UNITED NATIONS

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

REPORT OF THE EXECUTIVE BOARD

(22 – 24 APRIL 1952)

ECONOMIC AND SOCIAL COUNCIL

OFFICIAL RECORDS : FOURTEENTH SESSION

Supplement No. 7

NEW YORK

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UNITED NATIONS
ECONOMIC AND SOCIAL COUNCIL
OFFICIAL RECORDS
FOURTEENTH SESSION

SUPPLEMENT No. 7

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

Report of the Executive Board (22-24 April 1952)

ATTENDANCE

1. The Executive Board met at the United Nations Headquarters, 22-24 April 1952, with the following attendance:

Chairman: Mrs. Sinclair (Canada)
Mr. Peachey (Australia)
Mr. Fenaux, Mr. Woulbroun (Belgium)
Mr. de Paiva Leite, Mr. Duarte (Brazil)
Mr. Peiris (Ceylon)
Mr. Tsao (China)
Dr. Davalos, Mr. Apunte (Ecuador)
Dr. Debre, Mr. Amanrich (France)
Mr. Pesmazoglou (Greece)
Mr. Rajan (India)
Miss Sudirdjo, (Indonesia)
Mr. Khalidy (Iraq)
Mr. Baror (Israel)
Mr. Montini (Italy)
Mr. Davin, Mr. Scott (New Zealand)
Mr. Holguin de Lavalle (Peru)
Mr. Garcia (Philippines)
Mr. Lindt (Switzerland)
Dr. Daengsvang (Thailand)
Mr. Chechetkin, Mr. Krivitski (Union of Soviet Socialist Republics)
Mr. Anderson (United Kingdom of Great Britain and Northern Ireland)
Miss Lenroot, Miss Kernohan (United States of America)
Mr. Forteza (Uruguay)
Mr. Pleic (Yugoslavia)

2. Miss Henderson and Miss Kahn represented the United Nations Department of Social Affairs. WHO was represented by Dr. Kaul and Dr. Ingalls; the FAO by Dr. Work and Miss Tsongas; and the ILO by Mr. Mahdavi.

3. At the beginning of the session the representative of the Union of Soviet Socialist Republics moved that the "representative of the Kuomintang Group" be excluded from the Executive Board and its organs and that the "representative of the People's Republic of China" be invited to take part in the work of the Executive Board and its organs.

4. The representative of the United States moved adjournment of the debate on this question under rule 25 of the rules of procedure (E/ICEF/177). This motion was adopted by the Board by a vote of 16 in favour, 2 against, and 4 abstentions.

AGENDA

5. The Agenda of the session consisted of the following major items:

(*a*) Reports of the Executive Director;
(*b*) Long-range activities for children;
(*c*) Final report of the International Tuberculosis Campaign, July 1948-30 June 1951;
(*d*) Report of the UNCEF-WHO Joint Committee on Health Policy, fifth session, 9-10 April 1952;
(*e*) Report of the Programme Committee;
(*f*) Report of the Executive Director concerning the inactive China allocation;
(*g*) Report of the Committee on Administrative Budget;
(*h*) Report of the Working Group on Creation of a General Advisory Fund-Raising Committee;
(*i*) Report of the Executive Board Committee on Consultative Status for NGO Committee on UNICEF;
(*j*) Reports to ECOSOC and the Social Commission;
(*k*) Elections to fill a vacancy on the UNICEF-WHO Joint Committee on Health Policy;
(*l*) Date of next session

SUMMARY OF TRENDS

General

6. The Executive Board, at its current session, approved assistance for fifty-three child care programmes in thirty-nine countries and territories and for Palestine refugee mothers and children. For eleven countries and territories this constituted the first assistance by UNICEF. The assistance approved for the programmes totalled $9,452,000 including programmes approved as a result of various returns, and transfers from allocations and apportionments previously made.[1] Of the total, $2,995,500 came from new resources of the Fund.

7. The number of individual children to benefit as a result of this action cannot be calculated from available data since many children benefit from several types of UNICEF-assisted programmes. In addition, data are not yet available for some of the UNICEF-assisted programmes such as maternal and child welfare centres, which provide community-wide services, and milk conservation projects which in addition to their direct beneficiaries assure safe milk to other children as well as the community in general. The following table gives the beneficiary figures for some of the current programmes assisted by UNICEF, including present and previous Board action. The figures for BCG campaigns give the numbers of children to be tested, somewhat less than half of whom will be vaccinated. For yaws, syphilis, and bejel, the number represents those who will be examined, and all those found infected will be treated with penicillin. The date of completion of the programmes varies with the nature of the enterprise.

BENEFICIARIES TO BE REACHED

	Present Board action	*Currently assisted programmes including present and previous Board action*
BCG anti-tuberculosis campaigns	16,600,000	58,900,000
Campaigns against insect-borne diseases, including malaria	3,250,000	19,900,000
Anti-yaws, pre-natal syphilis, and bejel	3,000,000	23,000,000
Immunization against childhood diseases	200,000	1,250,000
Miscellaneous programmes	130,000	3,700,000

In addition, UNICEF is currently aiding some 3,500,000 children in emergency and long-range supplementary feeding assistance programmes.

8. By the time the new UNICEF-assisted programmes are in operation, the Fund will be active in seventy-two countries and territories. A listing of these countries and territories by geographic area is given in annex I.

Programme trends

9. With this session, the board has completed its work for the current target budget year (1 July 1951-30 June 1952), unless it has to be called together for an emergency. The following paragraphs show the decisions taken in the two sessions held during the year.

10. Of the total funds approved by the UNICEF Executive Board for apportionments and allocations since 1 July 1951, 53 per cent were for long-term projects, 26 per cent for emergency situations, 10 per cent for freight, and 11 per cent for administration and operational services.

11. Emergency assistance approved at the current Board session includes feeding for mothers and children in drought-stricken areas (north-eastern Brazil; Madras, India), evacuees from an area of volcanic disturbances (Philippines), "economic" refugees (border villages of Jordan), and the continuation of aid to Palestine refugee mothers and children. This latter emergency aid, first assumed by UNICEF in 1948, the Board believes should not continue beyond 30 November 1952 (see paragraphs 622, 632).

12. The percentage breakdown of funds approved for long-term projects since 1 July 1951 is as follows:

Maternal and Child Welfare	*Per cent*
A. Supplies and equipment for basic MCW programmes	14
B. Training programmes	8
C. Mass health campaigns	55
	77
Child Feeding	
A. Long-range feeding assistance	6
B. Milk conservation programmes	17
	100

13. Supplies and equipment for basic MCW programmes are mainly for rural maternal and child welfare centres. With the assistance approved at the current session, UNICEF will have brought supplies and equipment, usually worth about $350 per centre, to 2,100 such centres. Although these centres aid large numbers of mothers and children, conservative estimates indicate that something like 100,000 additional centres are needed in Asia, the eastern Mediterranean region and Latin America, (not to mention Africa for which no estimate is available). The UNICEF target programme and budget for 1952/1953 provides for the largest proportionate increase to this type of aid.

14. The small amount approved for training reflects the difficulties to date in expanding local maternal and child welfare training facilities. The Executive Board at its current session has stated its readiness, under certain conditions, to aid in meeting the local costs of training auxiliary workers (rural midwives, nursing assistants, vaccinators, child welfare workers, etc.). Some of these will man rural maternal and child welfare centres, thus alleviating one of the basic obstacles in their development.

15. Mass health campaigns for the control of diseases largely affecting children accounted for the largest proportion of UNICEF expenditures in long-term programmes. Two-thirds of these expenditures were for the control of insect-borne diseases (especially malaria), and for BCG antituberculosis vaccination. Other programmes include anti-yaws, bejel and prenatal syphilis programmes, and assistance for local production of DDT, penicillin, and sera and vaccines. Pilot projects in anti-trachoma work were approved for the first time at the current session.

[1] See "Approval of Plans of Operations Not Involving New Funds", paras. 641-663, and "Return of Certain Unused Allocations", paras. 668-669.

16. The target programme and budget for 1952/53 provides for a proportionate increase for DDT supplies for insect control reflecting the further expansion of campaigns in Asia and Latin America and the large-scale initiation of campaigns in the eastern Mediterranean region and Africa.

17. Aside from emergency feeding, supplementary child feeding has taken the form of aid in the establishment of programmes which will be continued on a permanent basis by the governments (see "UNICEF Assistance for Long-Range Child Feeding Programmes in Central America" E/ICEF/186), and for use among young children against serious nutritional deficiencies (kwashiorkor) in Africa in projects which are also expected to continue after the end of UNICEF assistance.

18. The relatively large proportion of funds approved for milk conservation reflects the growing interest of governments for help in this field and the fact that, with the co-operation of FAO, it has been possible to apply this type of aid, first worked out in Europe, to areas where the local milk production is much less plentiful. In addition to the extension of projects in Europe, the Executive Board since 1 July 1951, has approved three milk conservation projects in Latin America and two in the eastern Mediterranean region. More milk conservation projects will undoubtedly be brought forward from these regions during the next year and a survey is planned in certain Asian countries.

19. The Executive Board had before it four special reports by the Administration analysing programme experience: "Experience with UNICEF-Assisted Feeding Programmes in Asia" (E/ICEF/191; E/ICEF/191/Corr.1); "Experience with UNICEF-Assisted Anti-Yaws Programmes" (E/ICEF/188); "UNICEF Assistance for Long-Range Child Feeding Programmes in Central America" (E/ICEF/186); "Progress Report on UNICEF-Assisted Milk Conservation Projects" (E/ICEF/189).

20. The Board found these reports useful in evaluating progress made and judging proposals for further aid. It noted that further reports of this type will be presented by the Executive Director to future Board sessions.

Area trends

21. A significant step has been taken at the current Board session with the approval of $1 million for the continent of Africa for projects directed against malaria, serious nutritional deficiencies of children, trachoma and yaws. Except for BCG vaccination campaigns in North Africa, there have hitherto been no UNICEF-aided programmes in Africa. The Board action, with the bulk of the aid going to territories south of the Sahara, marks a beginning and it is probable that additional territories in Africa will seek assistance for similar types of aid. The programmes are conceived to last for a period of several years in order to assure a real impact on the situation and enable the governments to make arrangements for the continuation of the projects in the future without UNICEF aid. Generally the aid approved by UNICEF at its current session has been only for the first year of each programme.

22. In the Asia region, which was the first outside Europe into which UNICEF expanded its projects of long-term value, the bulk of the apportionments at the current session of the Board represented the continuation or expansion of projects previously begun in the fields of maternal and child welfare, BCG anti-tuberculosis vaccination, and anti-yaws and malaria campaigns. This constitutes an indication of the success of the projects as reflected in the desire of the governments to continue them despite the heavy costs to themselves.

23. In the eastern Mediterranean region, aid for long-range projects is just starting its operating phase. Emergency aid for Palestine refugee mothers and children has taken the largest share of UNICEF aid in this region. Long-range aid, prior to 1951, was mainly for BCG campaigns. During 1951, other long-range aid, for malaria control, maternal and child welfare services and training, and milk conservation, were also developed. With the proposed termination of UNICEF aid for Palestine refugees at the end of 1952, greater emphasis will be placed in the future on helping governments in this area strengthen their child care programmes in a permanent form for all the children within their borders.

24. In 1951, emergency programmes (food and clothing materials to Germany, Greece, Italy and Yugoslavia) accounted for 59 per cent of European allocations. If emergency programmes are excluded, 1951 allocations for long-range programmes were divided into approximately one-third for basic maternal and child welfare services, one-third for training, and one-sixth each for mass health programmes and milk conservation.

