Societies
• 555 Foster and Alternate Families

Additional Institutions
• 14 Institutes for the Young
• 2 Institutes for the Elderly
• 7 Offices for Beggar Control
• 20 Private Benevolent Societies
• 300 Foster and Alternate Families

COMMUNITY DEVELOPMENT

Existing Institutions
• 11 Urban Centers
• 6 Rural Centers

Additional Institutions
• 12 Rural Centers
• 5 Urban Centers

COOPERATIVES

Existing Institutions
• 83 Cooperatives

Additional Institutions
• 90 Local Cooperatives
• 5 Regional Marketing and Supply Cooperatives
• 2 Central Marketing and Supply Cooperatives

REHABILITATION

Existing Institution
• 1 Rehabilitation Center

Additional Institutions
• 5 Vocational Rehabilitation Centers
• 3 Social Rehabilitation Centers
Table VI-3
PROJECTED SOCIAL SECURITY PAYMENTS, 1395-1400
(SR Millions)

<table>
<thead>
<tr>
<th></th>
<th>1395-96</th>
<th>1396-97</th>
<th>1397-98</th>
<th>1398-99</th>
<th>1399-1400</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Existing allowances</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability pensions</td>
<td>119.77</td>
<td>129.81</td>
<td>143.18</td>
<td>148.78</td>
<td>154.78</td>
<td>696.32</td>
</tr>
<tr>
<td>Orphans allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension for women without support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New allowances</strong></td>
<td>812.00</td>
<td>844.20</td>
<td>2,751.48</td>
<td>2,777.48</td>
<td>2,799.88</td>
<td>9,985.04</td>
</tr>
<tr>
<td>Old-age pensions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>931.77</td>
<td>974.01</td>
<td>2,894.66</td>
<td>2,926.26</td>
<td>2,954.66</td>
<td>10,681.36</td>
</tr>
</tbody>
</table>

3.1.4 Ensure that all persons eligible for Social Security benefits are aware of, and do receive, the appropriate benefits through the following actions:

☆ Convert the Abha local office into a regional office (1395).
☆ Establish and staff 34 additional local offices as follows:

<table>
<thead>
<tr>
<th>Region</th>
<th>1395-96</th>
<th>1396-97</th>
<th>1397-98</th>
<th>1398-99</th>
<th>1399-1400</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>Hotat/</td>
<td>Thadaq</td>
<td>al-</td>
<td>Sajer</td>
<td>Darma</td>
</tr>
<tr>
<td></td>
<td>Sudanyr</td>
<td></td>
<td>Bekairyah</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western</td>
<td>Rabigh</td>
<td>Mahdadh</td>
<td>Tarba/</td>
<td>Beni</td>
<td>Khulais</td>
</tr>
<tr>
<td></td>
<td></td>
<td>al-Mahd</td>
<td>Khaybar</td>
<td>Malik/</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Badr</td>
<td></td>
</tr>
<tr>
<td>Eastern</td>
<td>Abqaq</td>
<td>Haradh</td>
<td>al-</td>
<td>Ne'ariya</td>
<td>Jubail</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Jarrarah</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southern</td>
<td>Sabat al-</td>
<td>Sebya/</td>
<td>Dhahran/</td>
<td>Samta/</td>
<td>Adam/Abu</td>
</tr>
<tr>
<td></td>
<td>Allaya/</td>
<td></td>
<td></td>
<td>Aradeya</td>
<td>Arish</td>
</tr>
<tr>
<td></td>
<td>Mekkwha</td>
<td></td>
<td></td>
<td>Shemalya</td>
<td></td>
</tr>
<tr>
<td>Northern</td>
<td>Haql/</td>
<td>al-Ha'it</td>
<td>Mowaqi/</td>
<td>Rafha</td>
<td>Duba</td>
</tr>
<tr>
<td></td>
<td>Tobrijal</td>
<td></td>
<td>Turaif</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☆ Encourage registration by using public information messages, publicity via programs run by other government agencies and departments (e.g., Health, Education, and Community Development), and by excellence of service (1395-1400)
☆ Introduce a system of payment checks redeemable through a wide range of public and private institutions (1397).

3.1.5 Where they exist, assign to the private benevolent societies the responsibility for ruling on and disbursing extraordinary emergency payments on behalf of the General Directorate of Social Security.
Formulate appropriate legislation to cover the responsibilities, jurisdiction, and accountability of the benevolent societies and their relation to the Social Security Directorate (1395).

Formalize contracts with the separate benevolent societies based on the legislation approved (1396).

Following contractual agreement, assign to each benevolent society a discretionary budget advance to cover both the estimated initial payments and a fixed contribution to administrative expenses (1396-1400).

3.1.6 Improve the operation and administration of the Social Security Directorate in order to increase the number and speed of claims handled, and to avoid false claims:

- Develop an improved information system — registration, file construction, and quick-access retrieval — and install it on the new data processing system by Jumad II, 1397.
- Improve vital statistics data through improved collection procedures at the local offices and storage on the central computer.
- Delegate responsibility for approval of allowances to the local offices, subject to subsequent checking by the regional offices; maintain card files on recipients at the local offices as well as the central office.
- Introduce diversified payment methods to assure coverage of the various types of population:
  - Organizations in urban areas.
  - Mobile teams attached to the local offices in rural areas.
  - Fixed geographical points, such as market towns, for nomads.

3.1.7 Expand training programs for employees as follows:

- Social Researchers and Statisticians — 40 trainees per year (ad-Dir?iyah Center).
- Office Managers — 30 trainees per year (I.P.A.).
- Senior Administrators — 10 overseas scholarships per year.

3.1.8 Improve the rehabilitational activities of the Social Security Directorate as follows:

- Through vocational and technical assistance, establish 300 small productive units composed of Social Security beneficiaries (1395-1400).
- Expand the Directorate’s program for providing the handicapped with artificial limbs and aids (1395-1400).
3.2 Social Affairs

Each of the major programs under Social Affairs — social welfare, rehabilitation, cooperatives, and community development — is described separately below in terms of the specific projects that are planned for 1395-1400.

3.3 Social Welfare

3.3.1 Construct and provide the initial staffing for the planned welfare institutions shown in Table VI-4.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Existing in 1395</th>
<th>1395-96</th>
<th>1396-97</th>
<th>1397-98</th>
<th>1398-99</th>
<th>1399-1400</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Nursery Homes</td>
<td>1</td>
<td>Western</td>
<td>Eastern</td>
<td>–</td>
<td>–</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Region (25)</td>
<td>Region (25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Educational Institutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orphanages for boys</td>
<td>7</td>
<td>Northern</td>
<td>Southwest</td>
<td>al-Washm</td>
<td>–</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Region (100)</td>
<td>Region (100)</td>
<td>(100)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orphanages for girls</td>
<td>3</td>
<td>Abha (100)</td>
<td>–</td>
<td>'Unayzah(20)</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Orientation Institutes</td>
<td>4</td>
<td>Western</td>
<td>Southwest</td>
<td>–</td>
<td>–</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Region (20)</td>
<td>Region (20)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Probation Homes</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For boys</td>
<td>3</td>
<td>Southwest</td>
<td>Northern</td>
<td>–</td>
<td>–</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Region</td>
<td>Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For girls</td>
<td>0</td>
<td>Riyadh</td>
<td>Eastern</td>
<td>Western</td>
<td>–</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Region (20)</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>for the elderly</td>
<td>5</td>
<td>Jawf(20)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>'Unayzah(20)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home for handicapped children</td>
<td>0</td>
<td>Central</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offices for Beggars' Control</td>
<td>7</td>
<td>Northern</td>
<td>Eastern</td>
<td>Northern</td>
<td>Northern</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Region</td>
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<td>Region</td>
<td>Region</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Central</td>
<td>Southwest</td>
<td>Southwest</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>Region</td>
<td>Region</td>
<td>Region</td>
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</tr>
</tbody>
</table>

*Numbers in parentheses indicate initial capacities.*

3.3.2 Promote the registration of an additional 20 benevolent societies during the plan period and encourage the societies to assume as quickly as possible operation of such institutions as nurseries scheduled for construction in 1395-1400. Following agreement by the individual benevolent societies, specify the rules under which they are to manage and operate the institutions and fix a subsidy to cover their management and personnel costs (1395).
3.3.3 Raise the standards of institutional services and the quality of life within the institutions:

☆ Establish a series of standardized but flexible designs for all institutions, based on modules for 20 persons, with the objective of providing both pleasant and functional surroundings (1395).

