

CHAPTER 12

SOCIAL DEVELOPMENT

12. SOCIAL DEVELOPMENT

This chapter reviews the progress made in providing Social Development services during the Third Plan period and outlines the strategy for their further development. The review includes a presentation of the main objectives, policies, development programs and public expenditures which will be undertaken during the Fourth Plan period in health, social services, cultural, information and youth affairs, and religious and judicial affairs.

12.1 HEALTH SERVICES

12.1.1 BACKGROUND

The Kingdom has pursued a policy which promotes free health care services for the benefit of all its population. The Third Development Plan emphasized Primary Health Centers as the basis of integrated health services, a development which has required the establishment of a comprehensive health network and the continuous development of manpower for all health agencies, including the private sector.

The Ministry of Health is the agency responsible for health care in the Kingdom. There are, in addition, other agencies that provide health services for their staff and segments of the general population. *Military agencies* provide primary, secondary and third-level health care for their staff and for the citizenry. *The Red Crescent Society* provides emergency services as well as assistance to pilgrims during the Hajj. *The specialist hospitals* of the Kingdom offer high-level specialized health care and the Royal Commission for Jubail and Yanbu provides health facilities for employees at the two industrial cities. *School health units* ensure the immediate primary health care needs of male and female students, while also providing significant health education services. *The universities* participate in the development of health care in the Kingdom through the provision of primary and specialized health care, the conduct of basic health research and by conducting both medical education and continuing education programs. University training and education improves the effectiveness of medical doctors in the Kingdom and expands the supply of manpower by graduating doctors, while raising the standard for nurses through allied health programs.

The private health sector provides an alternative source of health care, and during the Third Plan period rapidly expanded its ability to meet the health care needs of the public.

12.1.2 PRESENT CONDITIONS AND REVIEW OF THIRD PLAN PROGRESS

Efforts made to expand health facilities and improve their geographical distribution, and to expand the supply of health manpower of the Kingdom, have led to improved health ratios during the

Third Plan period. The ratio of Ministry of Health hospital beds per 1,000 population has risen from 1.36 in 1400 to 1.53 in 1404. In the same period, the ratio of total hospital beds per 1,000 population increased from 1.99 in 1400 to 2.20 in 1404. Finally, the ratio of doctors per 10,000 population in the Kingdom increased from 6.7 in 1400 to 11.5 in 1404.

12.1.2.1 Health Facilities

Over the Third Plan period the total number of Ministry of Health hospitals increased from 69 (with 11,968 beds) in 1400 to 93 (with 18,913 beds), in 1404 — an increase of 35 percent in the number of hospitals and 58 percent in hospital beds. Furthermore, the number of primary health centers increased from 889 to 1,084 — a 22 percent increase in the Third Plan period, and a development that involved the expansion of both primary health services and preventive and public health education services. While the growth in primary health care services contributed to the control of diseases among the population, maternal and child health programs were up-graded at hospitals and primary health centers and improved by the addition of 45 new maternal and child health/diagnostic centers.

The health facilities of other health agencies in the Kingdom also expanded in the Third Plan period. The number of hospitals rose from 40 in 1400 to 52 in 1404, for a 30 percent increase, while hospital beds of other agencies increased from 5,579 to 7,497 — an expansion of 34 percent. Primary health centers operated by other major health care providers grew in number from 296 to 735 in the Third Plan period. As a result of these facility increases, the total number of hospital beds in the Kingdom grew from 17,547 in 1400 to 26,410 in 1404, an increase of 50.5 percent. Table 12-1 shows the expansion of hospital beds in the Kingdom during the Third Plan period.

Table 12-1

**EXPANSION OF HOSPITAL BEDS IN THE KINGDOM
(1400/01 to 1404/05)**

	1400/01	1404/05	Increase
	(Number)		(Percent)
Ministry of Health	11,968	18,913	58.0
Other Agencies	2,736	4,057	48.3
Private Sector	2,843	3,440	21.0
Total	17,547	26,410	50.5

The King Faisal Specialist Hospital, the Military hospitals and some Ministry of Health hospitals provide high levels of specialized health care, including open-heart surgery, kidney transplantation and cancer therapy. These facilities provide citizens with access to specialized health services without the need to travel abroad.

Table 12-2 indicates the degree to which Ministry of Health facility targets have been attained in the Third Plan period.

Table 12-2

**GROWTH OF MINISTRY OF HEALTH HOSPITALS
AND PRIMARY HEALTH CENTERS
(1400 - 1404)**

	<u>Third Plan Targets</u>	<u>Operational Achievement</u>	<u>Achievement</u>
	(Number)		(Percent)
Hospitals	24	24	100
Hospital Beds	5,700	6,388	112
Primary Health Centers	300	203	68

12.1.2.2 Manpower

In the Third Plan period, Ministry of Health medical manpower increased rapidly as follows: the number of doctors increased from 3,793 in 1400 to 7,529 in 1404 for a 98.5 percent growth; the number of nurses grew from 6,829 to 14,982 for a 119.4 percent increase; health technicians increased from 4,294 to 7,876 for a rise of 83.4 percent over the period. In addition, the medical manpower employed by other health agencies grew in the same period by 128 percent for doctors, 28.7 percent for nurses and 6.1 percent for health technicians. The greatest proportionate increase of medical manpower in the Third Plan period was in the private sector, where there was a 168.2 percent growth in doctors, a 128.9 percent increase in nursing staff and a 218.3 percent growth in health technicians. Tables 12-3, 12-4 and 12-5 show the expansion of medical manpower in the Kingdom in the Third Plan period.

Table 12-3

GROWTH IN THE NUMBER OF DOCTORS (1400 - 1405)

	1400/01	1404/05	Increase
	(Number)		(Percent)
Ministry of Health	3,793	7,529	98.5
Other Agencies	1,537	3,504	128.0
Private Sector	1,206	3,234	168.2
Total	6,536	14,267	118.3

Table 12-4

GROWTH IN THE NUMBER OF NURSES (1400 - 1405)

	1400/01	1404/05	Increase
	(Number)		(Percent)
Ministry of Health	6,829	14,984	119.4
Other Agencies	3,307	4,255	28.7
Private Sector	1,987	4,548	128.9
Total	12,123	23,785	96.2

Table 12-5

GROWTH IN THE NUMBER OF HEALTH TECHNICIANS (1400 - 1405)

	1400/01	1404/05	Increase
	(Number)		(Percent)
Ministry of Health	4,294	7,876	83.4
Other Agencies	1,773	1,881	6.1
Private Sector	575	1,830	218.3
Total	6,642	11,587	74.5

Figure 12-1 shows the distribution of Ministry of Health hospitals in 1404. In 1400, 79 percent of its hospital beds were located in the Riyadh, Madinah, Eastern and Western health regions. By 1404, this proportion had declined to 73 percent as a result of increased numbers of hospitals in the Baha, Najran, Gizan, Northern and Hail regions.

12.1.2.3 Demand for Services

During the Third Plan period a number of factors combined to create a significant increase in the demand for health services: the extension of health care to regions of the Kingdom where none previously existed; a growing public awareness of the availability of health care; and a growing efficiency of the health programs as a result of increases in staff. A measure of this rising demand for services is shown below in Table 12-6, expressed in terms of the number of visits to health agency facilities.