25. Prior to the present session, 43 per cent of UNICEF assistance to Latin America had been for mass health campaigns, mainly control of insect-borne diseases, BCG anti-tuberculosis campaigns and yaws control, 22 per cent for maternal and child welfare services and training, 18 per cent for long-range child feeding assistance, 13 per cent for milk conservation projects, and 4 per cent for emergency programmes. At the present session about 50 per cent of the apportionments were for mass health campaigns, including aid for the establishment of a penicillin production plant in Chile, 13 per cent for long-range feeding assistance, and 37 per cent for emergency relief (in the drought-stricken area of north-eastern Brazil). Time is required for the maternal and child welfare assistance previously approved to reach the stage of providing services, since they entail considerable local organizational efforts, the training of personnel, and the appropriation of substantial local funds. At the next session it is expected that requests will again be submitted for maternal and child welfare and milk conservation.

Financial trends

26. UNICEF income during 1951 from all sources was approximately half that of 1950—$22,700,000 in 1950[2] and $11,,400,000 in 1951.

27. Expenditures for assistance in 1950 amounted to $33,500,000, and in 1951 to $20,500,000. These expenditures were made possible by drawing, in part, on accumulated resources from previous years.

28. If the Fund is to maintain its current volume of work it cannot rely on being able to draw from its accumulated resources as it has in the past, but must have current contributions to meet future allocations.

29. The transition from large-scale assistance for relief feeding projects to assistance of long-term propects for the permanent benefit of children has two major results. The assisted countries are required to expend much more time and skill on planning and have to commit themselves for a much longer period on their financial share of such enterprises. The Administration of UNICEF, on its part, is required to pay much more attention to the technical details in the planning of programmes, the preparation of lists of supplies, and the procuring and delivery of multiple types of relief supplies.

Co-operation with other United Nations agencies

30. The Board noted with satisfaction the increasingly close working relationship developing between UNICEF, and WHO, FAO and the United Nations Department of Social Affairs and Technical Assistance Administration. It is apparent that the general division of functions has proved useful and workable. The propect plans submitted to the Executive Board by governments give increasing evidence that the relevant agencies are now jointly participating at the earliest stages in the planning and implementation of programmes.

31. The Board was also encouraged by the progress made by the United Nations, including UNICEF, and the specialized agencies, as a result of the work of the ACC Working Group on Long-Range Activities for Children, and it awaits with interest further developments. It recognizes that this work, while only in its initial stages, has important potentialities for interrelating all international recources so that the needs of the child as a whole can be most effectively served.

FINANCIAL POSITION

Resources and allocations

32. At the end of the November 1951 session of the Executive Board, the unallocated resources of the Fund totalled $51,600. These resources had increased to $2,995,000 at the time of the current Board session mainly as a result of new contributions or pledges from twenty-one governments.[3] Various returned allocations (see paras. 664-670) increased this amount to $4,139,000. As is set forth in detail elsewhere in this report, the Board approved allocations totalling $9,366,000. A total of $5,227,000 in additional funds was required in order to implement these allocations.

Unused China allocation

(i) *Background*

33. At its November 1951 session the Executive Board had before it an "Information Note by the Executive Director on the status of allocations to China" (E/ICEF/R.253). In this Note it was pointed out that of the UNICEF allocations made to China in 1947, 1948, and 1949, a sum of $6,762,000 remained unused. In reviewing the situation regarding the allocation, the note recalled that since January 1950 no communication had been received from the People's Republic of China concerning the development of proposals and plans for the use of the inactive allocation.

(ii) *Text of decision by the Executive Board,* proposed jointly by the representatives of Brazil, Ceylon and Switzerland, as amended by the representative of China.

34. The Board, at its session in November 1951, expressed the view that it was unwise that large sums of money should remain unused indefinitely and asked the Director to report to the next session on the status of the unused allocation to China (E/ICEF/184/Rev. 1, para. 27). The Director reported that the position was unchanged and that the balance was still $6,762,000. In order not to delay the implementation of approved projects requested by other countries to meet urgent needs, it was agreed that the amount of $5,227,000 should be withdrawn from the unused China allocation which would be indispenable to meet the programmes approved by the Board.

35. As this would leave the Fund with no unallocated resources, it was also agreed that, in the event of emergencies occurring before the next session for which no new funds were available, the Administration might recommend, by mail poll, allocations from the balance in the China allocation.[4]

36. The Board further agreed that sympathetic consideration should be given to applications that may be made in the future for assistance of Chinese children.

Present situation

37. As a consequence of this action, the Fund had sufficient funds to put into effect the allocations approved at its current session. Aside from the possibility of meeting emergencies as set forth in paragraph 35 above, the Fund at the end of the Board session had no remaining resources available for allocation.

38. The Board noted the information in the "General Progress Report of the Executive Director" (E/ICEF/190, paragraph 7) that ten governments have given pledges to UNICEF for contributions in 1953 and that the President of the United States has recommended to Congress the authorization of up to $12 million for each of the fiscal years 1952 and 1953.

[2] Income for 1950 includes $9,000,000 of the U.S. contribution which, although paid into UNICEF account in 1950, "matched" contributions made by other governments to UNICEF in 1949. This amount also includes $2,300,000 pledged in 1950 which was not actually transferred to UNICEF by 31 December 1950. From 1947 through 1949, the UNICEF annual Statement of Income did not include pledges but only contributions actually paid.

[3] Afghanistan, Austria, Brazil, Ceylon, Chile, Finland, France, India, Indonesia, Iraq, Israel, Italy, Liechtenstein, Netherlands, New Zealand, Peru, Switzerland, Thailand, Turkey, United Kingdom, Yugoslavia.

[4] The balance in the China allocation amounts to $1,535,000.

39. As has been stated when a previous target programme and budget was adopted, the purpose is "to enable the Board to have an over-all view of the manageable needs of children on a global basis and facilitate the weighing of assistance to programmes on their relative merits. It would also enable the Board and potential contributors to forecast minimum financial requirements in advance" (E/ICEF/184/Rev. 1, para. 5).

40. The Executive Board approved a target programme and budget of $20,000,000 for the period 1 July 1952 to 30 June 1953. This compares with a target budget of $30,000,000 for the preceding 12 months. The types of programmes indicated in the proposed target are based on the known interests of governments within each geographical area and conform to the types of projects already approved by the Executive Board. They are estimates subject to revision as individual requests are submitted by governments. Details regarding the target programme and budget are contained in E/ICEF/R.327; E/ICEF/R.327/Add.1 and in the report of the Programme Committee, E/ICEF/R.340, paras. 36-38.

41. The target programme and budget is presented in annex II. In summary it is as follows:

	Total target budget (In thousand dollars)
Africa	1,710
Asia	5,630
Eastern Mediterranean	1,850
Europe	750
Latin America	2,460
	12,400
Brought forward	12,400
Projects benefitting more than one region	500
Emergency situations	3,000
Freight	2,100
Administration	2,000
TOTAL	20,000

SUMMARY BY PROGRAMMES

	Thousand dollars
1. Maternal and child welfare	
A. Supplies and equipment for basic MCW programmes	
(*a*) Supplies for MCW centres	2,335
(*b*) School health services	150
(*c*) Other projects	340
B. Training programmes	
(*a*) Combatting insect-borne diseases	2,090
(*b*) Production of anti-biotics, insecticides, sera and vaccine	830
(*c*) Control of bejel, yaws, and venereal disease	800
(*d*) BCG anti-tuberculosis vaccination campaigns	1,050
(*e*) Anti-trachoma work	570
(*f*) Control of other communicable diseases	100
2. Child feeding	
A. Long-range feeding assistance	1,655
B. Milk conservation projects	1,700
3. Projects benefitting more than one region	500
4. Emergency situations	3,000
5. Freight	2,100
6. Administration	2,000
TOTAL	20,000

ALLOCATIONS

42. The Executive Board approved allocations totalling $9,366,000 as follows:

Area allocations	$	$
Africa	1,000,000	
Asia	2,203,000	
Eastern Mediterranean	637,000	
Europe	987,000	
Latin America	938,000	
		5,765,000
Emergency situations		3,211,000
Freight		345,000
BCG field studies and Rangoon BCG Conference		45,000
		9,366,000

43. Apportionments from the "area" and "emergency situations" allocations are summarized and described later in this report.

44. The freight allocation is based upon a recommendation of the Executive Director for an addition of $345,000 to the freight account (E/ICEF/R.328).

45. The allocation of $45,000 for the BCG field studies and the Rangoon BCG Conference is described in paragraphs 671-674.

46. The Board took note that it had approved, by mail poll, in December 1951, an emergency allocation to Italy of $155,000 to bring relief aid to child victims of the floods in northern Italy and in February 1952 an allocation to Jordan of $60,000 for emergency feeding assistance to border village children and mothers (E/ICEF/190, paragraphs 31-32).

47. A summary of allocations, including those made at the present session, grouped by year of allocation or apportionment to country programmes, is presented in annex III.

SUMMARY OF APPORTIONMENTS

48. The apportionments approved by the Executive Board are described in detail later in this report. Listed in summary form they are as follows:

		$
AFRICA		
Belgian Congo and Ruanda Urundi	Treatment of serious nutritional deficiencies	175,000
French Equatorial Africa	Treatment of serious nutritional deficiencies	150,000
French West Africa, Togoland, and the Cameroons	Anti-malaria	400,000
Liberia	Anti-malaria and yaws	100,000
Morocco	Anti-trachoma	100,000
Tunisia	Anti-trachoma	75,000
		1,000,000
ASIA		
Burma	BCG anti-tuberculosis vaccination/tuberculosis control	49,000
	Maternal and child welfare services and training	104,000
China (Taiwan)	BCG anti-tuberculosis vaccination	40,000
	Anti-trachoma	10,000
Hong Kong	Maternal and child welfare	68,000
	BCG anti-tuberculosis vaccination	19,000
India	BCG anti-tuberculosis vaccination	135,000
	Tuberculosis control	31,000
	Anti-malaria (DDT)	424,000
Pakistan	Treatment of kala-azar	37,000
	Maternal and child welfare (hospital equipment)	65,000
	Maternal and child welfare services and training	126,000
	BCG anti-tuberculosis vaccination	146,000
Philippines	BCG anti-tuberculosis vaccination	55,000
	Maternal and child welfare	268,000
	Anti-yaws	114,000
Thailand	Maternal and child welfare	45,000
	Anti-yaws	368,000
	BCG anti-tuberculosis vaccination	99,000
		2,203,000
EASTERN MEDITERRANEAN		
Egypt	Insect control	165,000
Ethiopia	BCG anti-tuberculosis vaccination	52,000
Iraq	Malaria control	85,000
Israel	Milk conservation	300,000
Syria	Insect control	35,000
		637,000
EUROPE		
Czechoslovakia	Underestimation in cost of food supplies previously approved	17,000
France (International Children's Centre)	Training	330,000
Greece	Maternal and child welfare	40,000
Italy	Milk conservation	290,000
Portugal	Maternal and child welfare services and training	50,000
Yugoslavia	Medical transport	50,000
	Milk conservation	210,000
		987,000

		$
LATIN AMERICA		
British Honduras	Long-range feeding	16,000
Chile	Long-range feeding	49,000
	Anti-biotics production	285,000
Colombia	Insect control	8,000
Grenada	Insect control	27,000
Haiti	Anti-yaws	260,000
Honduras	Long-range feeding	23,000
	Insect control	26,000
Jamaica	Insect control	46,000
Nicaragua	Long-range feeding	30,000
Peru	Long-range feeding	68,000
	Insect control	100,000
		938,000
EMERGENCY SITUATIONS		
Brazil	Emergency feeding	550,000
India	Emergency feeding	185,000
Jordan	Emergency feeding	110,000
Korea	Underestimation in cost of food supplies previously approved	12,000
Philippines	Emergency feeding	29,000
Palestine refugees	Emergency feeding	1,560,000
	Emergency housing (including transfer of $715,000 from Korea to Palestine refugees[5] plus $50,000 new money)	765,000
		3,211,000

49. When summarized by programmes these apportionments are as follows:

	$	$
MATERNAL AND CHILD WELFARE		
Supplies and equipment for basic MCW programmes		
MCW centres	701,000	
Other projects	115,000	816,000
Training programmes		330,000
Mass health campaigns		
Combating insect-borne diseases	1,403,000	
Production of anti-biotics	285,000	
Control of bejel, yaws and V.D.	792,000	
BCG anti-tuberculosis vaccination	640,000[6]	
Other tuberculosis	31,000	
Anti-trachoma work	185,000	
		3,336,000
FEEDING		
Long-range feeding assistance	528,000	
Milk conservation	800,000	1,328,000
EMERGENCY SITUATIONS		3,211,000
		8,300,000

[5] See paras. 669-670.