☆ Introduce a wider range of recreational, hobby, and intellectual equipment and programs within each institution.

☆ Ensure that all institutionalized young persons have the same access to educational and training programs as their counterparts outside the institutions.

☆ Improve the vacation and excursion programs for persons within institutions.

☆ Establish centralized kitchens for social institutions in Riyadh (1396-97), Jiddah (1397-98) and Dammam (1398-99).

3.3.4 Expand the alternate and foster families programs by an additional 300 families during the Plan:

☆ Undertake continuous information campaigns throughout the plan period to familiarize the general public with the merits of family care.

☆ Use private benevolent societies as a major means of seeking out families that will adopt children.

☆ Include foster families under the provisions for child benefits in the Social Security program (1397-1400).

3.3.5 Improve in-family care for the aged:

☆ Provide financial assistance to families with aged dependents who are in need.

☆ Provide a servant to elderly persons without family and in need.

3.3.6 Strengthen the administration and organization of the General Directorate for Social Welfare at all levels:

☆ Increase the coordination of the General Directorate with the private benevolent societies in view of the plan to disburse Social Security payments through the societies.

☆ Establish, in 1395-96, a department for the follow-up of social welfare recipients after institutional care.

3.3.7 Increase staffing at each social welfare institution to include doctors (part-time) and social workers as well as teachers, physical-fitness trainers, and vocational counselors for children and adolescents (1395-1400).

3.3.8 Introduce training in social welfare activities at the intermediate level (1395-96).

3.3.9 Establish and equip, in 1395-96, two permanent camp sites which will be used annually by all social orientation and education institutions.
3.4 Rehabilitation

3.4.1 Improve and expand operation of the existing Riyadh Rehabilitation Center:

☆ Recruit a full-time director and fill existing staff vacancies (1395-96).
☆ Expand the capacity of the Center by 80 places per year to a total capacity of 470 in 1400.
☆ Increase staffing to include three teacher-assistants, an additional social worker, and a cashier/accountant (1395-96).
☆ Establish a live-in system and catering facilities (1395-96).
☆ Establish three classes for general education (1395-96).
☆ Establish workshops for training in book-binding (1396-97), repairs (1397-98), and small-industry skills (1398-99).

3.4.2 Establish and staff additional vocational and social rehabilitation centers.
3.4.2.1 Locate new vocational rehabilitation centers as follows:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date of Establishment</th>
<th>Initial Size</th>
<th>Size in 1400</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Region</td>
<td>1395-96</td>
<td>110</td>
<td>550</td>
<td>General, T.B. and mental illness sections</td>
</tr>
<tr>
<td>Eastern Region</td>
<td>1396-97</td>
<td>80</td>
<td>320</td>
<td>General</td>
</tr>
<tr>
<td>Riyadh</td>
<td>1396-97</td>
<td>40</td>
<td>120</td>
<td>For women</td>
</tr>
<tr>
<td>Riyadh</td>
<td>1397-98</td>
<td>80</td>
<td>240</td>
<td>Mentally retarded</td>
</tr>
<tr>
<td>Riyadh</td>
<td>1398-99</td>
<td>80</td>
<td>160</td>
<td>For the deaf and dumb</td>
</tr>
</tbody>
</table>

3.4.2.2 Establish 7 workshops for the blind in various locations across the country. Each workshop will have a capacity of 60 persons whose products will be sold on a commercial basis (1395-1400).

3.4.2.3 Establish a social rehabilitation division within the General Directorate for Rehabilitation (1395-96) and subsequently establish social rehabilitation centers for the seriously handicapped, as follows:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date of Establishment</th>
<th>Initial Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riyadh</td>
<td>1395-96</td>
<td>100</td>
</tr>
<tr>
<td>Western Region</td>
<td>1395-96</td>
<td>100</td>
</tr>
<tr>
<td>Eastern Region</td>
<td>1398-99</td>
<td>100</td>
</tr>
</tbody>
</table>

3.4.2.4 Expand overseas training programs for rehabilitation specialists (beginning in 1395-96).

3.4.3 Arrange an annual summer camp for handicapped persons from all over the Kingdom.

3.4.4 Improve administrative procedures and operations of the General Directorate for Rehabilitation.
3.5 Cooperatives

3.5.1 Encourage the formation of 90 new cooperatives, as shown in Table VI-5.

<table>
<thead>
<tr>
<th>Type</th>
<th>1395-96</th>
<th>1396-97</th>
<th>1397-98</th>
<th>1398-99</th>
<th>1399-1400</th>
<th>Total New Cooperatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>30</td>
</tr>
<tr>
<td>Housing and services</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Production and professional services</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>33</td>
</tr>
<tr>
<td>Central and regional services cooperatives</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>16</td>
<td>18</td>
<td>21</td>
<td>22</td>
<td>90</td>
</tr>
</tbody>
</table>

3.5.2 Improve the incentives and administrative framework for cooperative development at the local, regional, and central levels (beginning in 1395-96).

3.5.2.1 Local Level:

- Introduce a subsidy for the construction of an administrative building for each cooperative (1395-96), the subsidy not to exceed SR 300,000 per cooperative.
- Establish a subsidy, payable annually to each cooperative, for defraying accounting costs (1395-96); this subsidy will be paid at the rate of SR 15,000 per cooperative per year.
- Introduce a one-time establishment subsidy of SR 10,000 for each new cooperative upon registration.
- Increase the project start-up subsidies for cooperatives to between 50 and 80 percent of the project costs, according to the nature of the cooperative activity (1395-96).
- Introduce a subsidy to each cooperative for improving management procedures of SR 2,000 per month (1395-96).
- Increase the participation of individual cooperative workers by (a) opening executive board meetings to employees of cooperatives, and (b) holding a meeting of each cooperative's General Assembly at least twice per year (1395-1400).
- Require that each cooperative distribute all net profits on the basis of each member's transactions, withholding from each allocation 20 percent for deposit in the cooperative's revenues and 6 percent for the social services fund (1395-1400).
- Establish within each cooperative a basic reference library of relevant technical and administrative information (1395-1400).
3.5.2.2 Regional Level:

☆ Strengthen the staff and capabilities of the offices for cooperative development in each region, emphasizing the following:
  - Provide technical assistance to cooperatives.
  - Stimulate the formation of new cooperatives.
  - Coordinate the actions and management of cooperatives at the regional level.
  - Assist the management of regional-level cooperatives.

☆ Establish 20 field cooperative units, attached to the regional offices and responsible for assisting the development of cooperatives.

☆ With capital from participating cooperatives and from government subsidy, establish a regional cooperative in each region with the following responsibilities:
  - Provision to participating cooperatives of agricultural equipment and supplies directly from importers or through the central supply and marketing cooperative (see below).
  - Marketing of the production of participating cooperatives.

☆ Establish the regional cooperatives according to the following timetable:
  - Southwest: 1396-97
  - Northern: 1397-98
  - Central and Western: 1398-99
  - Eastern: 1399-1400

3.5.2.3 Central Level:

☆ Establish two central cooperatives to coordinate and assist the operations of the five regional cooperatives in the fields of supplies and marketing, and other cooperative services (1395-96).