Table 12-6

MINISTRY OF HEALTH OUT-PATIENT VISITS

	<u>1400/01</u>	<u>1403/04</u>	<u>Increase</u>
	(Thousand)		(Percent)
Hospital	13,931	18,987	36.3
Primary Health Center	16,901	24,598	45.5
Total	30,833	43,585	41.4

In 1403/04, the overall demand for services provided by the Ministry of Health was 41 percent greater than in 1400/01. Primary health center visits rose by over 45 percent between 1400/01 and 1403/04, when they accounted for 56 percent of total out-patient visits. This reflects the successful implementation of the Third Plan's objective to emphasize Primary Health Centers as the basis for providing health services.

12.1.2.4 Medical and Allied Health Training

Table 12-7 shows student enrollments in medical training facilities in the Kingdom.

Table 12-7

EXPANSION OF MEDICAL AND ALLIED HEALTH TRAINING

Faculty	Total Enrollment		Increase
	(1399/00)	(1403/04)	(Percent)
Colleges of Medicine	1,758	2,959	68
Colleges of Pharmacy	393	596	52
Colleges of Dentistry	130	365	181
Colleges of Nursing	—	46	—
Colleges of Medical Technology	144	376	161
Total	2,425	4,342	79

12.1.2.5 Key Issues

Despite the accomplishments of the Third Plan period, major issues have emerged which must be addressed in the Fourth Plan period.

Expansion of Public Health and Primary Care Programs

During the Fourth Plan period, the emphasis on health services provided through primary health centers will lead to an expansion in their responsibility for public health, health education and preventive health care programs. Vulnerable segments of the population, especially children, women and elderly citizens, continue to need basic health services. The public health programs in the Fourth Plan period aim to reduce infant and peri-natal mortality and morbidity rates through greater control of infectious diseases, including the expansion of effective immunization activities.

Health Services Evaluation

As services and facilities expanded in the Third Plan period, it became essential to assure that these services operate with maximum efficiency and effectiveness. To accomplish this task, an effective health information system must be established for the continuous evaluation of health services, including those provided by the private sector. A critical element in the evaluation of health services in the Fourth Plan period will be an ongoing analysis of the geographical distribution of health facilities, in order to achieve a balanced and integrated health services network.

12.1.3 DEVELOPMENT STRATEGY

Improving the health services of the Kingdom leads to public participation in the develop-

ment process and ensures that the population will benefit from the course of development. Establishing a high-quality network of comprehensive health services based upon primary health care has been the development goal of health programs implemented in previous Plan periods. During the Fourth Plan emphasis will be placed increasingly on the *balanced* growth of primary health services, according to both regional needs and those of specific groups within society. The benefits of maternal and child health care and improved diagnostic services will be made accessible to both urban and rural areas, while emergency services to assist victims of road traffic accidents will also be strengthened.

The continued development of a coordinated health network must be supported by the planning data of a modern health information system. The sustained development of manpower in all areas will be sought to assure the full operation of all health facilities. The private sector will be encouraged not only to expand services, but also to participate in all health sector activities generally. All of these efforts will seek to widen the scope of health programs and contribute to safeguarding the citizenry.

12.1.3.1 Objectives and Policies

Objectives

The Government's objectives for the health services are:

- to strengthen primary health care as the basis of a comprehensive health services network providing integrated health services of high quality for the people of the Kingdom;
- to increase the coordination between the Ministry of Health and other agencies that provide health services, and expand exchanges of expertise between the Kingdom and international health organizations;
- to further develop the health services manpower of the Kingdom at all levels;
- to continue the development of preventive, public health, and environmental health programs, including health education, maternal and child health care, improved public immunization, and occupational health programs;
- to further develop emergency medical services with special attention to the requirements of the Hajj season;
- to continue encouraging the expansion of private health care programs and promote private sector participation in all health sector services and the operation of all health sector facilities.

Policies

The policies to achieve the objectives of the health services are to:

- provide primary health services through primary health centers established to serve both urban and rural areas (500 to 5,000 persons per center) or through maternity and diagnostic centers in urban and rural areas;
- ensure that primary health centers, clinics and hospitals in the Kingdom are linked in a carefully structured referral network, using suitable standards for referring patients from primary health centers to diagnostic/maternity centers and to hospitals;
- maintain high-level coordination among the major providers of health services by expanding the role of existing health coordination committees, by the establishment of a health services coordination committee in each health region, and by the creation of a Kingdom-wide committee for disaster relief;
- provide an effective health information system to assist in the operation, planning and evaluation of health services, to assist with the publication of annual health statistical reports, and to implement a national health-card system linking each family unit to the nearest primary health center;
- implement a comprehensive survey of major health problems in the regions of the Kingdom, and establish an ongoing evaluation of health facilities and health manpower;
- establish an emergency health services network which provides wide geographic distribution of emergency care for Hajj services, road traffic accidents and major disasters;
- encourage coordination with the private sector in the development of private health facilities and services.

12.1.3.2 Programs

Health Services Operations and Construction

Health services operations programs will provide for the full development of a geographically balanced health network, while stressing the role of primary health centers as the foundation of health care in the Kingdom. Hospitals will be used increasingly for the referral of patients from primary health centers or diagnostic/maternity centers. Health care operations programs also seek to provide modern, efficient hospital equipment and qualified manpower for operating the health facilities and services of the Kingdom.

In addition, health facilities construction programs will expand the health network by adding new primary health centers, diagnostic/maternity centers, endemic disease-control stations, health institutes and long-term care facilities, as well as hospitals required for the replacement of existing ones, and in areas where hospitalization services are currently needed most. Existing health facilities will also be up-graded under these programs.