[6] Includes $45,000 allocated for BCG field studies and Rangoon Conference (see paragraphs 671-674).

APPORTIONMENTS

Africa

Belgian Congo and Ruanda-Urundi

50. The Executive Board approved an apportionment to Belgian Congo and Ruanda Urundi of $175,000 from the Africa Allocation for dry milk powder to combat serious nutritional deficiency in children and authorized the Executive Director to approve a plan of operations as outlined in E/ICEF/R.324. This constitutes the first UNICEF assistance to these territories.

51. The Belgian Congo and the Trust Territory of Ruanda-Urundi, with populations of 11,000,000 and 3,700,000 respectively, have large savannah areas with poor soil where the population uses manioc for the major part of its diet with the result that serious protein deficiency exists. This nutritional deficiency affects chiefly children from the weaning period up to 5 or 6 years of age. Pregnant and nursing mothers are also commonly affected. The symptoms are known variously in Africa as "kwashiorkor", "bwaki" and "diaboba". They have been described since 1948 when government experts in the Congo underlined its importance and particularly its effects upon morbidity and mortality of young children.

52. The government has for some years made efforts to remedy food deficiency and its effects in the Congo and Ruanda-Urundi, both through the development of agriculture, and by the provision of free medical services. The Government has also made attempts through propaganda and public education to increase the use and improve the cooking of the indigenous crops which contain protein, such as millet, maize, beans, peanuts and palm oil.

53. The major focus of the Government's attack upon this serious nutritional deficiency lies in its long-term agricultural development programme, which will introduce the culture of higher-quality vegetables and cereals, increase the production of meat, animals and fish, and milk, and eventually install modern methods of food and milk conservation.

54. The Government has embarked upon a ten-year plan for the development of these territories, which includes large-scale plans for increased production of protein foods. The over-all plans which began to operate in the Congo in 1949 and in Ruanda-Urundi in 1950 involve a public investment of $560 million of which more than one-fourth is for non-revenue producing works including $40 million for improvement of health services.

55. The over-all development plan also includes the improvement of transport and food processing industries in order to conserve and bring about a better distribution of food throughout the various parts of the territories. The Government will continue to stress public education in nutrition, proper use of present foods and use of less familiar types of food.

56. The Government will inaugurate, in September 1952, a programme for preventive and curative treatment of serious nutritional deficiency in children between 1 and 5 years of age and pregnant and nursing mothers. UNICEF has been requested to supply milk for beneficiaries who will be selected from mothers and children coming for consultation to health stations or from among children who are hospitalized with serious signs of protein deficiency. It is expected that this programme will require international assistance for two years, during which period the Government will prepare to take over the responsibility for providing dried milk and will continue its efforts to develop other foods to correct nutritional deficiency disorders.

57. The formal plan of operations will be finalized during the summer of 1952.

UNICEF commitments

58. For the first year of the project, UNICEF will provide 342 tons of dried skim milk and 55 tons of dry whole milk at an estimated total cost of $175,000. The first shipment of milk will be despatched to arrive in the Congo and in Ruanda-Urundi in June 1952.

59. The requirements for the second year will be subject to determination on the basis of the experience after the commencement of operations and in consultation with the Government.

Assistance from WHO and FAO

60. The plan for the programme has been developed in close collaboration with WHO and FAO and has been approved by both organizations who are prepared to provide expert advice as requested on all technical aspects of the proposed programme.

Government commitments

61. The Government will undertake to meet the following commitments for the carrying out of this programme:

(*a*) A firm plan of operations will be developed in consultation with UNICEF and the specialized agencies on the broad lines outlined above;

(*b*) All expenses in connexion with milk distribution within the territories and of the administration of this programme will be borne by the Government or by the private organizations approved by the Government to participate in the programme. It is impossible to estimate the total cost to the Government of the services which will be provided for the successful implementation of the milk feeding programme. This cost will, in any case, be only a small part of the total cost to the Government for the long-term programme of improvement in production and utilization of protein foods;

(*c*) The Government undertakes to train workers for distribution of milk and to carry on a programme of public education on nutritional requirements for infants and adults.

(*d*) The Government will continue to assure free medical care to all children benefiting from the milk distribution, and will distribute anti-malaria drugs simultaneously to these beneficiaries;

(*e*) The Government will undertake to provide by all possible means a scientific evaluation of the results of the campaign which will be made available to UNICEF, FAO, and WHO.

Target time schedule

62. The first shipment of UNICEF milk, to the Congo and Ruanda-Urundi, will arrive in June 1952, and distribution to beneficiaries is scheduled to begin by 1 September 1952. In the interim, the plan of operations will be finalized, the Government will undertake to train local workers for distribution of milk, supplies will be dispersed to local centres, and distribution and reporting procedures established. In 1953 the programme will be reviewed for the purpose of estimating the supplies required for the second year of operations.

Total UNICEF assistance

63. No previous UNICEF assistance has been accorded to the Belgian Congo or Ruanda-Urundi with the exception of 300 pounds of dried skim milk which UNICEF made available to the Belgian Congo for a demonstration project in hospital treatment of kwashiorkor in 1951.

FRENCH EQUATORIAL AFRICA

64. The Executive Board approved an apportionment to French Euatorial Africa of $150,000 from the African Area allocation to supply dried milk for the first year of a two-year (1953-54) campaign against serious nutritional deficiencies in children, and authorized the Executive Director to approve a plan of operations as outlined in E/ICEF/R.311. After the first two years the campaign will subsequently be continued by the Government with its own resources. This constitutes the first UNICEF assistance to French Equatorial Africa.

65. French Equatorial Africa has an estimated population of 4,350,000 of whom—during certain periods of the year—almost 100 per cent show serious symptoms of malnutrition. The nutritional deficiencies, which are similar throughout tropical Africa, arise chiefly from the dearth of animal protein food: meats, fish, eggs, milk and milk products being available in only minor quantities. The diet consists chiefly of starchy cereals and vegetables and small quantities of palm oil. For part of the year the diet may be reduced to nothing more than manioc flour, and a few mushrooms. The child is the chief victim of such a diet, especially between the ages of 1 to 4 years, which is a period of high protein requirements.

66. The symptoms of protein deficiency which most often occur in children are variously named by the native populations as "kwashiorkor", "diaboba", etc., but the disorder is similar throughout all of these areas. If the diet of children with these symptoms is not supplemented with protein, a heavy mortality results.

67. The French Government and the territorial authorities of French African Territories have long made efforts to develop food production both quantitatively and qualitatively in order to provide the missing proteins and to ensure reserves of food for the "hungry months" before the harvest. They have provided nutritional consultants, arranged courses in nutritional problems, and undertaken to counsel mothers in the feeding of children through the medium of the health consultation centres.

68. French West Africa has had a full-time nutritional consultant working with the staff of the Territorial Health Sservice since 1948. Two doctors and two pharmacy experts, now studying special problems in African nutrition, will be sent to an FAO/WHO nutritional study course, at Marseilles, in April 1952, after which they will join the Health Service staffs of the Cameroons and French Equatorial Africa to plan over-all programmes in improvement of nutrition and to advise on the prevention and treatment of nutritional deficiency disorders, especially in mothers and children.

69. The Government's efforts have been focussed upon the development of production, and better utilization of foods, with primary attention to:

(*a*) Conservation and increased use of fish;

(*b*) Importation of meat;

(*c*) Long-term plans for improvement of cattle breeds and of fodder crops, and control of cattle diseases, in order to increase supplies of both meat and milk;

(*d*) Encouragement of the population to turn from production of manioc and maize to production of millet, sorghum, ground nuts, etc., which have superior protein content.

70. French Equatorial Africa is included in the 10-year development plan for French overseas territories which has been in operation since 1947. A total of almost 6,000 million francs were allocated from public funds for the development of agriculture and stock breeding.

71. The Government has outlined three main phases of approach to the problem of controlling protein-deficiency disorders in French Equatorial Africa: (1) provision of imported supplies of dried milk for a period of two years with UNICEF assistance to 240,000 children under 5 years of age and pregnant and nursing women; (2) continued distribution of imported dried milk for a period of four to five years following the withdrawal of international assistance, at the same time attempting to make available indigenous protein foods; (3) the replacement of imported foods by supplies of indigenous protein food adequate in quality and quantity to sustain a balanced diet. The Government has also developed principles and methods of distribution of the skim milk in agreement with UNICEF, FAO and WHO.

72. The WHO and FAO have participated in the development of the current programme and the plan has the technical approval of FAO. Specialized agencies will provide at the request of the Government, technical advice for the programme.

UNICEF commitments

73. UNICEF will provide for the pilot project beginning in September 1952, and for the full campaign beginning in February 1953, a total of 390 metric tons of dried skim milk at an estimated cost of $150,000 for the first year of the campaign. Care will be taken to provide milk adequately packaged for the tropical conditions. On the basis of experience in the first year of the campaign, the Administration of UNICEF will recommend, to a later session of the Board, an

apportionment to cover dried milk required for the second year.

Commitments of the Government

74. A full plan of operations will be developed by the Government in consultation with UNICEF and the specialized agencies along the lines outlined in E/ICEF/R.311.

75. With the exception of the imported dried milk, all of the material requirements of the campaign will be met from the territorial budget, including the following: personnel, transport, warehousing for distribution and handling of milk for the first year. The cost to the Government of personnel and distribution would be approximately 33,000,000 French francs ($94,300). Provision for these expenses will be included in the territorial health budget for 1952/53 which will be set up in June 1952.

76. The provision of 33,000,000 French francs for this special campaign does not take into account certain aspects of the Government's long-term plan for improvement of nutrition, i.e.: (*a*) laboratory for research in nutrition; (*b*) propaganda and public education; (*c*) development of agricultural production and improved utilization of protein foods.

The Government will assume full responsibility for the campaign after the first two years and will gradually, throughout and after the campaign, intensify efforts to increase the production and use of protein foods.

Target time schedule

77. UNICEF will deliver the first supply of dried milk to Brazzaville for a pilot project in June 1952. Plans of operations will be finalized between UNICEF and the Government by August 1952 and the first supplies for the full campaign will be delivered by January 1953. It is anticipated that the full campaign can be put into operation by May 1953.

FRENCH WEST AFRICA, TOGOLAND AND THE CAMEROONS

78. The Executive Board approved an apportionment of $400,000 from the African area allocation to French West Africa, Togoland, and the Cameroons for assistance in combating malaria, and authorized the Executive Director to approve a plan of operations as outlined in E/ICEF/R.309. This constitutes the first UNICEF assistance to these territories.

79. Of a total African population of 198 millions, the French African territories have an estimated 48 millions of whom 21 millions are in North Africa and 27 millions in a belt of equatorial countries, south of the Sahara. The Cameroons and Togoland, which are included in the malaria control plan, are United Nations Trust Territories, and French West Africa and Madagascar are Non-Self-Governing Territories.

80. The population pattern in African countries is marked by a high birth rate and a high death rate, resulting in a high proportion of people in the younger age groups. Only about 57 per cent of African children survive to 15 years of age. In one community studied in 1949 and 1950, infant mortality in the first year of life was reported as high as 340 deaths per 1,000 live births. Malaria is one of the principal causes of infant mortality.

81. Incidence of malaria varies with the climate and heaviness of rainfall. In the areas to be assisted by UNICEF, malaria exists the year around, and is severe both in incidence and in effects. Serious technical and practical problems are involved in organizing malaria control in these territories because of lack of trained personnel, certain social customs of the populations, lack of knowledge of modern sanitary and malaria control methods, difficult weather conditions, poor roads and lack of communications.