☆ Strengthen the Cooperatives Department by increasing the number of employees and reorganizing into two distinct departments (1395-96):
  - Cooperatives Orientation Department, responsible for the overall economic and social aspects of cooperatives development.
  - Management Control and Accounting Department, responsible for the legal, financial, and operational aspects of the cooperatives.

☆ Establish a department for the training of the General Directorate’s personnel and cooperative members (1395). Specific training programs in the period 1395-1400 will include the following:
  - 5 courses for cooperative workers.
  - 5 follow-up courses for cooperative workers.
  - 5 regional seminars for cooperative members.
- 5 local training seminars for cooperative members.
- 2 conferences for Central Cooperative members (1395-96 and 1397-98).
- 10 training courses for staff of the General Directorate of Cooperatives.
- 39 scholarships for study overseas.

☆ Initiate a public information campaign to interest individuals and groups in the formation of cooperative units (1395-1400).

3.6 Community Development

3.6.1 Expand the number of community development centers (CDCs) emphasizing rural areas.

3.6.1.1 Undertake a study to finalize the location of proposed new CDCs (1395-96).

3.6.1.2 Establish and staff 17 new CDCs according to the following timetable:

<table>
<thead>
<tr>
<th></th>
<th>Existing</th>
<th>1395</th>
<th>1396</th>
<th>1397</th>
<th>1398</th>
<th>1399-1400</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural CDCs</td>
<td>11</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Urban CDCs</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>-</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>34</td>
</tr>
</tbody>
</table>

3.6.1.3 Evaluate, in 1397-98, the need for three additional urban CDCs and implement accordingly.

3.6.2 Expand the number and scope of projects run by CDCs as shown in Table VI-6.

3.6.3 Improve the effectiveness of programs operated through the community development system.

3.6.3.1 Increase and improve training programs for both new and established personnel by practical training at the ad-Dir'iyah Center. Arrange courses for CDC directors and assistant directors as well as for specialists in education and project implementation — a total of 209 males and 187 females in the period 1395-1400.

3.6.3.2 Increase the utilization of audio-visual and other modern techniques to intensify and extend the impact of community development programs: 16 fully qualified technicians will be added to the audio-visual staff, and 27 mobile demonstration units will be put into operation.

3.6.4 Increase effective coordination with other government agencies involved in community development.

3.6.4.1 Reorganize in 1395-96 the composition of the National Committee for Community Development to include the following:

Minister, Labor and Social Affairs (Chairman)
Deputy Minister, Labor and Social Affairs
Vice President, Central Planning Organization
Deputy Minister, Health
Deputy Minister, Agriculture and Water  
Deputy Minister, Education  
Director General, Community Development Department  
Director General, ad-Dir'iyyah Training Center  
Director General, Planning and Research Department (Ministry of Labor and Social Affairs)  
Director General, Technical Cooperation Agency  
Director General, Preventive Medicine (Ministry of Health)  
Director General, Cultural Affairs (Ministry of Education)  
Director General, Extension Services (Ministry of Agriculture and Water).

**Table VI-6**  
PROJECTS TO BE SPONSORED BY COMMUNITY DEVELOPMENT CENTERS, 1395-1400

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual projects and programs</td>
<td>1,500</td>
</tr>
<tr>
<td>Establishment of classes in girls’ homes</td>
<td>35</td>
</tr>
<tr>
<td>Establishment of centers for the education of mothers</td>
<td>40</td>
</tr>
<tr>
<td>Establishment of youth athletic clubs (with General Presidency for Youth Welfare)</td>
<td>33</td>
</tr>
<tr>
<td>Youth recreation campaigns</td>
<td>100</td>
</tr>
<tr>
<td>Inter-center cultural contests</td>
<td>113</td>
</tr>
<tr>
<td>Establishment of mother and child care clinics (with Ministry of Health)</td>
<td>33</td>
</tr>
<tr>
<td>Mobile health clinics (with Ministry of Health)</td>
<td>10</td>
</tr>
<tr>
<td>Public hygiene campaigns</td>
<td>350</td>
</tr>
<tr>
<td>Inoculation campaigns</td>
<td>166</td>
</tr>
<tr>
<td>Adult education classes</td>
<td>50</td>
</tr>
<tr>
<td>Literacy campaigns</td>
<td>80</td>
</tr>
<tr>
<td>Mobile cultural exhibits</td>
<td>10</td>
</tr>
<tr>
<td>Public exhibitions</td>
<td>35</td>
</tr>
<tr>
<td>Conference/recreation room construction</td>
<td>17</td>
</tr>
<tr>
<td>Establishment of female production groups</td>
<td>40</td>
</tr>
<tr>
<td>Product marketing exhibitions</td>
<td>17</td>
</tr>
<tr>
<td>Establishment of agricultural training centers</td>
<td>20</td>
</tr>
<tr>
<td>Distribution of bee-hives</td>
<td>1,000</td>
</tr>
<tr>
<td>Establishment of chicken farms</td>
<td>100</td>
</tr>
<tr>
<td>Establishment of livestock and chicken demonstration farms and plots</td>
<td>120</td>
</tr>
<tr>
<td>Establishment of kindergartens</td>
<td>50</td>
</tr>
<tr>
<td>Establishment of child day-care centers</td>
<td>20</td>
</tr>
<tr>
<td>Improvements for homes of low-income families</td>
<td>4,000</td>
</tr>
</tbody>
</table>

3.6.4.2 Appoint the General Directorate for Community Development as the permanent secretariat for the National Committee for Community Development (1395-96).

3.6.4.3 Arrange an annual conference for the employees of community development centers (1395-1400).
3.6.5 Increase public awareness of community development.
3.6.5.1 Formulate public media information messages for Kingdom-wide publicity throughout the plan period.
3.6.5.2 Increase local knowledge of community development programs with the assistance of local community leaders and through the excellence of community development activities.

3.7 Planning and Research
3.7.1 Increase the number of employees in the General Directorate for Planning and Research and reorganize into the following departments (1395-96):

- Planning Division
- Statistics and Research Division
- Organization and Coordination Division
- Evaluation and Follow-up Division
- Training Division
- Secretarial Division

Delegate responsibilities for the running of training programs and for the undertaking of applied research to the ad-Dir"iyah center but retain the responsibility for planning in both these areas (1395-96).

3.7.2 Establish within each regional office a regional research section to analyze specific regional social problems (1395-96).

3.7.3 Through the ad-Dir"iyah center and other organizations initiate (in 1395-96) a major program of both basic and applied social research according to the schedules shown in Table VI-7.

3.7.4 Improve statistical processing and recording by the procurement and operation of automated data processing equipment (1395-96).

3.7.5 Raise the technical level of planning personnel through the following training programs:

- Organize two training courses in planning (1395-96 and 1396-97).
- Award a total of six scholarships for the pursuit of higher studies overseas.