Figure 12 - 1

HOSPITALS EXISTING AND PROPOSED BY THE MINISTRY OF HEALTH

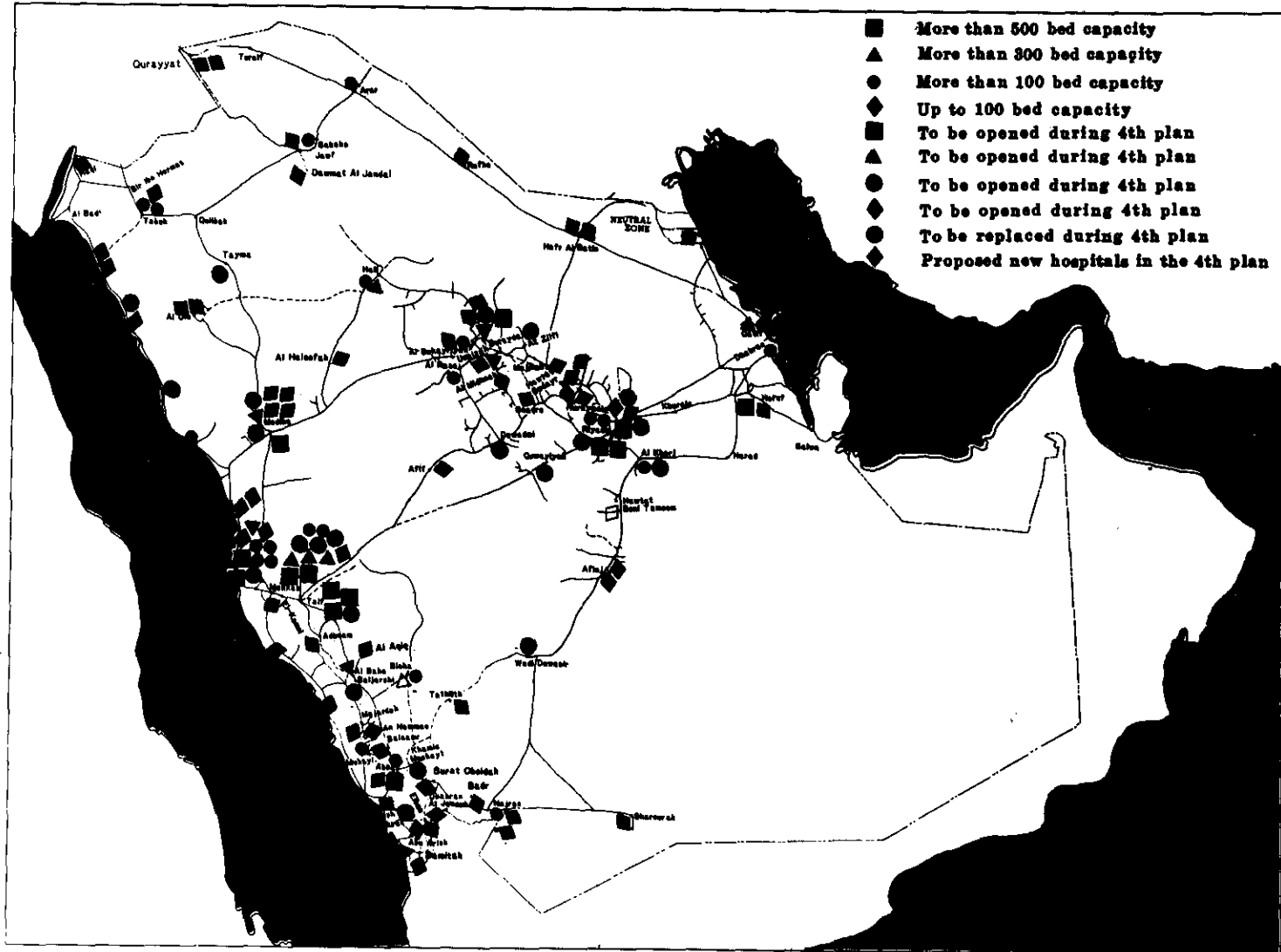
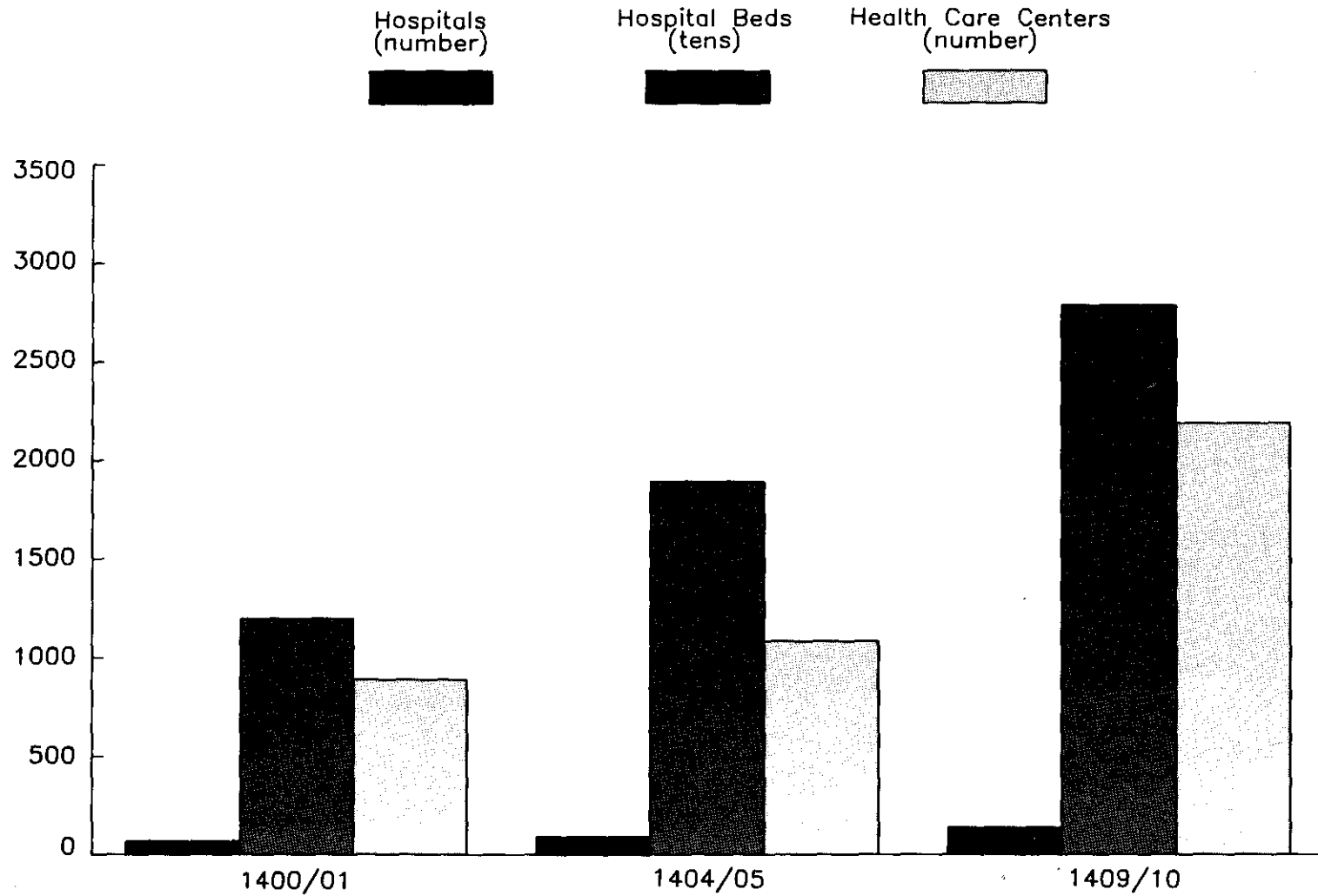


Figure 12 - 2

Ministry of Health Facilities in Operation (existing and planned)



Finally, in the Fourth Plan period the health facilities of other health agencies and the private sector will reduce the demand for the health services of the Ministry of Health. Specialist hospitals will participate in these programs by their continued contribution of third-level health services for referred patients.

Health Information and Research

Health information and research programs will furnish fundamental data for the operation, maintenance and planning of health facilities, while providing data concerning both the utilization of health services and the cost-effectiveness of health care in the Kingdom.

These programs also provide for the development of health information at the regional level, based upon research concerning health facilities distribution, the major health problems of each region, the analysis of endemic diseases and leading causes of mortality and morbidity among infants. Studies will also be conducted to identify ways to increase the efficiency of health care and to increase citizen participation in the control of costs and improvement of health services. The results of these investigations will be linked with the family health-card information provided by primary health centers, to aid health planning and to assist in the coordinated referral of patients. In addition, annual health data reports will be published which summarize health information and evaluate health facilities, including their staff performance, the costs of health services, and the locations of health facilities.

Manpower Development

Manpower development programs include special training programs for health sector manpower, especially general practitioners and technical staff, while continuing the recruitment of qualified health network personnel. Training programs, conducted in cooperation with the universities of the Kingdom, will emphasize continuing education focused on the direct application of health-care principles, in order to improve the overall quality of health services, particularly in remote areas. Also, these programs will provide opportunities for doctors to obtain fellowships both inside and outside the Kingdom.

Despite the increasing capability of universities and other sources of manpower training during the Third Plan, health-care providers must still recruit foreign health manpower at all levels. To reduce the need for such recruitment, health services agencies will continue to expand the opportunities for Saudi women in all health-care fields.