82. The WHO Expert Committee on Malaria, which met at Kampala at the end of 1950, recommended to the governments responsible for administration of African Territories that control of malaria with modern methods should be undertaken as soon as possible, regardless of the degree of infection, and without waiting for the outcome of further experiments.

83. Large-scale development plans have been undertaken by the Government of France in the territories of equatorial Africa, and substantial efforts have already been made to combat malaria in this area through programmes of environmental sanitation, public education, chemo-prophylactic and larvacidal measures and by treatment of the sick.

84. The extent of the efforts of the French Government to improve public health conditions in these territories, and especially to control malaria, can be seen from the public health budgets. During 1947 through 1951 the French Investment Fund for Social and Economic Development of Overseas Territories has provided 152 thousand million French francs ($434,286,000) in credits to the territories south of the Sahara. Of this total, 11 thousand million French francs ($31,428,000) were for public health. In addition, from 1947 through 1950, the Territories themselves budgeted 26 thousand million French francs ($74,286,000) for public health work.

85. The most extensive and successful work has been undertaken in Madagascar where new methods were adopted in 1949 for the attack against the adult malaria-bearing mosquito. In 1951 alone, over 120 million French francs were allocated entirely for malaria control activities in Madagascar, not including the cost of treatment with drugs for which provision was made by the Assembly of Madagascar. By September 1950, 165,000 inhabitants of the island had been treated for malaria, and one million inhabitants protected by mosquito control measures. There has been a significant drop in malaria throughout the treated area and a still greater decrease in infant mortality attributed to the lowered incidence of malaria.

86. Taking into account the recommendations of the Kampala Conference and the encouraging experience in Madagascar, the French Government has recently organized anti-malaria sections under the mobile prophylactic services in French West Africa, in Togoland and the Cameroons, and is about to open such a service in French Equatorial Africa.

87. The physicians, entomologists and sanitarians participating in malaria control work in Africa have been generally trained in European institutions. Aux-

iliary staff has usually been instructed locally, attending either specialized schools or general courses in the health services followed by a training period under the supervision of a staff engaged in malaria control.

88. The French Government has recently reviewed the problem of malaria in all the equatorial territories and has evaluted the campaign experience in Madagascar, with the aim of finding the most effective and economical campaign method. The Government is now ready to extend mass campaigns to the Cameroons, Togoland and Dahomey (French West Africa) using exclusively the residual spraying technique.

89. It is planned to launch three pilot projects in November 1952 in Haute Volta and Senegal in French West Africa, and in a special training and research area in the Cameroons. The function of the pilot projects will be to determine the most economical and effective method of controlling malaria under the local conditions of climate, communication, custom and the pattern of malaria infection and previous control experience. Teams provided by the Government will study the appropriate use of residual spraying methods, adjusting them to meet local conditions. The pilot studies will help in planning progressive implementation of the expanding campaign, will determine types of material and insecticides to be employed, and will train all levels of personnel for the various malaria-control operations. The three pilot projects will provide the foundation for the full campaigns which are scheduled to begin in May 1953, the pilot projects continuing to operate simultaneously.

90. It is estimated that one million people will be protected by residual spraying in the Cameroons in the first year of the full scale campaign. In Togoland and Dahomey, 200,000 people will be protected in the larger towns and surrounding rural areas. Malaria-control work in Madagascar will continue and be extended by the Government without international assistance, although it will remain within the total malaria-control scheme.

91. The plan envisages a two-year campaign (1953-1954) with international assistance (preceded by the pilot project phase in the second half of 1952) after which the Government would make maximum efforts to continue the campaign with French and territorial resources. The present allocation is for one year's assistance from UNICEF, requirements for expendables for the second year will be determined in accordance with the experience gained and rate of progress of the campaign in 1953.

UNICEF commitments

92. UNICEF will provide, for delivery in late 1952 and early 1953, the supplies and equipment for a malaria campaign as set forth in E/ICEF/R.309, estimated at a total value of $400,000. These supplies include DDT, transport, sprayers and general equipment.

WHO commitments

93. WHO has been closely associated with the planning of this project, which has its technical approval. A WHO malariologist will visit the territories in July 1952 to assist the Government in working out the detailed plan of operations with the local health authorities under the guidance of the French Government's malariologist who has directed the very successful campaign in Madagascar.

94. WHO is also prepared to make available under its Technical Assistance budget the services of one malariologist and an assistant, at an estimated cost of $30,000. These experts would serve primarily in the pilot project in the Cameroons. WHO will also provide laboratory equipment for special research and training at an estimated value of $5,000.

Government commitments

95. In order to carry out the projects, the French Government will undertake the commitments shown below, in addition to the malaria control measures within the regular public health structure for the territories:

(*a*) *Personnel*

For the pilot projects: requirements not yet determined.

For the campaigns:

Cameroons: 18 group chiefs and 18 groups comprising 15 each. Total, 288.

Togoland: 3 group chiefs, 14 chiefs of teams, 14 teams of 5 each. Total, 87.

Dahomey: 3 group chiefs, 14 chiefs of teams, 14 teams of 5 each. Total, 87.

French West Africa: Requirements will depend on the findings in the pilot area.

The total staff to be provided will be between 450 and 500 persons, mobilized from personnel already working in the area and from new recruits to be trained. This does not take into account incidental labour which will be recruited locally. The cost to the Government for this personnel will be in the neighbourhood of 130 million French francs ($370,000) for the first year of the campaign.

(*b*) *Buildings* and other facilities required for the campaign.

(*c*) *Supplies and equipment*: solvents for DDT; sprayers as required to supplement those already existing in the territories and those provided by UNICEF; spare parts and fuel for UNICEF transport.

(*d*) *Transport* in so far as it is available in the territories; also service and maintenance for the transport to be provided by UNICEF.

96. The total cost to the Government for supplies, personnel and services listed above is estimated at 200 million French francs ($571,000) for the period to the end of 1953. These costs do not take into account the cost of administering the programme including internal transportation of supplies and equipment, nor of anti-malarial activities which will continue under the regular health budgets of the territories. For drugs in the Cameroons alone, the Government had spent 50 million French francs ($143,000) during one year.

97. Financing of the Government's commitments in this special two-year campaign will be covered by territorial budgets. At the conclusion of the two-year campaign the Government will make maximum efforts to continue the campaign with French and territorial resources.

Target time schedule

98. The time schedule for finalizing the plan of operations is Augsut 1952; implementing the pilot projects and starting the full campaigns is provisionally established for November 1952 and May 1953. UNICEF will have delivered 50 per cent of the expendable supplies for the first year's campaign by February 1953; the remaining requirements will be reviewed on the basis of the first months of the campaign.

Total UNICEF assistance

99. This constitutes the first UNICEF assistance to these territories with the exception of a small quantity of skim milk sent to Dakar (French West Africa) in 1950 for a demonstration in hospital treatment of children with acute symptoms of protein deficiency.

LIBERIA

100. The Executive Board approved an apportionment of $100,000 from the Africa area allocation for assistance to Liberia in a combined campaign against yaws and malaria and authorized the Executive Director to approve a plan of operations as outlined in E/ICEF/R.302. This constitutes the first UNICEF assistance to Liberia.

101. Liberia, with an area of 45,000 square miles, has a population of about 1½ million persons. There is only one major road through the country; other means of communication are non-existent or very primitive.

102. Tropical diseases seriously affect the population; control measures through public health efforts have barely started and are mainly centred in the capital city and on a few large plantations. Malaria and yaws are major public health problems in Liberia; other diseases of high incidence are dysenteries, parasitic infections, tropical ulcer, hookworm, leprosy and gonorrhoea.

103. The shortage of medical and health personnel in Liberia seriously restricts the extension of public health services. There are now thirty-two physicians in the country, of whom two are Liberians. More than half of them are consentrated in the capital, Monrovia. There were, in 1951, only thirty-three qualified nurses in Liberia, a third of whom were working in hospitals and health centres in Monrovia. Outside of Monrovia, public health services are scanty. Including missionary and industry hospitals, there are a total of only 426 hospital beds in the entire country, in eight hospitals.

104. Increasing attention has been paid by the Government to public health work. Government expenditures on public health have grown from some $70,000 in 1944 to over $500,000 in 1951. About 50 per cent of these sums were for malaria control. The health budget has been increased to $600,000 for 1952, of which $100,000 is to be used for the projected yaws/malaria control campaign.

Malaria

105. No part of Liberia is free of malaria, although the incidence varies widely from one province to the next. In Monrovia, the capital city, an estimated 16 to 19 per cent of the population suffers from malaria, while in the Central Province, 43 to 47 per cent are afflicted. It is estimated that 50 per cent of infant deaths are caused by malaria. A recent survey reports that 30 per cent of the population has malaria parasites in the blood any day of the year. Children pay the heaviest toll in mortality and morbidity before they reach a status of sufficient tolerance to the infection.

106. Hitherto malaria control was carried on mainly in the capital, Monrovia. A United States public health mission has been aiding in this work. This mission is also active in small pox immunization and other public health efforts. There is no duplication between the present plan and the aid given by the mission.

Yaws

107. A report made to WHO at the end of 1950 indicates that 300,000 to 400,000 persons in Liberia (approximately 30 per cent of the population) are afflicted with yaws. Yaws is a tropical disease contracted usually in childhood; it is found primarily among the rural population. The devastating late manifestations of the disease may cripple the patient in childhood and seriously impair his ability to work as an adult.

Malaria control

108. The project represents the first phase of a five-year plan for nationwide control. The campaign will begin with a pilot project in a rural area near Ganta; the first two years of work will be concentrated on training of local personnel, and determining the most effective method of control in rural areas. In the third year it is hoped to reach 150,000 people, the scope of the campaign widening as local personnel is trained.

Yaws control

109. WHO personnel, accompanied by Liberian personnel, will establish a centre at Ganta for a primary yaws control area. A survey of the area will be carried out on a house-to-house basis, and villages will be resurveyed at an interval of each six months. The mobile yaws control team will establish temporary clinics or dispensaries at appropriate intervals on the available roadways. Wherever possible, the yaws control activities will be carried out in conjunction with existing medical facilities. All clinical cases found will be treated with penicillin and contacts may get "abortive" doses. The campaign will be co-ordinated as far as possible with the malaria control campaign.

WHO technical approval

110. On the basis of visits paid to Liberia in the year by the WHO Regional Director for Africa and by yaws and malaria experts, WHO worked out, with the Government, the present programme for a joint malaria/yaws campaign.

Government commitments

111. The Government is providing $100,000 as its share of the cost of the yaws/malaria control project to provide housing and personnel, supplies, equipment and transport, insofar as they are locally available, and will also undertake the maintenance of transport and facilities. The Government commitments include the following:

(a) *Personnel*:

For anti-yaws campaign: A medical officer and one or more dressers to work with the international team; a sub-professional assistant for case-finding and post-treatment follow-up in each permanent medical facility.

For anti-malaria campaign: Until it is in a position to provide a medical officer to be trained as local director, the Government will assign to the team two trained sanitary inspectors; one public health nurse; two high-school gradulates who will be trained as laboratory assistants by the international team; three laboratory technicians; and six malaria field technicians also to be trained by the international team.

For operation of the joint campaign: An administrative liaison officer typist, clerk storekeeper, interpreters, drivers, mechanics, labourers and guards as may be necessary for the execution of the project.

(b) *Expendable supplies*: Drugs and medications for treatment of diseases other than yaws or malaria.

(c) *Transport*: The Government will supplement the transport to be provided by UNICEF by the provision of local transport as necessary, for example canoes, boats, etc. The Government will provide maintenance and spare parts for the vehicles provided by UNICEF, as well as petrol, oil and lubricants.