3.7.6 Expand the Ministry's library and documentation services (1395-1400).

3.8 Ad-Dir"iyah Center for Training and Applied Research
3.8.1 Reorganize the ad-Dir"iyah Center into two separate departments for training and research (1395-96).
Table VI-7
SOCIAL AFFAIRS RESEARCH PROGRAM, 1395-1400

<table>
<thead>
<tr>
<th>Study Type</th>
<th>1395</th>
<th>1396</th>
<th>1397</th>
<th>1398</th>
<th>1399-1400</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Research</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Study of the Environment</td>
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<tr>
<td>The transformation of rural society</td>
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<tr>
<td>Changes in nomadic herding and Bedouin life</td>
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<tr>
<td>Urbanization and slums</td>
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<tr>
<td>Cultural problems</td>
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<tr>
<td>The role of women in society</td>
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<tr>
<td>Impact and needs of foreign workers</td>
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<tr>
<td>Changing patterns of consumption</td>
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<tr>
<td>Studies on New Social Programs</td>
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<tr>
<td>Preparatory study for establishment of registration system</td>
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<tr>
<td>Computerization of the Social Security Administration</td>
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<tr>
<td>Studies for location of new social institutions</td>
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<tr>
<td>Study of programming CDC activities</td>
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<tr>
<td>Feasibility study of cooperatives</td>
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<tr>
<td>Studies on the Functioning of Institutions</td>
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<tr>
<td>Reorganization study of the Social Affairs Ministry</td>
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<tr>
<td>Study on the functioning of benevolent societies</td>
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<tr>
<td>Study on the functioning of cooperatives</td>
<td></td>
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<td></td>
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<tr>
<td>Studies of the Effects of Social Programs</td>
<td></td>
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<tr>
<td>Life in social care institutions and its effects</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>on the psychological development of recipients</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Assessment of the effects of CDC activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social transfers and household budgets</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Establishment of a system of social indicators</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Applied Research</strong></td>
<td></td>
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<tr>
<td>Study on the effects of the Bedouins' and rural population's migration to Riyadh</td>
<td></td>
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</tr>
<tr>
<td>Study on the population’s response to classes for illiteracy eradication</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Completion of the study on the South Western Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation study of cooperatives</td>
<td></td>
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<tr>
<td>Evaluation study on the experimental vocational rehabilitation center of Riyadh</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation study on the role of Offices for Beggars Control</td>
<td></td>
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</tr>
<tr>
<td>Study on juvenile delinquency and vagabondage and on the role of social institutions in coping with these problems</td>
<td></td>
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<td></td>
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<tr>
<td>Study on the population’s attitude towards manual work</td>
<td></td>
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<td></td>
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<tr>
<td>Study on the rural population’s attitude towards the cooperative movement and its effect on their stability</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Locational studies for CDCs</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Study on training needs for the Deputy Ministry’s personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


3.8.1.1 Establish and staff within the new research department four principal additional research sections:

☆ Socio-economic studies
☆ Sociology of values
☆ Sociology of organizations
☆ Psycho-sociology of persons in institutions.

3.8.1.2 Extend the current scope of the training department to include training of persons in the fields of:

☆ Community development
☆ Cooperatives
☆ Social welfare
☆ Women's activities.

3.8.2 Undertake, or participate in, the social research projects specified above in cooperation with the General Directorate for Planning and Research.

3.8.3 Increase the number of training programs held for CDC and other Ministry personnel as follows (1395-1400):

<table>
<thead>
<tr>
<th>Subject</th>
<th>No of courses</th>
<th>Total No. of trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community development personnel training</td>
<td>5</td>
<td>300</td>
</tr>
<tr>
<td>Assistant social workers:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td>90</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>Literacy teachers</td>
<td>5</td>
<td>300</td>
</tr>
<tr>
<td>Rural handicraft specialists (female)</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>Community Development:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health workers</td>
<td>5</td>
<td>125</td>
</tr>
<tr>
<td>Agricultural extension workers</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>Cooperative specialists</td>
<td>5</td>
<td>200</td>
</tr>
<tr>
<td>Visual aids preparation</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>Community development program supervision</td>
<td>2</td>
<td>undefined</td>
</tr>
<tr>
<td>Research related to Social Security</td>
<td>3</td>
<td>120</td>
</tr>
<tr>
<td>Social planning</td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>Local leaders development</td>
<td>15</td>
<td>450</td>
</tr>
<tr>
<td>Women's department social workers</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Mother and child-care volunteers</td>
<td>3</td>
<td>90</td>
</tr>
<tr>
<td>Social institutions personnel</td>
<td>3</td>
<td>90</td>
</tr>
<tr>
<td>Orientation of new Ministry employees</td>
<td>2</td>
<td>60</td>
</tr>
</tbody>
</table>

3.9 Organization and Administration

3.9.1 Increase decentralization of the Social Affairs operations.

3.9.1.1 Upgrade the existing regional Social Affairs offices into Social Affairs directorates (1395-96) and delegate increased autonomy to them; these directorates will act as the regional headquarters for all programs operated by Social Affairs except those of the Women's Department.
3.9.1.2 Establish and staff new regional Social Affairs directorates in the Southwest (1395-96), Central (1396-97), and Northern (1397-98) regions.
3.9.2 Establish offices for women's activities in the Eastern (1395-96) Southwestern (1396-97), and Northern (1397-98) regions.
3.9.3 Increase the staff and widen the activities of the two existing offices for women's activities (1395-96).
3.9.4 Study in 1395-96 the Ministry's organization and the consolidation of the Social Security, Social Welfare and Rehabilitation departments; gradually implement the results during the period 1397-1400.
3.9.5 Evaluate placing the departments for Budgeting and Engineering under the Planning and Research Department (1395-96).
3.9.6 Construct a new office complex for the Social Affairs Department in Riyadh (1398-99).

4. Finance

Estimated financial requirements for Social Security and for Social Affairs as a whole are estimated separately below (SR millions):

4.1 Social Security

<table>
<thead>
<tr>
<th></th>
<th>Budgeted 1394-95</th>
<th>1395-96</th>
<th>1396-97</th>
<th>1397-98</th>
<th>1398-99</th>
<th>1399-1400</th>
<th>Plan Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent</td>
<td>463.7</td>
<td>939.5</td>
<td>988.1</td>
<td>2,914.6</td>
<td>2,951.9</td>
<td>2,984.6</td>
<td>10,778.6</td>
</tr>
<tr>
<td>Project</td>
<td>-</td>
<td>5.2</td>
<td>17.9</td>
<td>11.7</td>
<td>1.7</td>
<td>1.6</td>
<td>38.1</td>
</tr>
<tr>
<td>Total</td>
<td>463.7</td>
<td>944.7</td>
<td>1,006.0</td>
<td>2,926.3</td>
<td>2,953.6</td>
<td>2,986.2</td>
<td>10,816.7</td>
</tr>
</tbody>
</table>

4.2 Social Affairs

<table>
<thead>
<tr>
<th></th>
<th>Budgeted 1394-95</th>
<th>1395-96</th>
<th>1396-97</th>
<th>1397-98</th>
<th>1398-99</th>
<th>1399-1400</th>
<th>Plan Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent</td>
<td>46.5</td>
<td>74.0</td>
<td>88.1</td>
<td>109.6</td>
<td>126.5</td>
<td>141.5</td>
<td>539.7</td>
</tr>
<tr>
<td>Project</td>
<td>30.8</td>
<td>122.4</td>
<td>118.3</td>
<td>117.5</td>
<td>128.3</td>
<td>53.4</td>
<td>539.9</td>
</tr>
<tr>
<td>Total</td>
<td>77.3a</td>
<td>196.4</td>
<td>206.4</td>
<td>227.0</td>
<td>254.8</td>
<td>194.9</td>
<td>1,079.6</td>
</tr>
</tbody>
</table>

a Excludes General Bureau expenditures (recurrent) of SR 1.6 million.
C. SOCIAL INSURANCE

1. Present Conditions

1.1 The General Organization for Social Insurance (GOSI) began enforcement of the Social Insurance Law in Muharram 1393. The Social Insurance Law provides for the following types of protection for workers, regardless of nationality, sex, or age:

- Disability, old age, and death benefits (Annuities Branch).
- Occupational injuries and occupational diseases (Occupational Hazards Branch).
- Temporary disability due to sickness or maternity.
- Family grants in cases where the insured has several dependents.
- Unemployment compensations.
- Protection for the self-employed.