In the Fourth Plan period, special emphasis must be given to training programs aimed at raising the efficiency of health sector personnel. The growth of secondary services in the Third Plan period, and the expansion of primary health centers anticipated in the Fourth Plan period, make it

essential that the effectiveness of doctors working for primary health centers, and of technical personnel in the health network, be up-graded. Finally, the improved training of emergency specialists and paramedical personnel for the services of the Red Crescent Society will be stressed in the Fourth Plan period.

Health Education and Public Health

Public health programs will promote improved preventive and public health education services in the Fourth Plan period. Special efforts will be made to identify and control infectious and endemic diseases. Furthermore, primary health centers will become increasingly involved in the problems of infectious diseases within each hospital catchment area, and will up-grade their immunization programs in an attempt to reduce mortality and morbidity among children in the 0-6 years age group. Relatedly, special efforts will be made to increase the number of doctors at primary health centers and to expand the services rendered to mothers and children in the Kingdom.

Maternal and child health issues will also be addressed by a rapid expansion of diagnostic and maternity centers, thereby increasing the availability of public health education programs. As features of the health network, maternal and child health centers will also provide for the timely and accurate referral of complicated delivery cases to secondary or third-level elements of the health system. Finally, diagnostic services provided by these centers will up-grade the quality of medical services available in rural areas.

Health facilities will continue to provide health education programs for families. Multi-purpose health education programs will be provided through public communications and video tape outlets to inform the population about the problems of drug usage, dental and personal hygiene, smoking, improper nutrition and water supply/waste disposal in the home.

12.1.3.3 Program Expenditures: Health Services

The planned government expenditures for each program in the health sector (Ministry of Health and Red Crescent Society) during the Fourth Plan period are shown below in Table 12-8.

Table 12-8

HEALTH SERVICES PROGRAM EXPENDITURES

	Fourth Plan Total
	(SR million)
Ministry of Health	
Operations and Management	34,636.7
Facilities Development	14,715.8
Maintenance	7,765.7
Training	317.4
Health Information and Research	556.3
Coordination	10.0
Sub-total	58,001.9
Red Crescent Society	
Operations and Management	1,218.3
Facilities Development	159.3
Transportation/Communication	92.5
Maintenance	40.0
Training	24.0
Studies/Research	2.5
Coordination	—
Sub-total	1,536.6
King Faisal Specialist Hospital	2,700.0
Total	62,238.5

12.1.3.4 Private Sector Considerations

The growth of the private sector during the Third Plan period has made it a critical part of the health services network of the Kingdom. Its scope and extent of participation in the health care field will expand in the Fourth Plan period. The development of private sector services will involve cooperation and coordination with other agencies planning health services, increased evaluation of private health facilities and the strengthening of regulations concerning private health services. This coordination of effort will require a regular review of private sector fees on the basis of current market prices and the quality of services provided.

Training opportunities will be available for private sector employees through programs provided by the Ministry of Health and other agencies. Also, studies will be conducted to identify new investment opportunities in the establishment and operation of health facilities, to identify optimal mechanisms for private health sector growth, (for example, the distribution of land, the raising of loan ceilings, the capacity of the Chambers of Commerce to represent the private sector) and to determine the viability of cooperative health insurance programs aimed at extending health benefits to the population. The procedures for land provision, and for the receipt of loans for establishing and operating private health services, will be simplified in the Fourth Plan period. These changes will encourage the private sector to participate in all aspects of health services at all levels and with high quality standards.

12.1.3.5 GCC Cooperation

Objectives and policies approved for health services require expanded cooperation and increased exchanges of experience at the GCC level. These coordination efforts will lead to an optimal use of funds and to a greater sharing of health expertise among GCC countries. The development of health services research capacities also calls for GCC cooperation. Finally, the expanded role of the Red Crescent Society in providing first aid and relief services in the Fourth Plan period will require close cooperation with the GCC.

12.2 SOCIAL SERVICES

12.2.1 BACKGROUND

The social services are designed to redress existing social imbalances, to improve living standards and the quality of life of the population, to stimulate citizen participation in community development activities, and to provide remedial care and assistance for the disabled and the deprived.

Local and community development services are provided to improve living conditions, encourage local growth, and smooth the processes related to the rapid transformation of the socioeconomic system. The Ministry of Labor and Social Affairs, the Ministry of Health, the Ministry of Education, and the Ministry of Municipal and Rural Affairs contribute to the provision of local development services which require coordination between these agencies. The main activities of the Deputy Ministry of Social Affairs (DMSA) are: community development, cooperative services, planning, research, and providing counselling services and training. The Fourth Plan recommends the creation of *social guidance and information programs* to disseminate information intended to maintain social values, and to instill a social and community development ethos. It will work in conjunction with the Ministry of Information and with the extension units of other agencies providing services.

The social rehabilitation and care services are provided to clients with physical or mental disabilities, or who are in disadvantaged social circumstances in institutions or in the family setting. They seek to maintain family relations, protect children, and emphasize constructive roles for women. They deal with juvenile delinquents and the elderly, and assist those who are disabled to adjust to their social condition. The social care activities are based on a framework that includes remedial services, prevention, and developmental programs.

The remedial services program seeks to remedy and reduce the impact of social problems which disadvantaged individuals and society face. It includes institutional care for orphans, the handicapped, the elderly and juveniles. Also included are subsidies for expanding foster home care for orphans, for households with seriously disabled and paralyzed children, and the activities related to homes for the destitute (Al Arbatah) to improve their living conditions. **The preventive services** program assesses and seeks to reduce the negative effects of social problems which confront individuals and society. It includes women's and children's activities, employment and follow-up of the disabled, post-institutional care, and vagrancy control.

The developmental program aims to improve social standards for individuals and families in villages and poor districts in cities by improving their living conditions, raising their economic standards and training them for productive jobs. This includes the provision of technical assistance for cooperative societies, subsidies and assistance to small projects for disabled persons and for different types of rehabilitation activities.

Social security pensions, benefits, and relief assistance to the disabled, the deprived, and the temporarily disadvantaged are also provided. Other beneficiaries are the elderly, unmarried, divorced, or widowed female heads of households who are without income, and orphans.

In addition, there are other **income-support and poverty-relief schemes**. The Saudi Credit Bank awards loans on easy terms to people with limited incomes. There are subsidies on prices of consumer staples. The livestock and crop cash subsidies paid to farmers by the Government and the loans granted by the Agricultural Bank are primarily intended to increase agricultural production. They also make a significant contribution to raising incomes in the rural areas. The housing loans which are granted by the Real Estate Development Fund are a vital factor in reducing the cost of housing to families, thereby allowing incomes to be spent on other goods and services, and raising family living standards. The charitable grants given to the poor by private benevolent societies are another significant form of transfer payment to raise incomes.

There is a compulsory **comprehensive occupational insurance** scheme for employees in the private sector and state-owned corporations, with two branches. The pension branch covers old age and disability. The occupational hazards branch provides financial benefits due to temporary disability or sickness.

The Social Services agencies aim to remedy a number of social problems which are part of the process of development. Poverty and deprivation are not necessarily due to the failure of individuals to meet their own needs. Most of these problems are a result of broader external conditions in society as a whole, and will not solve themselves. Public and private interventions are necessary to improve the conditions of the individual and the community. The Social Services agencies will continue to pay attention to the development of Saudi society, to assist in improving the standard of living, and to take steps to redress some of the social imbalances which have become salient during this period of rapid socioeconomic change.