(d) *Buildings:* To be erected for this joint campaign, and later used as a centre for communicable disease control will be constructed by the Government at the Headquarters of the project and furnished suitably for the lodging of the international personnel and their dependents. Two rooms will also be provided for office space, and two for laboratories.

112. The Government will authorize the publication, both national and international of the results of the project and of the experiences derived therefrom.

113. The Government will continue the programme along the lines recommended by the international organizations and within the scope of their available resources when international assistance is withdrawn.

UNICEF commitments

114. UNICEF would undertake to provide supplies and equipment as indicated below, and pay the salary of one administrative assistant, at a total estimated cost of $100,000:

(a) For the anti-malaria campaign, UNICEF will provide sprayers and parts, insecticides, anti-malarial drugs, and field laboratory equipment;

(b) For the anti-yaws campaign, UNICEF will provide penicillin, needles and syringes, as well as miscellaneous clinical and laboratory supplies to supplement the laboratory facilities at Ganta;

(c) For the joint campaign, UNICEF will supply jeeps with trailers, trucks, bicycles and caravan trailers.

115. The apportionment approved by the Board at this time covers requirements for the first year of the campaign. Requirements of expendable supplies for the second and third years of the campaign will be developed on the basis of the experience gained in the first year.

WHO commitments

116. Subject to the availability of funds from the Expanded Programme for Technical Assistance, the World Health Organization will undertake to provide supplies and equipment for a research laboratory for teaching and training, and the necessary literature. WHO will provide the following international personnel to assist the project:

For yaws control: 1 medical officer qualified to serve as Chief Medical Adviser to the project; 1 laboratory technician trained in modern serologic procedures; 1 male nurse with a knowledge of the techniques of nursing as applied to the control of yaws.

For malaria control: 1 malariologist; 1 entonomogist; 1 sanitarian.

117. The WHO Regional Office for Africa will make available, whenever necessary, such technical advice and guidance as may be needed by the project. The granting of fellowships by WHO to train Liberian personnel in malaria control techniques will be the subject of a further agreement, to be taken up during the third year of operation of this project.

Target time schedule

118. The first UNICEF shipment of supplies and equipment for the beginning of the campaign will be scheduled for delivery in October 1952. The Government plans to make the building ready for occupancy 1 November 1952. Personnel appointed by WHO and the Government should be ready to take up duty at that time. The campaign would begin immediately thereafter; the initial phases of the campaign are to continue to 30 December 1953. It is recognized that this project may require up to five years for satisfactory completion.

MOROCCO

119. The Executive Board approved an apportionment from the African area allocation to Morocco of $100,000 for assistance in the treatment of trachoma and associated eye diseases, and authorized the Executive Director to approve a plan of operations as outlined in E/ICEF/R.313. This constitutes the first UNICEF assistance of this type to Morocco.

Treatment of trachoma

120. A high child mortality rate exists in Morocco. It is estimated that 25 to 30 per cent of the children die before reaching their fifteenth year. The total population of Morocco is about 8,500,000.

121. Among the most important of the infectious diseases are trachoma and associated eye diseases. These infections are most often contracted in infancy and childhood and, by slow progression, lead to blindness. Though some of the victims escape without permanent handicap, large numbers are recurrently incapacitated during the seasons of the year when the infection is most prevalent.

122. Two to three million children are estimated to be infected during the season. Infants, young childreng and mothers are the main reservoirs of these infections, transferring the disease to other children.

The highest proportion of infection usually occurs among children of school age. Any plan for control of the disease must, therefore, concentrate upon the child. It is also among children that the proportion of successful treatment with antibiotics and sulpha drugs is highest.

123. A recent survey shows that, in the province of Tafilalet, the disease is highly endemic, and it is in this area that the Government proposes to begin treatment of trachoma with UNICEF assistance.

124. The Government of Morocco, in a special ophthalmological centre at Rabat, has, for some time, been investigating various methods of attack against trachoma and related eye infections. The results of this work give basis for belief that these infections can be markedly reduced through a carefully planned and controlled campaign, involving systematic case-finding, treatment with antibiotics and intensive educational and sanitary measures. A campaign carried out among the school population over a period of some years has resulted in a gradual decrease in the extent of infection, and with careful follow-up it has been possible to reduce the worst effects of the infection. Wherever mobile ophthalmologic centres have been set up, people have flocked to the centres for treatment. A network of hospital and dispensary facilities already exists throughout Morocco for dealing with eye disorders. The special hospitals and dispensaries co-operate closely with the mobile preventive services.

125. The objectives of the programme will be to bring eye diseases under better control, to reduce the extent of infection and the reservoir of the disease and to take appropriate action in view of the results obtained.

126. The Government proposes the following plan of action:

(*a*) Formation of mobile teams to operate in the highly endemic areas;

(*b*) Detection of all cases of trachoma and associated infections in the campaign area. A target of 120,000 to 180,000 infected cases is foreseen;

(*c*) Sustained treatment to arrest the infections with antibiotic ointments;

(*d*) Intensive health education by all means of propaganda including lectures, cinema, posters;

(*e*) The training and organization of auxiliary workers and local community leaders to assist with the campaign;

(*f*) A sanitation programme, including fly control;

(*g*) Assessment of the results of the continued intensive action in a small carefully controlled area and making these results available as criteria for the planning of the extended campaign;

(*h*) Study of the mass control of seasonal conjunctivitis and its associated trachoma in order to make this experience available to other areas of the country and to the international organizations.

127. Existing installations in the campaign area of Tafilalet and Draa will be used as centres from which the action will be carried on. There are three consultation centres in the territory for ophthalmic work, as well as two large dispensaries. The pilot zone of the operation will be the ophthalmological centre at Rabat where Dr. Pagés, a member of the WHO Expert Committee on Trachoma, has already undertaken experimental work on behalf of his government and of the World Health Organization. Two large zones will be established for trial of the different methods of organization and treatment in order to assess the results on a controlled basis.

UNICEF commitments

128. UNICEF will provide for the campaign the following supplies and equipment:

(*a*) Transport (12 station wagons for transport of the mobile teams and 2 mobile clinics);

(*b*) Drugs and equipment for ophthalmic treatment;

(*c*) Field equipment;

(*d*) Materials for public health education and propaganda.

The total cost of the requirements for one year is estimated at $100,000, of which $35,000 is for transport. Requirements for the second year of the campaign would be determined in the light of experience and the rate of progress of the campaign. The Administration would present these further requirements of the campaign to a subsequent session of the Board.

WHO commitments

129. The World Health Organization had been associated with the development of the plan of operations which has its technical approval. WHO will send a consultant to Morocco early in May 1952 to assist in making a more detailed study of the organization of the campaign and its requirements. The exact number and types of international personnel have not yet been determined. Provisionally, it is estimated that international personnel for one year's operation will cost about $35,000. This matter is under discussion between the Government and the World Health Organization.

Government commitments

130. The Government will provide for the campaign an estimated 60 million French francs ($171,000), including the following:

(*a*) Personnel for 12 mobile teams and 2 mobile clinics and for the centres and hospitals referred to above;

(*b*) All surgical treatments;

(*c*) Training of auxiliary workers and community leaders to assist in the campaign;

(*d*) Supplies and equipment for the campaign in the field and for the centres and hospitals insofar as they are available locally;

(*e*) Propaganda materials including posters, films, instructions, etc.;

(*f*) Supplies and equipment for a sanitation programme.

131. At the conclusion of the two-year campaign, the Government will evaluate the results of the campaign and make maximum efforts to apply the experience gained in a continuing campaign throughout the country.

Target time schedule

132. A joint visit will be paid to the proposed campaign area in May 1952 by a representative of the

Government and a WHO expert in eye disease to develop a specific plan of operations and to discuss its implementation with the local authorities. International personnel appointed to assist in the campaign should arrive in Morocco early in October 1952. The planning for the second year of the campaign and the determination of further requirements will depend upon progress during the first year of the action.

TUNISIA

133. The Executive Board approved an apportionment from the African area allocation of $75,000 to Tunisia for the purchase of supplies and equipment for a campaign against trachoma and associated eye diseases, and authorized the Executive Director to approve a plan of operations as outlined in E/ICEF/R.312.

Treatment of trachoma and associated eye diseases

134. Tunisia has a population estimated at 3,470,000. The annual birth rate is estimated at 38 per 1,000 inhabitants, and the infant mortality rate 212 out of 1,000 live births (Tunis). The high infant and child mortality arises primarily from diseases caused by inadequate sanitation, dysentery, malaria and tuberculosis. One of the most widespread health problems in Tunisia is the incidence of trachoma and related eye infections.

135. In some regions of Tunisia, almost every child contracts trachoma during the first year of life. In 1951, more than 80 per cent of all eye diseases in Tunisia were found in children under 15 years of age. It is estimated that more than a million persons out of the total population suffer from acute eye infections, including trachoma. One hundred and thirty thousand cases of acute conjunctivitis were examined recently during an epidemic, and more than 50 per cent of the infected persons were found to have trachoma. The incidence of infections is more concentrated in southern Tunisia.

136. For fifty years the Tunisian Government has been investigating the problem of trachoma, and several of the workers in Tunisia have made outstanding contributions to the epidemiology, bacteriology and control of the disease. The Government has organized a large network of specialized services in ophthalmology; other sections of the public health organization, including the school health group, have undertaken work in this field.

137. During the spring and autumn, the epidemic seasons, all public health personnel are mobilized for the treatment of the acute manifestations of trachoma and conjunctivitis. The first campaign of this kind took place in 1951 with marked success. At the same time, a campaign of health education is undertaken by all possible means. Treatment is free in accordance with the general principle of free medical treatment in French protectorates and territories. The Government has budgeted to spend almost 80 million French francs ($228,600) in 1952 for hospital equipment and treatment of eye diseases.

138. The Government feels that the problem of endemic eye diseases can be brought under better control through reorientation of existing services and a special two-year campaign based on modern measures of treatment.

139. In consultation with UNICEF and WHO, the Government will develop a plan of operations for a pilot project on the island of Djerba and a subsequent mass campaign in the oases of southern Tunisia. Existing facilities on the island of Djerba, where the incidence of trachoma is very high, will provide the structure for the pilot project. The first aim of the project will be to organize systematic case-finding for eye diseases on the island by school examination and home visits. The experience gained in Djerba will be applied to the oases in southern Tunisia, which will be the target of a full-scale campaign to continue for two years.

140. A headquarters for the anti-trachoma programme will be established at Tunis to control all work against eye disease throughout the country, to train medical personnel for this action, and to co-ordinate planning and research. A careful and detailed programme of public health and sanitary education will be carried out, and the sanitation and fly control programme will be intensified and expanded. After two years of experience in mass treatment and preventive measures in southern Tunisia, the organizational and epidemiological approach will be determined for extending the campaign throughout the entire country.

UNICEF commitments

141. UNICEF will provide the following supplies and equipment for the pilot station and for the campaign in southern Tunisia:

(*a*) Transport for mobile teams;

(*b*) Drugs for the campaign;

(*c*) Materials for propaganda and public health education;

(*d*) Laboratory equipment for teaching and training of personnel.

Requirements will be worked out in greater detail with local authorities and with the assistance of WHO. The present apportionment of $75,000 is estimated to provide materials for the first year of the campaign. The requirements for continuation and expansion of the campaign in 1954 would be presented to the Board in the light of experience.

WHO commitments

142. WHO has been actively engaged in the preparation of this project and has given technical approval of the general plan. WHO will provide, from technical assistance funds, the specialized personnel for consultation and guidance in the first year of the campaign at a cost of $35,000. WHO is also prepared to send a consultant to Tunisia in May 1952 to work with the local authorities in developing a final plan of operations along the lines outlined in E/ICEF/R.312.

Government commitments

143. The Government's commitments for the administration of this project and for all personnel and supplies and equipment and transport not provided by the international organizations, would be in the neighbourhood of 60 million francs ($171,000). Not in-

cluded in this estimate is the cost of current activities in anti-trachoma work. Specifically, the commitments for the proposed campaign include:

(*a*) *Personnel:* For the pilot station; doctors and nurses for the Houmt Souk and five other consultation centres including all surgical treatments; for general administrative and organization work; for public health education and propaganda; for training of local personnel.