1.2 The Social Insurance Law is being enforced in a number of stages. To date the major application has been the Annuities and Occupational Hazards provisions. Commencing in 1393, the Annuities program expanded steadily so that, in the fiscal year 1394-95, coverage would include all workers in private establishments with 20 workers or more as well as workers subject to the labor law in public organizations and government agencies. Coverage under the Annuities program at the end of 1394 was over 199,400 persons employed in more than 770 private and public organizations. The Occupational Hazards program is being extended as rapidly as possible to cover, as a first phase, all those under the Annuities program.

1.3 The Social Insurance scheme operates on a contributory basis, that is, GOSI revenues comprise contributions from both employees and employers (although only the latter contribute to the Occupational Hazards program) as well as investment revenues and government subsidy. GOSI's annual revenues in 1394-95 are estimated at SR 240.5 million.

1.4 GOSI is administered by a Board of Directors responsible for policy and for supervising the implementation of the Social Insurance Law. The Directorate General, located in Riyadh, supervises regional offices in Riyadh, Jiddah, and Dammam as well as a branch office in Abha. As with other government organizations, GOSI experiences great difficulty in recruiting suitably qualified staff; only about 60 percent of the 311 approved cadre-level positions were filled at the end of 1394.
1.5 As a result of the manpower limitations, the GOSI concentrated on improving its efficiency in 1394-95. Steps taken toward this end include:

☆ Better availability and utilization of statistics.
☆ Improved training for administrative and other personnel.
☆ Planning for improved computer utilization.
☆ Analysis of work methods improvement.
☆ Improved coordination with other government agencies.
☆ Assessment of new building requirements.

2. Objectives And Policies
2.1 In the period 1395-1400, the primary objective of the General Organization for Social Insurance is to provide a comprehensive range of insurance programs for workers and their dependents, in accordance with the provisions of the Social Insurance Law.
2.1.1 As the first priority, coverage of the Annuities program will be completed for all workers in establishments employing five persons or more.
2.1.2 As the second priority, the Occupational Hazards program will be extended to include all workers covered by the Annuities program.
2.1.3 Before the end of the plan period, insurance programs will be developed to apply the remaining major provisions of the Social Insurance Law:

☆ Temporary disability due to sickness or maternity.
☆ Family grants for dependents of the insured.
☆ Unemployment compensation.
☆ Social insurance for the self-employed.

2.2 The second major aim during the plan period is to maintain GOSI, insofar as possible, on a financially self-sustaining basis without increasing the level of contributory payments.
2.2.1 A high level of internal operating efficiency will be developed.
2.2.2 A sound investment policy for GOSI reserves will be formulated and adopted.
2.2.3 GOSI operations will be coordinated with those of other government agencies to avoid duplication of payments, data storage, and claims verification.

3. Programs And Projects
3.1 Expand application of the Social Insurance Law.
3.1.1 Implement increased coverage of the Annuities and Occupational Hazards programs as shown in Table VI-8 to cover at least 250,000 employees by 1400.
3.1.2 By the end of the plan period, formulate a specific program for implementation of other provisions of the Social Insurance Law within the third plan period, or earlier if possible.
### Table VI–8
SCHEDULED EXTENSIONS OF SOCIAL INSURANCE COVERAGE
1395–1400

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Stage</th>
<th>Insurance Branch</th>
<th>Approximate Number of Insured</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing</td>
<td>1–6</td>
<td>Annuities</td>
<td>199,500</td>
<td>Workers in establishments with 20 or more workers and government workers subject to the labor law.</td>
</tr>
<tr>
<td>Planned</td>
<td>7</td>
<td>Occupational Hazards</td>
<td></td>
<td>Workers in establishments with 50 or more workers and government workers subject to the labor law.</td>
</tr>
<tr>
<td>1396–97</td>
<td>8</td>
<td>Occupational Hazards</td>
<td>203,490</td>
<td>Workers in establishments with 20 to 49 employees.</td>
</tr>
<tr>
<td>1397–98</td>
<td>9</td>
<td>Annuities and Occupational Hazards</td>
<td>226,950</td>
<td>Workers in establishments with 10 to 19 employees.</td>
</tr>
<tr>
<td>1399–1400</td>
<td>10</td>
<td>Annuities and Occupational Hazards</td>
<td>250,000</td>
<td>Workers in establishments with 5 to 9 employees.</td>
</tr>
</tbody>
</table>

3.2 Upgrade the operating efficiency of GOSI.
3.2.1 Install in 1396-97 a new and larger computer to meet GOSI’s expanding data processing requirements as well as providing data processing on a rental basis for other agencies such as the Social Security Department of the Ministry of Labor and Social Affairs. (The entire system will be subjected to a study to be completed by the end of 1395-96.)

3.2.2 In conjunction with the computer requirements study, assess GOSI’s information and statistical systems requirements, and begin the implementation of recommended improvements (1395-96).
3.2.3 Study improved Social Insurance registration methods and put on-line in the new computer in 1396-97.
3.2.4 Evaluate methods for further improving GOSI’s work efficiency at both the national and branch levels, and implement immediately (1395-96).
3.2.5 Strengthen the Kingdom-wide Social Insurance network by establishing two branch offices in each year of the Plan (specific locations for these offices have yet to be finalized).
3.2.6 Construct four new regional offices, two each in 1396-97 and 1397-98.
3.3 Adopt a sound investment policy for the Organization's trust funds.
3.3.1 In conjunction with Ministry of Finance, SAMA, and other relevant government agencies, study alternative investment strategies open to GOSI (1395-97), adopt the selected strategy (1397-98), and review it on a continuing basis (1398-1400).
3.3.2 On the basis of actuarial studies, estimate and negotiate the required annual government subsidy for continued operation of GOSI (1397-98).
3.4 Improve manpower availability and skills at all levels of operation.
3.4.1 Review and evaluate current personnel policy in order to provide a specific development program for the Personnel Department (1395-96).
3.4.2 Establish a definitive organizational chart, including branch offices, together with a job description for each position (1395-96).
3.4.3 Use the computer system to reduce the ratio of clerical to technical personnel (1397-1400).
3.4.4 Increase the productivity of employees and develop long-term career satisfaction by introducing a comprehensive series of measures relating to training, promotional ladders, and other incentives.
3.4.5 Establish ten scholarships for senior Saudi personnel to obtain training overseas each year: five scholarships will be devoted to academic courses and five to practical training.
3.4.6 Increase training programs in the Kingdom, especially in technical and administrative fields and for branch office personnel; emphasize procedures for registration, revenue collection, and benefits payment.
3.4.7 Establish specialized training program for computer personnel (1395-96).
3.4.8 Ascertain means for attracting more university-trained personnel to employment in GOSI (1395-96).

4. Finance

The General Organization for Social Insurance will estimate any subsidy it may require on the basis of the actuarial studies.
D. YOUTH WELFARE

1. Present Conditions
1.1 In 1393, the department responsible for youth welfare became a directorate general within the Ministry of Labor and Social Affairs. In 1394, the General Presidency for Youth Welfare was established by Council of Ministers' Resolution No. 560 to carry out policy design, agency coordination, and planning functions under the Supreme Council for Youth Welfare.
1.2 During the first plan period, ten youth centers were to be established, one each in Riyadh, Jiddah, Dammam, Mecca, Medina, Tayif, Qasin, Qatif, Abha, and al-Hasa. Parts of the Riyadh and Dammam centers are usable, and work has started on the Jiddah center.
1.3 In spite of the lack of youth centers, serious work has been started to coordinate and expand on a national basis a wide variety of athletic activities.
1.3.1 There are 53 sports clubs officially registered in the Kingdom that qualify, under the Council of Ministers' Resolution No. 500, dated 29 Rabi I, 1394, to receive a variety of subsidies, including:

☆ SR 100,000 as a founding grant
☆ SR 10,000 for equipment
☆ SR 5,000 for maintenance
☆ SR 2,000-5,000 for specific events.