12.2.2 PRESENT CONDITIONS AND REVIEW OF THIRD PLAN PROGRESS

12.2.2.1 Local and Community Development

The fundamental purpose of this activity is to 'help people to help themselves' through community development and cooperative programs. Throughout the Third Plan members of local communities were encouraged to rely on their own resources and skills, rather than on the central government, for improving their quality of life. To fulfill this aim, 22 community development centers and 17 local committees for social development, in areas which previously had no centers, were operating during the Third Plan period.

Cooperatives have been successful in pooling the resources of the community for participation in social and economic development. Subsidies are provided to establish and maintain cooperatives, while cooperative technical service units provide assistance and expertise. Cooperatives have expanded from 111 with 35,000 members in 1400 to 162 with 52,300 members in 1403/04.

These self-help programs are supported by the Center for Training and Applied Social Research at Al-Daraiyyah. During the Third Plan it has trained community field workers, undertaken research on social development and social change, and provided technical consultations to other agencies concerned with the development of society. It also arranges courses and workshops in agricultural extension, health awareness, anti-illiteracy, adult education, social welfare, and child care.

12.2.2.2 Social Care

The basic orientation of the social care services has been to provide care for its clients, in a family setting if possible. Subsidies for at-home care for orphans, and handicapped or paralyzed children, expanded beyond all anticipated targets during the Third Plan. Rehabilitation services for the blind and the paralyzed, and vocational rehabilitation, were provided. The number of care homes for the elderly did not increase, but the number of residents increased to 172, or by 58 percent. Expansion of some facilities was necessary in orphanages, social guidance and probation institutes, and rehabilitation centers. Private benevolent societies increased from 33 in 1400 to 75 in 1404 and expanded their community service activities. The long-term implications of the functions of the Vagrancy Control Office are being assessed.

12.2.2.3 Social Security

Social security pensions, benefits, and relief assistance are delivered through a network of 75 field offices distributed Kingdomwide. This is an increase of 8 offices during the Third Plan, or 50 per cent of its planned target of 16. The scheme was able to increase its eligible client base by relying on referrals from Amirs, judges, and medical doctors. The Deputy Ministry of Social Security (DMSS) was unable to introduce the information management system to improve payments to beneficiaries and to computerize the registration system. Similarly, the research project on the need for and feasibility of introducing a new means-tested family income supplement scheme was not implemented. However, during the Third Plan the amount of pensions and assistance increased 40 per cent according to the Council of Ministers Resolution No. 146, dated 20/8/1401. The total amount of disbursements for pensions increased to SR 1.4 billion in 1403/04, while temporary relief assistance was SR 133.5 million.

12.2.2.4 Social Insurance

There are now 15 social insurance offices compared to 11 in 1400. Over 3 million workers have been enrolled in pension schemes compared to 700,000 in 1400. Because of the increase in the number of establishments with more than 20 employees, there was an increase in enrollments. The number registered in 1404 was 52.3 percent more than anticipated in the Third Plan. Over 570,000 employees have been enrolled in the occupational hazards program in 3,146 establishments during the Third Plan.

12.2.2.5 Key Issues

Elimination of Service Duplication

The Fourth Plan calls for the elimination of service duplication and for providing an increase in quantity and types of social services. A trend analysis of social services demonstrates that the demand for types of services offered has become increasingly differentiated during the Third Plan. There have been increases in the number and type of activities. As a result, administrative tasks have increased.

Nomads, Rural and Urban Poor

The increase in social assistance during the Third Plan can serve as an indicator that, in spite of the overwhelming socioeconomic changes in the Kingdom, there are residents who have not participated, for one reason or another, in development programs. The Fourth Plan has specific programs which meet the demand for social services. The most important of these activities are concerned with the increasing demographic growth among the rural and urban poor, and the presence of semi-nomadic and nomadic population groups which have been deprived because of lack of access to social and

economic opportunities. These groups will be a target of Social Services programs. The immediate issue is to improve the economic well-being of the individual without reducing the work incentive.

Government policy towards the nomads continues to provide all possible realistic opportunities and options to allow them to choose the form of life they wish to follow. The agricultural sector programs attempt to redress the imbalance between rural and urban population by increasing incomes and improving the living standards and welfare of the agricultural community, including the nomadic population. The Ministry of the Interior has established a Unit for Nomadic Affairs. Social assistance is available to those who wish to remain nomads as well as to those who choose to settle. Land, equipment, and training are offered to those who wish to take up farming. There is great scope for employment in the private sector and in the armed forces. Special education and medical programs, designed specifically for nomads, are available. Social service agencies, in conjunction with other human service providers, will serve as one of many conduits whereby all individuals may be mobilized into productive roles and to participate in development programs.

12.2.3 DEVELOPMENT STRATEGY

The Social Services contribute to national development and conform to the Fourth Plan Strategy by seeking to maintain in their activities a consciousness of the changing needs of society and thereby prevent disruptive social change. They encourage the participation of the community in the implementation of local projects, and encourage cooperative societies to undertake social and economic projects. They contribute to the expansion of anti-illiteracy and adult education activities, as well as youth welfare activities to develop the capabilities of young people. Social service agencies have identified employment areas for women in a manner which would not be contrary to the Islamic faith. They seek to create in Saudi citizens an awareness of the objectives and requirements of development.

These services encourage the social requisites for the development of Saudi society, provide social welfare to alleviate social imbalances, and place emphasis on the care of children. They have increased attention on programs for the rehabilitation and welfare of the handicapped. They encourage benevolent societies to undertake social and economic projects, and allow for private sector participation in social development programs.

12.2.3.1 Objectives and Policies

Objectives

The objectives of Social Services are:

- to extend the scope of integrated social development activities with other service providers and citizens groups in order to meet the basic needs of disadvantaged groups and individuals;

- to emphasize the social responsibility of the population for improving the standards of local communities and poor districts within cities through private sector activities;
- to assist the population in improving their real standard of living by their own efforts and without reducing incentives to work;
- to extend Social Services programs to all parts of the Kingdom and to all eligible persons;
- to encourage family solidarity and support the desired socialization of children;
- to provide care for clients requiring institutionalization if it is impossible to deliver sufficient care in the family setting.

Policies

The policies to achieve the objectives are the following:

- extend the network of community development centers, local development committees, and cooperatives;
- support subsidies for orphans, severely handicapped and paralyzed children residing with families under agency supervision;
- develop religious, social, and psychological guidance programs in juvenile probation institutes which will seek to prevent repeated offenses;
- encourage the formation of new project-oriented benevolent societies and volunteer groups to work with them to augment social services.

12.2.3.2 Programs

Community Development

A large team of field sociologists and social workers will be appointed to work with the community development committees as prime movers of social development. They will be assigned to rural areas Kingdom-wide in locations where community development centers do not exist. They will stimulate and initiate development of a community 'esprit de corps' through activities like public health improvements, establishing social clubs, playgrounds, and anti-illiteracy groups. Projects for low-income individuals to improve their housing will be subsidized to cover materials and expenses. The citizen or the community will provide the required manpower.

Classes in domestic sciences for females and training units in handicrafts will be established on a regional basis. Productive societies will be established and exhibitions subsidized for marketing products of the societies. Subsidies will be provided for establishing local units for cottage industries.

Cooperative Services

In order to upgrade the quality of the administrators, the existing cooperative societies, and those which will be established during the Fourth Plan, will be provided with administrative support, technical assistance, accountants and auditors, and information. A cooperatives magazine will be published annually.