(*b*) *Facilities:* The proposed campaign will take advantage of clinics and centres and hospitals already established, but in several cases it will be necessary for the Government to enlarge the facilities and add equipment for consultation and mass treatment centres. The Government will also provide the facilities for training centres, and for the training laboratory for which equipment will be provided by UNICEF.

(*c*) *Supplies and equipment:* In so far as available locally.

(*d*) *Transport:* Maintenance, spares and fuel for transport. Local transport will be provided to all personnel connected with the campaign as far as it is available.

(*e*) *Plan of operations:* The Government agrees, in consultation with WHO and UNICEF, to work out a tripartite plan of operations along the lines of the plan of action outlined in E/ICEF/R.312.

(*f*) *Reporting:* Case records of findings and treatment will be kept by all consultation and treatment centres. Reports on the progress of the campaign and on evaluation of the results will be made available to the international organizations.

(*g*) *Continuation:* Following completion of the two years' campaign, the Government will utilize the experience gained in Djerba and in southern Tunisia to continue and expand the attack against eye diseases up to the limit of its available resources.

Target time schedule

144. A WHO consultant will go to Tunis in May 1952 to work with the Government in developing the final requirements and plan for implementing the campaign. In July 1952, WHO personnel will arrive in Tunis to work with the Government in setting up the pilot project and preparing for the beginning of the campaign. It is hoped by September 1952 to finalize the agreement. The campaign in Djerba is scheduled to begin in October or November 1952, and the target for preparing the campaign in the oases of southern Tunisia is January 1953. In 1953 it will be possible to evaluate the progress of the campaign and to determine the plan and the additional requirements for continuing the work in the second year.

Total UNICEF assistance

145. Assistance has previously been given to Tunisia for a BCG campaign under the Joint Enterprise, for which a total of $93,000 was expended. With the present allocation, UNICEF assistance to Tunisia totals $168,000.

ASIA

BURMA

146. The Executive Board approved an apportionment to Burma, from the Asia area allocation, of $153,000 for:

(i) Expansion of the BCG anti-tuberculosis vaccination campaign, amounting to $34,000 for the provision of international personnel, vehicles, supplies and equipment; and supplementary supplies amounting to $15,000 for the tuberculosis control centre;

(ii) Expansion of maternal and child welfare services and training amounting to $104,000 for equipment and supplies.

147. The Board also authorized the Executive Director to approve plans of operations as outlined in E/ICEF/R.286 (BCG and TB) and E/ICEF/R.303 (MCW).

148. With this action UNICEF assistance to Burma is as follows:

	1948/1951 $	*1952 and after* $
Supplementary feeding (May 1950)	28,000	
MCW training and services (May 1950, November 1951)	135,000	143,000
TB control (incl.BCG) (May 1950).	46,000	99,000
MCW (April 1952)	—	104,000
BCG and TB control (April 1952)	—	49,000
TOTAL	209,000	395,000

(i) *BCG anti-tuberculosis vaccination*

149. The need for a BCG vaccination campaign in Burma was set forth at the November 1951 Board session (E/ICEF/R.213), in which the first request in this field was presented. Since then, the tuberculosis epidemiological survey conducted in Rangoon by WHO and national epidemiologists, in connexion with the UNICEF-assisted tuberculosis control programme, had provided statistics which further demonstrate a high rate of infectivity.

150. In November 1951 a grant of $71,000 was approved by UNICEF for the inauguration of a mass BCG campaign. Since then the plan of operations submitted in November was reviewed with the international team leader and his appraisal of the situation resulted in a revised and expanded plan of operations.

151. The objectives of the plan are:

(i) In the period from January 1952 to December 1953, to test 1,500,000 children and vaccinate the non-reactors;

(ii) In the same period, to train at least twelve local technician teams as a nucleus with which to carry on the campaign after the withdrawal of international personnel. It is expected that the whole young population will be covered within five years;

(iii) Eventually, to integrate BCG vaccination as a part of the over-all anti-tuberculosis services of the country.

152. The method envisaged for achieving these objectives is:

(i) The Government will make available for training twelve technician teams; each team to consist of

six vaccinators plus the necessary clerks and drivers; each two teams under the supervision of a doctor (a total of eight to ten personnel per team);

(ii) These teams, after training, will be deployed according to a work chart contained in E/ICEF/R. 286, pages 3-4;

(iii) The international personnel are requested to remain for a maximum of two years (or up to November 1953). At that time, with twelve technician teams fully trained, the Government expects to take over and continue the programme under its own auspices;

(iv) Vehicles are requested on the basis of three vehicles per two teams—a total of sixteen to twenty persons.

UNICEF commitments

153. UNICEF commitments, including the November 1951 apportionment, total $105,000 for international field personnel, equipment, transport and vaccines.

WHO commitments

154. WHO has recruited the international team, subject to reimbursement by UNICEF, and will provide technical guidance and evaluation of the programme. The programme has the technical approval of WHO.

Government commitments

155. The Government will provide:

(*a*) Local personnel consisting of: 1 BCG officer; 1 public relations officer; 1 administrative officer; 1 statistician; 1 secretary; 12 vaccinators; clerks; peons and drivers;

(*b*) Office accommodation and facilities;

(*c*) Accommodation and internal travel of international personnel;

(*d*) Cost of educational work;

(*e*) Maintenance and fuel costs of vehicles, plus spares after the spares provided by UNICEF are exhausted (5 per cent of value of vehicles). The cost to Government of the above services from December 1951 through December 1953 is estimated at Rs. 634,000 (about $US135,000);

(*f*) The project will be the administrative responsibility of the Government of Burma which, in accepting UNICEF supplies, agrees to accept WHO technical advice in their use;

(*g*) The Government of Burma has undertaken to continue the project after international aid is withdrawn.

Target time schedule

156. The project has already commenced, and arrangements have been made for delivery of the supplies needed for the first part of the project. Delivery of the balance of supplies is to be regulated according to the work chart. The duration of the project, with UNICEF aid as envisaged, is up to the end of 1953. The international personnel may be withdrawn after the middle of 1953.

Tuberculosis control programme

157. The integration of BCG vaccination with the general tuberculosis prevention and control programme of the country will steadily reduce the strain imposed on the limited hospital and clinic facilities for dealing with TB patients. UNICEF has made grants totalling $75,000 to assist the tuberculosis control programme in Burma, in which the services of four WHO field personnel are engaged. The programme was successfully initiated in 1951, and is now functioning to capacity with a daily case load of 194 in December 1951. The additional assistance of $15,000 now approved will permit the supply of supplementary laboratory equipment to round out the laboratory already provided by UNICEF. In addition, it will permit UNICEF to continue providing a share of expendables (in particular, X-ray films and chemicals) for a further two years, while the Government gradually assumes the responsibility for carrying on this project entirely from its own resources. The programme has the technical approval of WHO.

(ii) *Maternal and Child Welfare Services and Training*

158. The need for additional maternal and child welfare aid in Burma was pointed up to the Executive Board in November 1951 (E/ICEF/R.212). It has been estimated that in 1931 there was one doctor to each 9,000 persons, and one hospital bed for each 2,000 persons. There were 1,700 doctors and 2,400 nurses and midwives registered. The estimate for 1950 was 1,990 doctors, 1,996 nurses and 1,799 midwives. The infant mortality rate in towns of over 10,000 population was found to be 298 per 1,000 live births. It is estimated that of Burma's 17 million population, some 2,800,000 are women of child-bearing age. The Government thinks that there will be an adequate MCW service when there is a network of 500 MCW clinics suitably spread over the country.

159. UNICEF has been assisting the Government in its basic over-all plan for the establishment of MCW centres throughout the country; the improvement of maternity and pediatric hospital facilities where such exist; the provision of such facilities where they do not exist; the establishment of training centres for nurses, midwives and health visitors; and for the control of veneral disease. Under previous apportionments UNICEF is providing equipment for 140 MCW centres. The approved assistance will enable the Government to continue and expand this programme.

160. The objectives of the programme are:

(i) To establish another 100 MCW centres during 1953;

(ii) To improve obstetric services in two teaching hospitals, and to establish maternity wards in six district hospitals;

(iii) To establish pediatric in-patient and out-patient services in six district hospitals;

(iv) To provide beds for the expansion of hospital facilities for children and mothers;

(v) To continue, through MCW centres, the free distribution of whole milk to infants whose mothers cannot breast-feed them, and to sick children.

UNICEF commitments

161. UNICEF will supply, with the assistance totalling $104,00, equipment and supplies, midwifery kits

and teaching equipment for 100 MCW centres; equipment and supplies for maternity wards in two larger and six small hospitals and for in-patient and out-patient pediatric departments in six hospitals; metal sheets and tubing for local fabrication of 800 simple hospital beds, cribs and bassinets, and materials for local fabrication of mattresses; and 60,000 pounds of whole milk powder for distribution through the MCW centres.

WHO commitments

162. WHO is already providing the services of fourteen international personnel in the MCW programme for periods up to three years, and will provide technical guidance and evaluation of the programme. The programme has the technical approval of WHO.

Government commitments

163. The Government commitments are as follows:

(i) The buildings for the 100 MCW centres; trained personnel to staff the centres; replenishments of expendable supplies after initial stocks are depleted; and adequate supervision to ensure proper use of the equipment;

(ii) Construction and establishment of six small maternity wards, and expansion of two larger maternity wards during 1953; personnel for the adequate staffing of these wards; personnel for midwifery training in the two larger hospitals; replenishment of expendable supplies when initial stocks are consumed; and adequate supervision to ensure proper use of equipment and supplies;

(iii) Establishment of six pediatric wards and out-patient clinics, with necessary facilities for their operation; personnel to staff these services effectively; replenishment of expendable supplies; and travel costs of the international pediatricians on their visits to these six hospitals;

(iv) Labour and equipment for manufacture of the beds and mattresses;

(v) Internal distribution costs of the whole milk powder; and adequate accounting and active support of the start already made in the expansion of milk production and milk processing within the country.

164. The detailed costs of all these provisions, both capital and recurring, have not yet been worked out in detail, but they are obviously much larger than the contribution requested from UNICEF. It should be noted that most of the recurring costs will form a part of the recurring normal yearly health budget of the country. The Government undertakes to continue the project after withdrawal of international assistance.

Target time schedule

165. The plans outlined are all scheduled for completion by the end of 1953. Where the assistance of international personnel is required for implementation, such personnel are already in the field. Delivery of supplies should begin: for the milk, by mid-1952; for the equipment, by 1 October.

China (Taiwan)

166. The Executive Board approved an apportionment to China (Taiwan), from the Asia area allocation, of $50,000 for:

(i) Expansion of the BCG campaign, amounting to $40,000, for supplies and personnel;

(ii) Treatment of trachoma, amounting to $10,000 for supplies and equipment.

167. The Board also authorized the Executive Director to approve the plans of operations as outlined in E/ICEF/R.289 (BCG) and E/ICEF/R.329 (trachoma).

168. With this action, UNICEF assistance to China (Taiwan) is as follows:

	When approved	Shipped 1950-51 $	Shipped 1952 and later $
Tuberculosis control, including BCG ...	Sept. 1950, Oct. 1951	97,000	16,000
MCW	November 1951	5,000	30,000
Supplementary feeding	November 1950	10,000	—
BCG programme ...	April 1952	—	40,000
Treatment of trachoma	April 1952	—	10,000
	TOTAL	112,000	96,000

(i) *BCG programme*

169. The programme in Taiwan was originally conceived of in two phases: first, as a campaign among school children only; and, second, the extension of this campaign to include pre-school children. The additional aid now approved will make it possible to extend the campaign to all young people up to 20 years of age, which is the age group most in need of protection and normally covered by UNICEF-aided BCG campaigns. The goal is to test 2,400,000 persons and vaccinate the negative reactors.