1.3.2 Nine national societies have been officially recognized for the following sports: football, basketball, volleyball, bicycling, handball, table tennis, swimming, weaponry, and track and field.
1.3.3 Saudi Arabia sent a track and field team to the Munich Olympic Games. In 1393-94, it participated in many other international events, such as football tournaments in Tunisia, Egypt, and Kuwait; swimming competitions in Egypt and Kuwait; track events in Morocco and Algeria; and a weaponry competition in Lebanon.
1.3.4 Within Saudi Arabia, area and national championships have been held for specific sports and for the sports clubs generally.
1.4 Cultural activities for youth within the Kingdom include acting, reading, and painting competitions; 774 lectures and 71 exhibitions have been held at the national, area, or club level; and knowledge-exchange trips have been organized for the youth of different areas.
1.5 Youths are being encouraged to invest their energy and talents in public service at the local level — for example, helping to eradicate illiteracy, repairing mosques, filling in swamps, and fencing land — and voluntary labor camps at Abha were organized in both 1392-93 and 1393-94.

1.6 The importance of developing youth leaders has been recognized in a specific item of the 1394-95 budget which provides for an Institute for Preparation of Youth Leaders, linked with the General Presidency in Riyadh.

2. Objectives and Policies

Eight general objectives for youth welfare have been formulated. In achieving these objectives, it will be the policy to ensure that services are comprehensive, integrated, and justly distributed; and that the services are in harmony both with the Islamic code for rearing youth and modern knowledge of handling youth.

2.1 Contribute to the bringing up of youth in a manner that balances the moral, mental, physical, health, psychological, and social aspects of their lives.

2.2 Organize the energies and creative capabilities of youth so that they will contribute positively to the nation's socio-economic development.

2.3 Support the family structure and strengthen its ties within the context of youth welfare.

2.4 Spread sporting and recreational activities to enhance the enjoyment of living.

2.5 Encourage young citizens to invest their free time in activities that improve their physical fitness, their skills and capabilities, and their capacity to defend their country.

2.6 Raise the standards of excellence in sports and other activities to international levels.

2.7 Develop the leadership needed to promote sports and recreational activities.

2.8 Assist the private sector to bear its responsibility for youth in that sector.

3. Programs and Projects

Activities form the “basic commodity” provided under the Supreme Council for Youth Welfare via the Directorate General. The major activity programs in which children and youths directly participate, and the projects planned for 1395-1400 are described first below. Subsequently the research and other support programs that are designed to expand and upgrade the activity programs are described, followed by the construction program.

3.1 Cultural Activities

3.1.1 Religion and Language

☆ Conduct lectures and forums, to expand youth's general knowledge in these
important fields. One seminar will be held annually in each district, and two at the national level.

☆ Establish literary competitions — both open and among the literature groups within clubs — to discover and encourage early literary talents. Competitions will be held annually in each district and at the national level.

☆ Hold Souk Ukaz (cultural fair) competitions beginning in 1396-97 and continuing on an annual basis.

3.1.2 Artistic Fields

☆ Continue to encourage the artistic hobby groups within clubs through competitions at the local level. One contest will be held in each district annually.

☆ Establish an Annual Festival of Acting, Music, and Folk Arts at the national level to raise the level of technical performance and encourage young artists in these fields.

3.1.3 Scientific Fields

☆ For children age 9 and over, establish model Science Clubs in 1396-97 (provided that supervisory leadership can be recruited and studies started during the first year of the Plan).

☆ Hold competitions among the Science Clubs, and an annual exhibition commencing in 1396-97.

3.1.4 To encourage all cultural activities among talented youth, conduct "cultural weeks" in different areas of the Kingdom to be recorded and broadcast by the mass media. Eleven such events will be staged during the plan period.

3.1.5 As a summit occasion, organize an Islamic World Youth Festival to be held at Riyadh or Mecca during the fourth year of the Plan; establish a festival committee in the first year and send out invitations to other Islamic nations in the second year.

3.2 Athletic Activities
3.2.1 Plan construction of club facilities for each of the 53 existing registered athletic clubs and construct where possible.

3.2.2 Establish and equip "children's gardens" in public parks or other areas where children of pre-school age can safely enjoy bodily exercise. Eleven such gardens will be built commencing in 1397-98.

3.2.3 Organize seven exhibition tours of foreign teams to demonstrate new games in different cities and regions, commencing in 1395-96.
3.2.4 Televise athletic competitions among the clubs and government and private sports
groups in the different regions, to spread awareness of athletic activities, commencing in
1396-97.
3.2.5 For youths age 12 to 18, develop tests of physical fitness (1395-96) and award
badges for successfully passing the tests, commencing in 1396-97.
3.2.6 Develop special programs in existing centers for the training of 2,900 young
persons in various sports before the end of the Plan. The General Presidency will also
provide coaching for 240 elected teams covering 12 different sports and will organize the
appropriate area leagues and contests; 152 area championships will be held in the period
1395-1400.
3.2.7 Prepare national teams at the training centers, with the assistance of advisors in
athletic medicine, physical therapy, and modern training methods (1395-1400).
3.2.8 Establish specific athletic curricula in certain intermediate schools for selected
students who are outstanding in their chosen athletic fields, with a view to enrolling
them in a specialized Institute to be established by the Ministry of Education in 1396-97.
Expand this school to the secondary level in 1397-98.
3.2.9 Organize Kingdom-wide contests (138 in the period 1395-1400), with appropriate
championship awards, in:

☆ Football  ☆ Table tennis
☆ Basketball   ☆ Track and field
☆ Volleyball   ☆ Bicycling
☆ Handball     ☆ Short- and long-
distance swimming.

3.2.10 For youths under 18 in different types of schools or employment, hold a Sporting
Festival every two years, beginning in 1397-98.
3.2.11 Continue or begin participation in international contests, such as the Olympic
Games, World Cup football, and events organized by the Arab League, Arabian Gulf
states, and other selected countries. The Kingdom will participate in 98 such
international contests during 1395-1400.

3.3 Social Activities
3.3.1 Organize area celebrations of national occasions, in cooperation with religious
and other scholars. At least one such celebration will take place in each area annually.
3.3.2 Beginning in 1395-96 hold at Riyadh an annual ceremony to honor youths from all
parts of the Kingdom who have excelled in sports and other activities, and have shown
leadership qualities. This project should lead to an annual “Youth Day” in the Kingdom.
3.3.3 Organize camp outings of various duration — from one day to one week or more
— for youths of various ages, for those who have excelled in particular activities, for
youths from other Islamic countries, and for the board members of the youth clubs. 100
local camps, and one for youths from Islamic countries will be held during the Plan. 3.3.4 Organize trips for Saudi youths to other parts of the Kingdom and to other countries; develop "youth embassy" exchange visits with friendly countries. 43 domestic and 14 international projects are planned.

3.4 Public Service and Work Camps

3.4.1 Establish a public service campaign to involve youths in programs of environmental clean-up, hygiene, traffic control, alphabetization, and first aid/Red Crescent Society programs: 11 programs will be implemented.

3.4.2 Expand the program of volunteer labor camps in selected areas for persons age 15-30, to carry out developmental and other socially useful local projects; 13 such camps will be held, beginning in 1395-96.

3.4.3 For trained youths 18 years and older with previous public service experience, organize three work camps designed to accomplish major public service projects of benefit to the Kingdom as a whole (annually, commencing 1397-98); in the fourth year of the Plan (1398-99), organize a work camp for youths of the Islamic world.

3.5 Support Programs

Several projects within the research and other central services of the General Presidency for Youth Welfare are planned for the 1395-1400 period, including the following:

3.5.1 Research

- In 1396-97 undertake a study of the use of free time by Saudi youths.
- In 1395-96, start a full-scale evaluation of all the existing services that provide or support youth activity in the Kingdom.
- In 1395-96, start developing the tests and evaluation scale for physical fitness, implementing the study first among general education students age 12 to 18.