Social Guidance

The General Administration will be established in Riyadh. Regional departments and mobile units will be set up during the Plan for producing, and disseminating to the mass media, socially relevant materials for influencing social values and for instilling a social and community development awareness in the populace. It will work in conjunction with the information services and with the extension units of other sectors providing services.

Rehabilitation (Developmental)

Fifty benevolent societies will be established during the Fourth Development Plan, including 20 concerned with women's activities. The society activities will complement existing care services. They will also handle special problem areas like care facilities for the handicapped and orphans, and campaigns for heart disease and anti-smoking. Subsidies to promote the establishment of small businesses for the rehabilitation of the disabled will be increased.

Remedial Care

The number of households eligible for subsidies will be increased, particularly with respect to foster care families for orphans, and households with paralyzed or seriously disabled children. Manpower and materials will be supplied for supervision of Al Arbatah in Makkah, Medina, Jeddah, and Taif, and to improve their housing and health standards.

Preventive Care

A general directorate for women's and children's activities will be established, with field units, to coordinate social, health and education services. The emphasis will be to establish activities on maternity and early childhood health education and nutrition. It will encourage the establishment, supervision and provision of technical assistance to women's benevolent societies and offer technical assistance to kindergartens and children's day-care centers. The directorate will commence an activity in counselling to spouses on aspects of marriage and family life.

A section on employment and follow-up of the rehabilitated disabled will be established. It will seek suitable jobs for the disabled who have been trained in the vocational rehabilitation centers to an employable skill level.

Pensions, Benefits and Assistance

Assistance to the temporarily disadvantaged, pensions and benefits to the disabled and the deprived such as the elderly, unmarried, divorced, or widowed females without incomes, and orphans, will be provided.

Pensions and Occupational Hazards

Following a comprehensive survey, all private establishments with more than 10 workers will be registered for the social insurance pensions scheme. All establishments employing 20 or more workers and all employees in public corporations, regardless of their number, will be registered for the occupational hazards scheme. Information campaigns will be expanded to increase public awareness of social insurance.

Service Improvement

A family counselling and referral program will be established for advising families and communities on the availability of services for disabled and deprived individuals, and for coordinating with other service providers in poverty-alleviation activities.

An assessment will be undertaken of an information management system, which would provide for automation of the operations of social security activities, immediate access to case data, improved payment procedures, and data storage and retrieval. The software system for case data and financial procedures will be developed in conjunction with the computer capacity of the Ministry of Finance and National Economy.

Operations and Investments

A new investment strategy will be established for Social Insurance, and the investment portfolio will be diversified, so that the overall return on investments will increase during the Fourth Plan. The new hospital will be completed in Riyadh and construction will begin on the hospitals in Jeddah and Dammam. Feasibility studies will be completed for other types of alternative medical services which the Social Insurance authorities may consider.

Planning, Research and Consultation

Research studies will be undertaken on the problems of vagrancy and juvenile delinquency, and the role of the private sector in local development. Evaluation studies on social care, cooperative societies, community development centers, long-term training at Al-Daraiyyah Center, and the socioeconomic data information bank will be completed.

Training

Long-term and short-term courses will be held at Al-Daraiyyah Center for individuals involved in Social Services activities. Specialized seminars will be held each year on selected development topics. Courses for members of cooperative societies, local leaders, and female social volunteers will be held each year. Employees will be trained in various fields at the Institute of Public Administration and at the Arab Security Studies Center. Scholarships will be offered for specialized and advanced training abroad.

Services Facility Expansion and Improvement

Twenty social security facilities will be opened during the Fourth Plan in various areas of the Kingdom. Two new Social Insurance offices will be opened. Care facilities will be restored and improved to create a more home-like environment. Similarly, community development facilities will be restored and improved.

12.2.3.3 Program Expenditures: Social Services

The planned government expenditures for each program in the social services sector during the Fourth Plan are shown below in Table 12-9.

Table 12-9

SOCIAL SERVICES PROGRAM EXPENDITURES

	Fourth Plan Total
	(SR million)
Deputy Ministry of Social Affairs	
Operations and Management	298.6
Ongoing Subsidies	236.5
Social Development	236.5
Maintenance, Facilities Improvement and Restorations	194.6
Cooperative Services	147.2
Training	71.8
Planning, Research and Consultation	44.8
Social Guidance	34.2
Sub-total	1,264.2
Deputy Ministry of Social Care	
Construction and Facilities Improvement	728.0
Ongoing Subsidies	650.0
Operations and Management	580.2
Developmental	382.0
Maintenance	204.1
Remedial	198.0
Preventive	74.7
Sub-total	2,817.0
Deputy Ministry of Social Security*	
Pensions, Benefits and Assistance	9,676.6
Operations, Management and Training	370.0
Maintenance, Materials and Equipment	77.0
Service Facility Expansion	40.1
Research	20.0
Service Improvement	15.5
Sub-total	10,199.2
Total	14,280.4

★ Development Funds are not included in the services provided by the General Organization for Social Insurance.

12.2.3.4 Private Sector Considerations

It is anticipated that more private sector involvement will take place in Social Services activities. Benevolent and cooperative societies, private philanthropy, Social Insurance investments in the private sector, and volunteerism increased substantially during the Third Plan.

A number of care facilities and Al-Arbatah were established through private philanthropic funds. Supervision, technical assistance, and training is offered by the Social Services authorities so that skills and activities may be more appropriately utilized. The Government expects that the individual will continue to sustain and strengthen his own sense of personal, family, and country responsibility, to look after his own to the greatest extent possible, and not become dependent on government aid. However, the Government's policy will be to continue to provide subsidies and support to these partnerships between the public and private sectors which stimulate community development and improve the quality of life.

12.2.3.5 GCC Links

The Social Services agencies participate in: the conferences of Gulf States; the Ministries of Labor and Social Affairs Council; applied social research in mutually shared problems and challenges; and the Council's ongoing symposium on care for the elderly. Representatives of the Social Services also participate on the GCC Experts Committee, and in conferences of the Arab Labor and Social Affairs Ministers.

12.3 CULTURAL, INFORMATION, AND YOUTH AFFAIRS

12.3.1 BACKGROUND

The culture of Saudi Arabia is embedded in Islam and in Arab civilization. It reflects certain artistic and intellectual features which are evolving alongside the rapid economic and technical changes. The culture of a country is ethereal yet it strongly influences almost all activities of the citizens. Culture relates not only to the arts and the humanities, but also to the traditions and attitudes which are reflected in the social organization and behavioral standards of the individual and the community.

The arts are an end in themselves, and a variety of cultural pursuits are encouraged to enrich the quality of life. However, contemporary Saudi culture also fulfills a vital social function. It instills the heritage of the past alongside the present; the ability to cope with the challenges resulting from unprecedented social change; the possibility of reflecting a spirit of increasing open-mindedness; the provision for speculative thought; and the facility for improving the overall aesthetic quality of life in all communities. Economic and social changes are having impacts on the culture of the Kingdom. These are reflected in changing patterns of consumer behavior, leisure and recreation. Cultural traditions

contribute to ensuring that the people do not lose their sense of identity or integrity while other aspects of their lives are changing. Cultural traditions, in turn, temper the economic and social innovations and blend them into appropriate forms which constitute contemporary culture.

The source of culture is in the spontaneity of the human mind. Therefore, it is neither possible nor desirable to plan the culture of a country in the same way, for example, that roads and agriculture are planned. It is culture, indeed, which creates the supportive environment for the implementation of development programs. Similarly, the type and range of programs affect the way culture flourishes or reacts in response to other cultures.