170. The programme in Taiwan has been very successful. It has already led to the establishment of a TB control section in the Health Department and permanent TB-BCG units in twenty-two health centres, all as part of the integrated public health programme. With the inclusion of BCG work in the public health programme on a permanent basis has also come an increase of Government support for TB prevention and control work. The 1952 budget for anti-tuberculosis work is 30 per cent higher than that for 1951; additional sanitorium facilities in Taiwan have been approved and a new sanitorium in Taichung recommended. Altogether an increase of 400 beds is planned for civilian use. An enlarged health education programme with special emphasis on the prevention and treatment of tuberculosis is in prospect.

171. The plan for this additional assistance is devised to integrate the BCG work into the tuberculosis control programme, and the general public health work on a county-by-county and city-by-city basis.

UNICEF commitments

172. UNICEF commitments total $40,000 for transport, public address system, laboratory supplies, needles, syringes, tuberculin, and other supplies.

WHO commitments

173. WHO will provide two fellowships (one public health nurse and one public health officer) totalling $10,000. The programme has the technical approval of WHO.

Government commitments

174. The Government will provide: maintenance of twenty-three vehicles for one year; salaries and per diem for twenty-three local teams; publicity; supply of BCG vaccine; maintenance of BCG laboratory; office supplies. The estimated total value of these is $160,000.

175. A BCG laboratory for the manufacture of vaccine has been set up in the Bacteriological Department of the Taiwan University Medical College and is now awaiting WHO approval. As soon as the laboratory is approved by WHO, it will supply vaccine for the entire programme.

176. After the mass campaign the Government undertakes to continue BCG vaccination of children as a permanent part of its health services.

Time schedule

177. Arrival of UNICEF supplies should begin about July 1952, with completed shipment scheduled by 1 September 1952.

(ii) *Treatment of trachoma*

178. Trachoma is one of the diseases most commonly affecting children in Taiwan. It is estimated that 50 per cent of all school children are infected, most of them with mild cases, and about 2 to 3 per cent with serious infections. Treatment in the past has been on an individual basis through hospitals, health centres and in the school health programme.

179. The means so far evolved for dealing with trachoma are rather complicated for a mass campaign. In order to make a beginning in Taiwan which will lead toward the development of techniques applicable on a broader scale, treatment will be initiated among a group of 10,000 school children. A detailed plan of operations will be drawn up with the assistance of a WHO expert on treatment of trachoma, in accordance with WHO's technical standards for the treatment of this disease. The results will be evaluated both with respect to the effectiveness of the treatment and the organizational methods adopted.

UNICEF commitments

180. UNICEF is to provide aureomycin or terramycin ointment, sulfa drugs, and some equipment for the trachoma centres, at a total cost of $10,000.

Government commitments

181. The Government will be responsible for all local operational expenses in connexion with this project, including personnel, transportation and equipment and supplies not provided by UNICEF. It is estimated that the cost to the Government will exceed $10,000.

WHO commitments

182. WHO will provide a trachoma control expert for service in Taiwan for as long as necessary, assisting the Government in organizing and establishing the project. The programme has the technical approval of WHO.

HONG KONG

183. The Executive Board approved an apportionment to Hong Kong, from the Asia area allocation, of $87,000 for:

	$	$
Maternal and child welfare		
Toxoid for an anti-diphtheria campaign	8,000	
Equipment for maternity and children's wards in hospitals and other institutions	15,000	
Equipment for MCW centres, and drug and diet supplements	45,000	68,000
BCG anti-tuberculosis vaccination campaign		
Personnel, vehicles, supplies and equipment		19,000
TOTAL		87,000

184. The Board also authorized the Executive Director to approve the plans of operations as outlined in E/ICEF/R.294.

185. With this action UNICEF assistance to Hong Kong is as follows:

	Shipped	
	1948-51	*1952 and after*
	$	$
Supplementary feeding (May 1950)	18,000	—
MCW fellowships (July 1949)	16,000	8,000
Equipment for children's hospital wards (September 1949)	13,000	—
Tuberculosis control (May 1950)	35,000	—
BCG (April 1952)		19,000
Health education (May 1951)	—	15,000
MCW (April 1952)	—	68,000
TOTAL	82,000	110,000

Anti-diphtheria campaign

186. The need for such a programme is shown in the steady increase of the disease since 1947. The less privileged groups have a greater share of diphtheria infection; 59 per cent of the total cases occurred between the first and fifth year of age, case mortality being at its highest in the two and three-year-old groups, as maternally-acquired immunity expires. In the six to fourteen-year-old group, 23.5 per cent of the total number of cases occurred as a result of failure to immunize the pre-school population.

187. The Government proposes (and has already undertaken in a small way):

(i) To offer immunization at infant welfare centres, schools and government clinics;

(ii) To undertake specially intensive work from January through April, which is the cool season in Hong Kong, and which is the interval between the yearly anti-smallpox and anti-cholera campaigns;

(iii) To undertake a special health education programme.

188. Mobile units of inoculators will tour the Colony to reach children in squatters' camps, schools not already covered by the school medical services, orphan-

ages, and other centres to which parents will be encouraged to bring their children for inoculation.

189. UNICEF will supply sufficient toxoid for 200,000 immunizations to be used in a two-year programme.

Equipment for maternity and children's wards in hospitals

190. The hospital equipment to be provided by UNICEF is for five Government-subsidized hospitals, one of them a tuberculosis hospital with a children's ward of thirty-six beds, and the other four being general hospitals with maternity blocks and children's wards. The equipment requested is exclusively for the needs of the maternity and children's wards. All five hospitals are carrying extremely heavy loads, and the maternity and childrens' wards are continuously active; the beds are practically never empty.

191. UNICEF will also provide a small amount of equipment for maternity and children's wards in three government hospitals, for school dental clinics, and some teaching equipment for the midwives' training school and for infant welfare clinics.

Equipment, drugs and diet supplements for MCW clinics

192. The number of squatters living in unsanitary conditions in makeshift huts around the Colony is estimated to be 300,000, of whom 120,000 to 130,000 are children, a quarter under 5 years of age. The Government has under way a scheme to transfer this population to certain areas where essential services will be provided.

193. The objectives of the plan are:

(i) To reduce preventable deaths and illnesses in mothers and children;

(ii) To develop in the newly organized communities the pattern of preventive maternal and child welfare services;

(iii) To inculcate principles of mother care and child care;

(iv) By close co-operation with the Chief Resettlement Officer and his section officers, to stimulate participation of the settlers in health activities;

(v) As schools become available in the resettled areas, to include school health activities.

194. To achieve these objectives the Government will build a total of twenty-two maternal and child welfare centres (ten in the first year and twelve in the second year).

195. UNICEF will supply equipment for the twenty-two MCW centres, and drugs and diet supplements for one year.

BCG vaccination programme

196. Evidence is accumulating that, of every fifty people in urban Hong Kong, one is suffering from active tuberculosis and three to four others have the disease in a quiescent form.

197. The magnitude of the problem calls for great efforts, and the Government has given considerable thought to planning a BCG campaign. The objectives of the plan proposed by the Government are:

(i) To test and vaccinate, in a three-year campaign, all children and young adults;

(ii) Thereafter, to incorporate BCG vaccination as an integral part of the general child health service.

198. The mass campaign would start with three teams, each consisting of three vaccinators, under the supervision of a medical officer and a nursing sister. The services of an international team (one doctor and one nurse) are be provided for three months to train the local personnel. It is estimated that the three teams would test, in the first year, from 150,000 to 200,000 children. In the second and third years the campaign would test upwards of 150,000 children each year. Thereafter, the scheme would be integrated as part of the work of clinics, out-patient departments, maternity homes, etc. It is believed that a very high proportion of the 60,000 infants born each year would be vaccinated, because western-trained midwives deliver over 98 per cent of the births.

UNICEF commitments

199. UNICEF would provide $68,000 for maternal and child welfare aid to provide sufficient toxoid for 200,000 anti-diphtheria immunizations, equipment for maternity and children's wards in five hospitals and several other institutions, and equipment including midwifery kits and drugs and diet supplements for twenty-two MCW centres. BCG aid, totalling $19,000 would be for one international doctor and nurse for three months, and for transport, equipment, tuberculin and vaccine.

WHO commitments

200. WHO will recruit the international BCG personnel against reimbursement from UNICEF, and provide technical guidance and evaluation.

Government commitments

201. The Government commitments are as follows:

	$HK	$US
Anti-diphtheria programme		
Personnel, including twenty full-time inoculators, six half-time health officers, and other part-time personnel: approx. for two years	174,000	
Supplies and educational material	16,000	
Cost of transport and communications for two years	10,000	
Total for two years	200,000	35,000
Hospital equipment		
The Government is heavily subsidizing the five hospitals for which equipment is requested. The actual amount of government subsidy is not known		Unknown
MCW clinics		
Erection of twenty-two MCW centres, eighteen valued at $HK6,000 and four at $HK7,500	138,000	
Cost of local furnishings for twenty-two centres at about $HK4,000	88,000	
Maintenance of twenty-two MCW clinics (linens, cleaning materials, domestic utensils, light, power, records, telephone, etc.) for three years	21,000	
Cost of personnel:		
1st year $HK90,000		
2nd year 166,000		
3rd year 173,000	429,000	
Total (for three yrs.)	676,000	113,000

	$HK	$US
BCG programme:		
Accommodation for international team	4,400	
Cost of local personnel for 3 years: 1 medical officer; 1 nursing sister; 3 clerks; 3 drivers and 9 vaccinators	185,000	
Running expenses, repairs of vehicles, administrative costs, local supplies, etc. for three years...	105,000	
TOTAL (for three yrs)	294,000	50,000
TOTAL COST TO GOVERNMENT (plus subsidies to 5 hospitals)		198,000

The Government undertakes to continue all the programmes after the end of UNICEF aid.

Target time schedule

202. The anti-diphtheria programme is scheduled to last two years with first supplies delivered in December 1952; the hospital supplies will be provided as soon as possible; the MCW clinics are to be completed in three years, starting 1 November 1952; the BCG programme is scheduled for 3 years, starting summer 1952.

Technical approval of WHO

203. These programmes have the technical approval of WHO.

INDIA

204. The Executive Board approved an apportionment to India, from the Asia area allocation, of $775,000 for:

(i) Extension of the BCG programme amounting to $135,000 for equipment and supplies;

(ii) TB control programme, amounting to $31,000 for supplies and equipment;

(iii) Malaria control, amounting to $424,000 for about 400 short tons of 100 per cent DDT;

(iv) Dried skim milk for the relief of Madras, amounting to $185,000 from the "Emergency Situations" allocation (for details see paragraphs 602-605).

205. The Board also authorized the Executive Director to approve the plans of operations as outlined in E/ICEF/276 (BCG), E/ICEF/R.290 (TB control) and E/ICEF/R.306 (malaria control).

206. With this action, UNICEF assistance to India is as follows:

		Shipped	
	1948-51	*1952 and after*	
	$	$	
Supplementary feeding (August 1949, May 1950, February 1951)	452,000	—	
MCH training and equipment (September 1948, June 1950, November 1951)	298,000	290,000	
Calcutta Training Centre (June 1950)	—	930,000	
TB control (including BCG) (March 1949, June 1950, November 1951)	669,000	431,000	
Malaria control (September 1949, November 1951)	273,000	134,000	
DDT production equipment (November 1951)	—	250,000	
VD control (November 1950)	62,000	45,000	
Penicillin production equipment (November 1950)	—	850,000	
Emergency relief (including soap) (November 1950, May 1951, November 1951)	182,000	66,000	
Polio treatment (January 1950)	23,000	—	
BCG programme (April 1952)		135,000	
TB control (April 1952)		31,000	
Malaria (April 1952)		424,000	
Madras relief (April 1952)		185,000	
TOTAL	1,959,000	3,771,000	

(i) *BCG programme*

207. The need for prevention and control of tuberculosis in India has been repeatedly stressed by Indian and international authorities. There is no possibility that in the foreseeable future direct treatment facilities can cover the case load, and the decision was therefore taken to give the maximum effort to BCG vaccination. The ultimate objective of the campaign is the testing of 170 million children and young people.