3.5.2 Regulations

- Develop and issue regulations to govern the organization and work of clubs and other youth institutions, athletic training, committees of the Supreme Council for Youth Welfare, and relations among agencies concerned with youth (1395-97).
- Issue regulations relating to contests and to the award of badges and citations for athletic and other activities (1396-98).

3.5.3 Training

- Athletic activities — 65 trainers and 1,400 referees will undergo training or upgrading courses.
☆ Vocational and other activities — two-week training courses will be held for 1,140 activity leaders.

3.5.4 Library and Documentation

☆ In 1395-96, establish a special youth welfare library at the new GPYW premises in Riyadh, to provide both general reference books and special services to youth leaders and organizations.
☆ As a part of the library, establish a center for documentation concerning the SCYW and the GPYW, research studies, and youth welfare agencies in other countries; in 1397-98, make the documentation center a function independent of the youth welfare library.

3.5.5 Public Information and Conferences

☆ Issue a youth magazine, starting in 1395-96, and a weekly review of youth activities.
☆ Hold press conferences as newsworthy events occur, and as a means of distributing the weekly reviews (1395-1400).
☆ Issue a youth welfare guide as an easy-reference to all the Kingdom’s relevant agencies and organizations, and an annual statistical report.
☆ Obtain more films and slides for both participants and leaders in athletic and other activities.
☆ Hold annual conferences for youth leaders and for the boards of directors of clubs and athletic societies; hold a special conference annually for the purpose of evaluating progress in implementing the youth welfare plan.

3.6 Construction

The General Presidency will undertake the construction program shown in Table VI-9.

4. Finance

The recurrent and project budgets of the General Presidency for Youth Welfare are summarized below (SR millions):

<table>
<thead>
<tr>
<th></th>
<th>Budgeted</th>
<th>1395</th>
<th>1396</th>
<th>1397</th>
<th>1398</th>
<th>1399-1400</th>
<th>Total</th>
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<tbody>
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<td>-97</td>
<td>-98</td>
<td>-99</td>
<td>1400</td>
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<td>138.3</td>
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<td>215.5</td>
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<td>Total</td>
<td>142.9</td>
<td>570.8</td>
<td>606.2</td>
<td>548.8</td>
<td>453.8</td>
<td>379.8</td>
<td>2,559.4</td>
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Table VI-9
YOUTH WELFARE CONSTRUCTION SCHEDULE, 1395 TO 1400

<table>
<thead>
<tr>
<th>Project</th>
<th>Number</th>
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<th>1396</th>
<th>1397</th>
<th>1398</th>
<th>1399-1400</th>
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<tr>
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<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
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<td></td>
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<tr>
<td>2. Youth Welfare Centers:</td>
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<tr>
<td>'A'</td>
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<td></td>
<td>Jiddah</td>
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<td></td>
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<td>Dammam</td>
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<tr>
<td>'B'</td>
<td>3</td>
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<td>'C'</td>
<td>4</td>
<td>Hayil</td>
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<td>Qasim</td>
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<td></td>
<td>al-Hasa</td>
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<tr>
<td>3. Indoor Swimming Pools</td>
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<tr>
<td>(within class 'A' centers)</td>
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<td>Dammam</td>
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<tr>
<td>4. Mineral Springs Pools</td>
<td>4</td>
<td>Qatif</td>
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<td>al-Hasa</td>
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<td>Dhahran</td>
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<tr>
<td>5. Gymnasia</td>
<td>3</td>
<td>Riyadh</td>
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<td>6. Permanent Camps</td>
<td>9</td>
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<td>Medina</td>
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<td>al-Maja</td>
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<tr>
<td>7. Youth Hostels</td>
<td>7</td>
<td>Riyadh</td>
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<td>Tayif</td>
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<td>8. Athletic Clubs</td>
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</tr>
</tbody>
</table>

<sup>a</sup> Completion after 1400.
<sup>b</sup> Already under construction.
<sup>c</sup> Study and planning; construction if possible.
Table VI-9 (concluded)

<table>
<thead>
<tr>
<th>Project</th>
<th>Number</th>
<th>Location</th>
<th>1395</th>
<th>1396</th>
<th>1397</th>
<th>1398</th>
<th>1399</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. GPYW Premises</td>
<td>1</td>
<td>Riyadh</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>10. Youth Club Recreation Areas</td>
<td>14</td>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. District Offices</td>
<td>17</td>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Olympic Committee and Sports Association</td>
<td>1</td>
<td>Riyadh</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>13. Institute for Youth Leaders Training</td>
<td>1</td>
<td>Riyadh</td>
<td></td>
<td></td>
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<tr>
<td>14. Children’s Playgrounds</td>
<td>11</td>
<td>a</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

a Located in various cities and towns.
E. BEDOUIN NOMADS

1. Present Conditions

1.1 The Bedouin nomads comprise an estimated 10 percent of the Kingdom’s population and are virtually the only users of about 90 percent of the country’s land area. The nomadic Bedouin graze sheep, goats, and camels extensively over this vast area which has practically no other economic use. Their distribution around the Kingdom is as follows:

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
<th>Percent of Regional Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>263,000</td>
<td>48.2</td>
</tr>
<tr>
<td>Central</td>
<td>152,000</td>
<td>9.4</td>
</tr>
<tr>
<td>Southern</td>
<td>92,000</td>
<td>5.5</td>
</tr>
<tr>
<td>West</td>
<td>71,000</td>
<td>4.2</td>
</tr>
<tr>
<td>East</td>
<td>57,000</td>
<td>8.4</td>
</tr>
<tr>
<td>Total</td>
<td>635,000</td>
<td></td>
</tr>
</tbody>
</table>

1.2 The life and economy of the Bedouin have the following characteristics:

☆ Low per capita income in comparison to the national average.
☆ Heavy reliance on raising livestock as their basic source of income while producing the major part of domestic meat supplies.
☆ Almost total dependence on element weather for the survival of flocks and herds.
☆ Rapidly deteriorating range lands in most areas due largely to overgrazing.
☆ Lack of immediate access to most social, educational, and other services.
☆ Significant migration to urban areas resulting in an estimated net annual decrease of 2 percent per year in the nomadic population.

1.3 The Bedouin have a complex and highly developed social, economic, and legal system that has adapted to change over many hundreds of years. Nevertheless, the pace of change in the rest of the Kingdom has recently been so fast that the economic and social gap between the Bedouin and the remainder of the population is widening; consequently specific programs, based on realistic appraisal of the needs and changing social and economic role of the Bedouin, are required to improve the life of this segment of the population.
1.4 At the present time financial assistance is extended to the tribes in times of hardships by the Bedouin Affairs Office in the Royal Bureau. The programs for agriculture, health, education, and social services in the first development plan were intended to include the nomadic Bedouins, but no specific programs for them were planned.

2. Objectives and Policies

The basic goal of the Development Plan 1395 relative to the Bedouin nomads is to formulate and implement a series of programs specifically oriented toward improving their economic and social well-being. Six policies have been formulated to guide this development, as noted below.

2.1 The Bedouin programs will have an economic rather than a welfare basis, even though government investment and support may be needed in the early stages.

2.2 The programs will be adapted and operated in accord with the special needs and situation of the Bedouin.

2.3 A new unit in the Ministry of the Interior will provide appropriate administrative machinery exclusively concerned with all aspects of Bedouin development policy and programs, securing the support and cooperation of the tribal leaders.

2.4 The work of the new unit for Bedouin development will be coordinated with that of specialized agencies directly responsible for implementing relevant projects.

2.5 Through the new unit research necessary for successful implementation and acceptance of Bedouin programs will be undertaken.