The main development programs which relate to culture are those associated with religious affairs, public information and broadcasting, youth and sports activities, antiquities, and the performing arts. The effective interrelationship of culture, information, and youth affairs is an integral part of social development and is closely aligned with and supportive of other public and private sector programs.

Religious agencies promote understanding of and adherence to the teaching and practices of Islam. In addition to their primary mission, the education services sponsor sporting, social, theatrical, artistic, scouting and community service activities, public libraries and cultural exchange programs. The universities sponsor similar social, theatrical and artistic activities. The Antiquities and Museums Department of the Government has responsibility for museums and archaeological sites. The King Abdul Aziz Memorial Center provides a library, conducts research, translations and publications on the historical and cultural heritage.

The Government's social services sponsor traditional handicrafts production, culinary arts, environmental improvement, libraries, social clubs and playgrounds. The Government also provides subsidies to benevolent societies which undertake a variety of community service activities and contribute to developing a responsible community spirit. Municipal authorities provide national parks, playgrounds, public gardens and zoological gardens, which contribute to an appreciation of the natural environment. All agencies have adopted Islamic architectural design requirements for their buildings.

The UNESCO categories of cultural activities are presented in Table 12-10 to demonstrate the breadth of Cultural, Youth, and Information activities and the various sectors involved.

Public broadcasting is a key feature of contemporary culture, and the effective dissemination of information is an integral component of development. Through well-planned communication, the public is entertained, informed and educated; positive attitudes are created and reinforced; technological changes are supported; and cultural values are enhanced. The Ministry of Information provides radio and television programming, acts as the main supplier and disseminator of internal and

external public information through domestic and foreign offices and the Saudi Press Agency, and supervises commercial production and dissemination of public information. The private sector is the main provider of daily newspapers, weekly and monthly magazines of general and specific interest, printing presses, public relations and advertising agencies, and retail outlets, such as bookstores and videocassette clubs.

The Youth Welfare Agency has responsibility for social, sporting and cultural activities for all out-of-school young men between 15 and 30 years of age, and for licenses and subsidies for sports clubs. The private sector, the military and security forces, and schools and universities also provide sporting activities and facilities. The Government is responsible for encouraging standards of athletic excellence for competition in international sports events, provides youth centers, youth camps and youth hostels and encourages the arts, cultural clubs and libraries. It sponsors literary and poetry competitions, folkloric activities, and awards the Government Merit Prize for Literature. The cultural and physical development of the Kingdom's youth is a critical necessity for the current and future generations.

Table 12-10

UNESCO CATEGORIES OF CULTURAL ACTIVITIES

Cultural, Youth and Information Activity Category	<u>Sponsorship of Activity</u>
Cultural Heritage	
Historical monuments and sites	Department of Antiquities
Archives	Municipal Services, Universities
Museums	King Abdul Aziz Memorial Center
Archaeological excavation	Universities, Department of Antiquities
Printed Matter and Literature	
Literary creation	Private Patrons, Youth Welfare
Book publishing	Ministry of Information, Private Sector
Periodicals/newspapers	Ministry of Information, Private Sector
Libraries	Ministry of Education, Ministry of Labor & Social Affairs, Youth Welfare, King Abdul Aziz Memorial Center
Musical creation	Private Patrons, Ministry of Information
Musical performance	Private Patrons, Ministry of Information Ministry of Education
Recorded music	Private Sector

Table 12-10

(Continued)

Cultural, Youth and Information Activity Category	Sponsorship of Activity
Performing Arts	
Creation of works	Universities, Youth Welfare
Dramatic performances	Universities, Youth Welfare Ministry of Education
Other performing arts	Private Patrons, Youth Welfare
Visual Arts	
Creation	Ministry of Education, MOLSA
Publishing	Ministry of Information, Private Sector
Exhibitions	Public Sector, Private Sector
Marketing	Private Sector, MOLSA
Film and video distribution	Private Sector, MOI
Radio and Television	
Radio - Television	MOI
Social Cultural Activities	
Religion	Religious Affairs
Community cultural centers	MOLSA, Youth Welfare
Promotion of amateurs	Youth Welfare, Universities, Ministry of Education
Oral tradition	Youth Welfare, Private Patrons, Ministry of Education
Sports and Games	
Sporting activities	Ministry of Education, Youth Welfare, MOMRA, Private Sector.
Nature and Environment	
Recreational activities	MOMRA, Youth Welfare
Quality of urban setting	Ministry of Education, MOLSA Private Sector, MOMRA

12.3.2 PRESENT CONDITIONS AND REVIEW OF THIRD PLAN PROGRESS

12.3.2.1 Youth Welfare

In the field of sports, by 1405 the Youth Welfare Agency had sponsored 154 Sports clubs with 53,000 members compared to 128 clubs and 35,800 members in 1400. For the first time, Saudi Arabia participated in the Olympic Games of 1984 (1404), in football and marksmanship. Sports activities culminated in the success of the Saudi national football team winning the Asian Football Cup in 1405. The youth groups are involved in community services activities, like cleaning mosques and improving the homes of elderly people. Camps and excursions to acquaint young people with their country, the Gulf Region and other countries abroad are held from time to time. Two permanent camps are available and youth hostels have increased to 17 with a membership of 36,500, compared to 6,670 in 1400. Cultural activities are organized through the Arts and Cultural Society, the Philatelic Society, 8 literary clubs and a science club in Riyadh.

12.3.2.2 King Abdul Aziz Memorial Center

King Abdul Aziz Memorial Center provides important services to scholars and the general public. The Library has some 22,000 volumes and 200 manuscripts. Memorabilia of the late King Abdul Aziz's life and times have been collected and placed on display. The National Documentation and Manuscripts Center has indexed and holds some 65,000 manuscripts. The circulation of Al-Darah, now published quarterly, exceeds 10,000. A small team has carried out several studies, and many works by other authors have been published by the Center, including an historical atlas and historiography of Saudi Arabia. Over 2,000 copies of periodicals, books and documents are bound each year.

12.3.2.3 Antiquities and Museums

The Department of Antiquities and Museums' comprehensive archaeological exploration was one of the most important programs of the Third Plan. It completed the Durb Zabaidah project and started the experimental excavations in al-Okhdood and Dawadmy. Al Wazeeh and Abu Milha Palaces in Al-Hassa were restored and documentation and fencing of Al Daraiyyah and other sites continued. Old Holy Quran manuscripts and collections of Islamic coins have been purchased. Particular attention is being directed to the establishment of museums to provide opportunities for citizens to increase their knowledge, awareness, appreciation and understanding of their cultural heritage. Work on the National Museum and regional and Islamic museums is under way.

12.3.2.4 Information Services

Measurable progress has been made by the Ministry of Information in terms of expanded coverage and increased service delivery during the Third Plan. Particularly noteworthy features include the improvement of radio broadcasting through up-to-date studios. While complete Kingdomwide

coverage has not been achieved, 17 stations are operating and a further 5 are under construction. Similarly, there was an increase in television coverage from 35 to 80 percent of the Kingdom. A second channel commenced service in 1403. Further indicators of service expansion are extended viewing hours, increases in local production, educational programs, and international telecommunication links which permitted the presentation of World and Asian Cup Football and the Olympic Games. Information publications and Saudi Press Agency (SPA) offices within the Kingdom and abroad have increased their information dissemination activities.

Newspapers have expanded their coverage, utilizing satellite transmission techniques to produce international editions simultaneously in different locations. Distribution companies have extended their operations and are also contributing to the dissemination of information. Advertising and public relations agencies have expanded to assist the marketing efforts of local and foreign businesses. The private sector supported an expansion of cultural activities in the Third Plan for local artists and authors, musicians, and literary figures.

12.3.2.5 Key Issues

Maintaining Traditions Within Change

Seeking to maintain the desired traditions while fostering technological change has been the major issue for the agencies responsible for Cultural, Information and Youth Affairs. The technology transfers which have occurred as a result of planned change grew out of a number of different cultural traditions which were supportive and fostered creativity. To date, challenges to some traditions and sociocultural changes have been inherent in most examples of large-scale technology transfer. At the same time there are attitudes, values, and beliefs which are inherent in the culture and are necessary to sustain the intellectual and emotional integrity of the populace during a time of unparalleled change. Confusion and challenges to values and beliefs emerge inescapably as a result of change. Cultural continuity is required in order to understand and surmount the shocks and dislocations of lifestyles in a technological society, while attempting to maintain the cherished cultural values and beliefs.

Balancing the effects of possible cultural bifurcation is another aspect of the same issue. Saudi Arabia has been endowed with its own unique set of cultural traditions, customs and beliefs which have been transmitted from generation to generation. The household is the essential cultural arbiter, where values, attitudes and beliefs are nurtured, and where cultural transmission, early childhood education and socialization take place. Family life is guided and supported by the mosque, the school, the media, and by the intellectual climate of the community. There are segments of society where lifestyles continue as they have for generations. There are other segments where the results of planned change are more evident. Inter- and intra-generational diversity, and individual and community open-mindedness to allow for differences, must be addressed in the development of all Cultural, Information and Youth Affairs programs.

Transformation of Life-Styles

As a result of the increased economic opportunities available during the Third Plan, life-styles have already been transformed. As more of the population have been mobilized and moved from the level of economic necessity to one of increased economic freedom, there has been an increase in available time for cultural, leisure and recreational activities — regardless of how that time will be utilized. While the state should not impose any particular concept of cultural pursuits, it does administer programs and offer guidance, providing opportunities for intellectual and artistic creativity. At the same time, it is responsible for protecting the social order and for safeguarding the cultural heritage under rapidly changing conditions.

Financial Support for Sports Federations

The costs associated with subsidies for the Sports Program call for a comprehensive study program to determine the alternatives available for financial support of Sports Federation activities. Increased donor participation, membership fees and admissions to events, private investors, and professionalism must be considered.

12.3.3 DEVELOPMENT STRATEGY

The Cultural, Information Services and Youth Welfare Agencies contribute to national development and conform to the Fourth Plan Strategy by seeking to raise cultural standards to enable individuals and society at large to keep pace with the Kingdom's development. They promote the dissemination of culture by encouraging literary authorship and improving the quality of radio and television programming, as well as by establishing museums and preserving historical and archaeological sites. They provide the support for developing the capabilities of young people and enabling them to gain mental and physical skills in culture, science, and sports. They encourage the private sector to undertake recreation projects and provide information to create in Saudi citizens an awareness of the objectives and requirements of development. All of these activities contribute to upholding the social stability of the Kingdom.

12.3.3.1 Objectives and Policies

Objectives

The Government's objectives in the fields of Cultural, Information, and Youth Affairs are to:

- contribute to strengthening the family and the upbringing and social development of youth in harmony with Islamic principles and cultural heritage. This includes the development of the moral, artistic, intellectual, social and physical aspects of youth;

- extend coverage and raise the quality of the content of Information Services in a manner which conforms to the Kingdom's cultural principles.

Policies

The policies which will assist in achieving the objectives are to:

- foster cultural activities in order to preserve and display the tangible aspects of the national heritage, to help the whole population understand, identify with and enjoy high-quality artistic and other endeavors;
- promote cultural exchanges between the Kingdom and other countries. The Ministry of Planning will act as the coordinator of cultural activities, in that it will stimulate, monitor, and review initiatives which will be of consequence for cultural affairs;
- continue archaeological explorations, preservations, and the establishment of museums;
- continue to raise the level of excellence in individual, team and indigenous sports and games, and establish standards for youth physical fitness, and sports medicine;
- increase the local preparation of a wide range of radio and television programs and publications which contribute to the religious life and socioeconomic development.

12.3.3.2 Public Sector Programs

Development and Expansion of Cultural Activities

A permanent memorial to King Abdul Aziz will be constructed in Riyadh. It will include a library and research facilities, a memorial hall and exhibition areas. This Center will sponsor, translate and publish research.

To stimulate cultural life in the Kingdom, support will continue for the expansion of the literary clubs and the culture and arts societies. The King Fahd Cultural Center will be completed in Riyadh and four additional regional cultural centers will be constructed. Youth centers and youth clubs will be utilized for community cultural activities, and cultural weeks will be promoted. Ethnographers and specialists will develop programs in art, traditional music and dances, poetry, story-telling and theatre for the youth clubs and cultural centers. Local productions and annual regional and national competitions will be promoted for the populace. Libraries, science clubs and scientific activities and hobbies will be added to the youth centers. Cultural centers reflecting the interests of women will be opened in the major cities.

The National Museum will be completed in Riyadh and regional museums will be established in Jeddah, Abha, Hail, Tabuk, Dammam, Makkah, Medina and Taif. Historical mosques, palaces and houses will be renovated and maintained in all regions. Archaeological excavations will continue with emphasis on historical Islamic sites. Engravings and writings on rocks in all parts of the Kingdom will be registered. Coastal areas will be surveyed to locate submerged antiquities. Traditional craftsmen will be enlisted to demonstrate their skill for video documentation and to teach their skills to youths.

Public Information

Construction projects related to service expansion of television complexes, radio transmitters and studios will be undertaken. Support service facilities will be completed and appropriate means of evaluating responses to television and radio programs and assessments for quality improvement will be developed.

Expansion of Social Activities

To broaden the base of participation in outdoor activities, to instill an appreciation of the local environment, and to promote the benefits from working with others, additional permanent camps and youth clubs will be built. Scout camps and recreation camping events will be held each year, with domestic and international excursions to acquaint youth with their own and other countries. Many public service and environmental projects will be undertaken annually.

Sports

Talented young athletes will be identified and trained for domestic and international field sport competitions, and physical fitness and performance levels will be upgraded. The sports medicine complex will be completed in Riyadh and additional units will be established in other cities. The construction of sports centers, sports clubs and the International Stadium will be completed.

Research

A long-term study on the overall quality of life and the establishment of appropriate monitoring techniques will be implemented by Planning Services. Part of this study will focus on the development of domestic tourism and recreational areas. A study on the alternatives available for financial support of Sports Federation activities and on standards and efficiency of athletes will be undertaken.

Training

Scholarships will be awarded for advanced study and training in specialized centers abroad in the required skill areas of binding, photography, architecture, and museum management. The Antiquities and Museums program will provide on-the-job training in surveying and drilling. Individuals will be trained in telecommunications, recreation management and related subjects. Referees, sport trainers and youth activities leaders will be trained at the Sports and Recreation Training Institute.

12.3.3.3 Program Expenditures: Cultural, Information and Youth Affairs

The planned government expenditures for programs in Cultural, Information and Youth Affairs are shown below in Table 12-11.

Figure 12 - 3

DISTRIBUTION OF FACILITIES OF THE GENERAL PRESIDENCY OF YOUTH WELFARE