2.6 Special care will be taken to familiarize the Bedouin, and especially their leaders, with the programs available for their advancement, thereby obtaining the cooperation required from both individuals and tribes.

3. Programs and Projects

3.1 Administration

3.1.1 At the beginning of the plan period, establish a unit for Bedouin Programs within the Ministry of Interior, and entrust to this unit responsibility for ensuring realization of the government's policy for economic and social development of the Bedouin nomads. As the policy is realized, this unit should be phased out.

3.1.2 Also near the beginning of the plan period, establish a research program within the unit for Bedouin Programs to collect all available data with relevance to Bedouin development and to organize and initiate necessary new research. A priority research program should include study of the basic economics of the Bedouin system and its integration with the national economy.
3.1.3 Within the first year of the plan period, prepare in cooperation with other government agencies, specific coordinated projects for implementation in the period 1396-1400.

3.1.4 Review existing legislation which may relate to the implementation of new Bedouin programs and submit, where necessary, draft legislation to the Council of Ministers for promulgation.

3.1.5 Train competent Bedouins to fill central roles in the new unit as soon as possible.

3.1.6 For the third year of the Plan, organize an international conference on the economic and social development of nomadic populations.

3.2 Special Programs

3.2.1 Agriculture

Within the first year of the Plan, formulate a program for Bedouin agricultural projects to be undertaken in the period 1396-1400. Priority projects will include:

- Formulation of a National Rangelands Code for the regulation of range use, renovation of the range, and grazing rights.
- Specific projects for range management, improvement, renovation, and grazing control with emphasis on the Northern and Western regions.
- Specific projects for livestock improvement, animal health protection, and veterinary assistance in areas with a population heavily dependent on livestock.
- Development of livestock-fattening units on irrigated lands in association with range land, for the purpose of reducing the current pressures on range land and thus maintaining — and possibly increasing — animal production.
- Encouragement of the formation of production and marketing cooperatives.
- In cooperation with the High Committee for Village Development, analyses of the community requirements of agricultural projects.
- Introduction of substitute fuels to replace the woody plants used by Bedouins as fuel, and whose use is contributing to the deterioration of the range land.

3.2.2 Health

3.2.2.1 Investigate means to include the Bedouin in the Kingdom’s increasing health services. Priority projects will include:

- Health centers for the developing centers of forage production and the summer concentrations of nomadic Bedouin.
- Mobile hospitals and clinics for areas without concentrations of population.

3.2.2.2 Organize classes in hygiene and nutrition for Bedouin women.

3.2.3 Education
3.2.3.1 Investigate means to provide schooling for Bedouin children. Possibilities include:

☆ Boarding schools at locations where Bedouin tribes summer or concentrate their marketing activities.
☆ Radio programs reinforced by occasional visits of teachers and summer programs in specified locations.

3.2.3.2 Initiate literacy programs for adult Bedouin.
3.2.3.3 For the above purposes, organize educational caravans in conjunction with the ministries concerned.

3.2.4 Social Affairs
3.2.4.1 Investigate means to ensure that Bedouin have access to all social and welfare programs for which they are eligible.
3.2.4.2 Organize Bedouin women to design and produce traditional handicrafts. Study the desirability of establishing a centralized or cooperative organization for the mutual teaching and marketing of such handicrafts.

3.3 Information
3.3.1 Prepare and disseminate, through the mass media, programs in Bedouin dialects to familiarize the Bedouin with ideas that will help them play an active role in the Government’s efforts to assist them.
3.3.2 Prepare and disseminate, through the mass media, regular programs on matters relating directly to the Bedouin economy, including information on pasture conditions and lamb prices.

4. Finance
When the unit for Bedouin Programs is established, estimates of its financial requirements will be developed.
F. JUDICIAL SYSTEM

1. Present Conditions
1.1 Saudi Arabia is almost the only country, among Arab and Islamic states, that bases its government on the Sharia (Islamic jurisprudence). This has distinguished Saudi Arabia internationally and assured security, prosperity, and stability domestically thereby attracting attention, esteem, and respect.
1.2 The Ministry of Justice administers the Sharia system in all disputes relating to citizens and residents of the Kingdom and in so doing demonstrates its soundness and comprehensiveness in dispensing justice.
1.3 The rising population, economic and social development, and increasing numbers of foreign workers have together resulted in a rise in the number of judicial disputes. Cases heard increased from 91,203 in 1389 to 99,632 in 1392. This growth calls for strengthening the judicial system both quantitatively and qualitatively so that justice can be administered promptly with no loss of dignity or respect.
1.4 During the first development plan, the judicial system was strengthened by increasing the number of courts from 207 to 241, of judges from 321 to 464, and of notaries from 33 to 51. These increases were not matched by corresponding increases in supporting staff.

2. Objectives and Policies
2.1 The objective of the plan for the judicial system is to strengthen it both quantitatively and qualitatively to enable it to administer justice promptly and in an atmosphere of dignity and respect. Policies to this end are stated below.
2.1.1 Increase the number of courts and offices in accordance with criteria of need, including population of areas served and courts already serving them.
2.1.2 Increase and up-grade staff.
2.1.3 Improve administration.
2.1.4 Provide new buildings.

3. Programs and Projects
3.1 New Courts and Offices
3.1.1 Establish a Court of Appeal in the Eastern Region (1397-98).
3.1.2 Strengthen the Appeal Courts in Riyadh and Mecca.
3.1.3 Establish ten new ordinary courts each year in accordance with criteria of need, including population of the area and courts already serving it.

3.1.4 Establish five mobile courts in each of the first three years of the Plan.

3.1.5 Establish Notary Public Offices in Mecca, Jiddah, Riyadh, Medina and Dammam (1395-96).

3.1.6 Establish 60 new Notary Public Offices in other towns (12 each year).

3.1.7 Establish 2 Treasury Offices at the major courts, 14 at the medium courts, and 177 at the small courts.

3.1.8 Establish 13 units of experts to assist in estimating damages and fracture indemnities.

3.1.9 Establish 18 follow-up units for major courts in each of the first two years of the Plan, and 21 for medium courts in each of the next three years to expedite settlement of court transactions.

3.1.10 Expand the central legal reference library at the Ministry and establish 17 legal reference libraries for appeal and major courts, and 14 for medium courts.

3.2 Staff Strengthening And Upgrading

3.2.1 Provide staffing for the above new courts and offices.

3.2.2 Strengthen staffing of existing courts and offices.

3.2.3 Formulate and implement training programs (1395-96).

3.2.4 Establish a training center.

3.2.5 Publish a judiciary periodical to keep judges informed of the rulings and decisions of the Supreme Judiciary Council.

3.3 Administrative Improvement

3.3.1 Establish 13 branches of the Ministry at selected locations.

3.3.2 Study and introduce modern methods of record keeping and administration.

3.4 Buildings

Construct 10 new court buildings each year.

4. Finance

Financial requirements for the Ministry of Justice for the period of the Plan are estimated as follows (SR millions):

<table>
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<th>Budgeted</th>
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<th>1396</th>
<th>1397</th>
<th>1398</th>
<th>1399</th>
<th>1400</th>
<th>Total</th>
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<td>-97</td>
<td>-98</td>
<td>-99</td>
<td></td>
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<tr>
<td>Recurrent</td>
<td>83.9</td>
<td>152.9</td>
<td>183.8</td>
<td>217.6</td>
<td>272.3</td>
<td>244.7</td>
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<tr>
<td>Project</td>
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<td>90.0</td>
<td>34.7</td>
<td>24.0</td>
<td>21.0</td>
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<tr>
<td>Total</td>
<td>138.9</td>
<td>242.9</td>
<td>218.5</td>
<td>241.6</td>
<td>293.3</td>
<td>265.7</td>
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