208. Since 1948 UNICEF has expended $753,000 in aiding the Government in this field ($363,000 through the Joint Enterprise and $390,000 directly since the withdrawal of the Joint Enterprise at the end of June 1951). The campaign has shown a steady improvement, in spite of difficulties which in the beginning were considerable.

209. The total number of testings up to the end of December 1951 was 6,300,000, with 2,019,000 vaccinated, including Joint Enterprise operations.

210. The revised objectives are:

(i) To extend the campaign (from three States in 1951) to ten major states by the end of 1952, and if possible to all twenty-six states by the end of 1953;

(ii) To deploy in the field 100 technician teams by the end of 1953;

(iii) To test an average of 100,000 children a year per team, and to vaccinate the negative reactors—a total of 10 million tests per annum by the end of 1953.

211. Funds were sanctioned and training is proceeding to put a total of forty technician teams in the field by April 1952. The remaining sixty teams are to be activated in the last eight months of 1952 and during 1953.

UNICEF commitments

212. UNICEF apportioned the sum of $340,000 to this programme in November 1951 (E/ICEF/184/Rev.1, paragraphs 108-116), covering international personnel, transport and equipment. This will be expanded with the present apportionment of $135,000.

WHO commitments

213. WHO will provide technical guidance, advisory services and evaluation.

Government commitments

214. The Government commitments for two years (1952 and 1953) are as follows:

	Rs.
(i) Provision of local funds to cover the central BCG organization	348,000
(ii) The operation of the BCG vaccine laboratory	
Non-recurring	350,000
Recurring	250,000
(iii) Lodging and travel, etc., of international personnel for 1952	148,000
(iv) Local running expenses of teams (Rs. 25,000 each per year, reaching 100 teams by end of 1953)	
For 1952 (estimated at average of 35 teams)	875,000
For 1953 (estimated at average of 80 teams)	2,400,000
TOTAL	44,371,000

Total for two years: approximately $930,000;

(v) The production of BCG vaccine at the Guindy laboratory in Madras, and supply for the entire campaign;

(vi) The formation of central administrative and technical units in such states, similar to the BCG Department already established in the Tuberculosis Section of the Ministry of Health;

(vii) The maintenace of transport, including provision of spare parts after the spares provided by UNICEF are exhausted;

(viii) The continuation of the campaign after the end of UNICEF aid.

Target time schedule

215. The target time schedule provides for ten states participating in mass campaigns by December 1952 and sixty additional teams to be activated progressively before December 1953.

(ii) *TB control programme*

216. UNICEF has equipped three anti-TB centres at Delhi, Patna and Trivandrum. In addition, it has given aid to the tuberculosis research centre at Madanapalle. Enough experience has accumulated to permit a forecast of their needs in the near future. The Government will be able to assume complete responsibility for these centres by 1955, but the immediate assumption of the full financial load would place too great a burden upon the tuberculosis services, which are under heavy pressure because of rapid expansion. The Government finds it especially difficult to assume immediate full responsibility for films and streptomycin, which require foreign currency.

UNICEF commitments

217. UNICEF will provide laboratory and dispensary supplies, streptomycin and X-ray films totalling $31,000.

WHO commitments

218. WHO will provide technical guidance and evaluation. WHO is providing the services of nine international personnel from 1 January 1952 for one year, at a cost of $105,000.

Government commitments:

219. (*a*) The Government's expenditure to date on the TB control programme, including provision of buildings, new beds in TB hospitals, etc., has been about $US434,000. Its annual recurring expenses for the three centres at Delhi, Trivandrum and Patna are estimated at $US120,000.

(*b*) The Government is to provide PAS to match the UNICEF contribution of streptomycin to be used for free treatment.

(*c*) The Government undertakes responsibility for the provision of one-third of the necessary expendable laboratory supplies and films and chemicals in 1953, two-thirds in 1954, and full responsibility for the complete supply thereafter.

Target time schedule

220. Streptomycin will be provided as soon as possible. Expendable supplies will be provided for 1952, and partially for 1953 and 1954.

(iii) *Malaria control*

221. The need for malaria control work in India was described to the Board in November 1951 in document E/ICEF/R.229. It is estimated that each year more than 100 million people suffer from it, and at least one million die from it. It is probably the chief single cause of death among children, and is particularly dangerous to pregnant and nursing mothers with anaemia, of whom there is an unusually high percentage in India.

222. The cost of residual spraying is within the economy of the country. The cost in the Bombay government operations, the largest in India, has been about ten cents *per caput* per year, including the cost of DDT.

223. Since the November session of the Executive Board, the Government of India has taken a number of significant steps to advance its anti-malaria plans. All these plans are being related to a longer-term programme in which the DDT plant already approved by the Board in November 1951 (E/ICEF/184/Rev. 1) will play an important role. The main objective of the plan is to encourage the expansion of residual spraying campaigns in as many states as possible.

UNICEF commitments

224. UNICEF will provide about 400 short tons of 100 per cent DDT, costing $424,000. This DDT will be provided on the matching basis of 1 ton of UNICEF DDT for every ton of government DDT provided over and above the States' consumption for public health for the year 1950/51 (460 tons).

WHO commitments

225. WHO will provide technical guidance and evaluation, including technical approval of the states' plans of operations.

Government commitments

226. (*a*) To buy matching DDT equivalent to 400 tons of 100 per cent technical DDT. This will be done from the 55 lakhs already in the budget for DDT purchases, $424,000;

(*b*) The state governments will purchase the DDT from the Central Government. In addition, they will pay all local costs of residual spraying, including personnel, equipment, transport, etc. at an estimated cost of about 40 per cent of the total cost of the programme, $560,000; Total, $984,000;

(*c*) The responsibility for the expansion of malaria programmes rests with the state governments; but the Central Government will co-ordinate all arrangements;

(*d*) Matching DDT will be distributed to states only against official requests with definite commitments by state governments contained in signed plans of operation, covering:

(i) Confirmation that the plan is for residual spraying in a form recommended by WHO;

(ii) Indication as to what areas are to be sprayed;

(iii) The number of people to be protected, including the increase over the last year's programme;

(iv) What additional funds, staff and equipment the state government is providing;

(v) A time schedule;

(vi) An undertaking that the DDT is not to be held

as reserve for future years, but is to be used by the end of 1953.

Target time schedule

227. Deliveries are to begin October 1952, or earlier if possible, and to be completed by 1st April 1953 at the latest. The area sprayed is to be extended during 1952 and 1953 and all DDT applied by end of latter year.

Technical approval of WHO

228. All the programmes have the technical approval of WHO.

PAKISTAN

229. The Executive Board approved an apportionment to Pakisan, from the Asia area allocation, of $374,000 for:

(i) Continuation and expansion of the kala-azar treatment programme in East Bengal, amounting to $37,000, for the provision of stibinol, syringes and equipment;

(ii) Equipment for the Dufferin Maternity Hospitals, amounting to $65,000;

(iii) MCW services and training, amounting to $126,000, for further supplies and equipment;

(iv) Expansion and continuation of the BCG antituberculosis vaccination programme, amounting to $146,000, for supplies, equipment and personnel.

230. The Board also authorized the Executive Director to approve plans of operations as outlined in E/ICEF/R.273/Rev.1 (kala-azar), E/ICEF/R.274 (Dufferin Hospital), E/ICEF/R.275 (MCW) and E/ICEF/R.278 (BCG).

231. With this action UNICEF aid to Pakistan is as follows:

	Shipped	
	1948-51 $	*1952 and after* $
Supplementary and emergency feeding (approved February 1949; May 1950; May 1951)	210,000	2,000
MCW training and services (approved: Lahore, June 1950; Karachi, November 1950; Peshawar, May 1951; MCW centres, November 1950; fellowships, September 1948)	138,000	127,000
TB control centres (approved Karachi, June 1950; Dacca, November 1950)	99,000	154,000
BCG campaign (approved November	161,000	74,000
Malaria control (approved September 1949; February 1951; November 1951)	264,000	307,000
DDT production (approved May 1951)	—	250,000
Kala-azar treatment (approved November 1951)	13,000	2,000
Emergency aid (Punjab, November 1950; soap for refugees, November 1951)	55,000	25,000
Kala-azar treatment (approved April 1952)	—	37,000
Maternity hospitals (Dufferin) (approved April 1952)	—	65,000
MCW services and training (approved April 1952)	—	126,000
BCG campaign (approved April 1952)	—	146,000
Unprogrammed	—	15,000
	940,000	1,330,000

(i) *Kala-azar treatment*

232. As reported to the Executive Board last November, kala-azar is endemic in East Bengal with an estimated minimum of 200,000 cases. The Government has maintained treatment services. An annual budget of rupees 101,000 for treatment is provided in the seventeen districts of the province. Approximately 33,000 cases annually have been treated through the public health services, and a similar number through the hospital services. In the other thirteen districts the work is carried out through the District Boards with subsidized local medical assistance.

233. Protection against re-infection of kala-azar is a by-product of anti-malaria activities since DDT also kills the insects that transmit kala-azar. The Government is anxious to take advantage of this fact by increasing the cures of kala-azar. Facilities for treatment are already established and functioning, and funds have been provided in the regular annual budget. An increase in the number of cases treated can be achieved by the approved assistance.

234. In November 1951, UNICEF approved a grant for the supply of 930,000 cc. of stibinol and the modest expansion which these supplies will make possible is now taking place. The additional UNICEF assistance now approved will prevent interruption in the supply line necessary for further expansion.

235. The objectives envisaged are:

(*a*) To increase treatments by 40,000 cases in 1953. UNICEF stibinol will be used only for mothers and children;

(*b*) By increasing treatments, to move towards control of kala-azar, especially in those areas where anti-malaria work protects against re-infection.

UNICEF commitments

236. UNICEF will supply 2,250,00 cc. of stibinol and syringes and other equipment at a cost of $37,000.

WHO commitments

237. This project, including the use of stibinol, has been approved by WHO. No international personnel are involved. WHO will provide technical advice and assistance in the conduct of the campaign, or the evaluation of its results, needed by the Government. The programme has the technical approval of WHO.

Government commitments

238. The commitments of the Government are as follows:

(*a*) Warehousing, internal distribution, accounting, and administration of project supplies;

(*b*) Quarterly beneficiary reports;

(*c*) Supplies of urea-stibamine sufficient for 60,000 persons in 1953;

(*d*) Use of medical staff and premises;

(*e*) Any local publicity that may be necessary, to bring in cases for treatment. The high degree of public concern in East Pakistan about kala-azar indicates, however, that the demand for treatment is likely to exceed the possibilities of satisfying it

An item of Rs. 101,000 ($US 30,000) is already provided in the regular budget.

(ii) *Maternity hospitals*

239. Before partition, a service of specialized hospitals had long been set up under the Dufferin Trust, which was brought into being especially to provide care in childbirth for women whose traditional way of life deterred them from seeking aid in general hospitals. The Trust, which was dependent more upon public charity than upon endowment funds, provided hospital premises and equipment; the Government paid professional salaries.

240. Since partition, the four Dufferin Hospitals in Pakistan have had serious financial difficulty. Cash donations have decreased; help in kind and services have been given but have been insufficient to provide the capital sum necessary to replace worn out equipment. The Government also subsidizes the annual deficit, which in Karachi for 1950-51 amounted to Rs. 100,000 ($US 33,000). The other three Dufferin Hospitals each received subsidies of the order of Rs. 30,000 ($US 10,000).

241. The objectives of this programme are to provide the Dufferin Hospitals in Karachi, Quetta, Peshawar and Dehra Ismail Khan with essential equipment which is not available locally and which will enable these hospitals to undertake a greater workload and to give better training.

242. The method involved has no complications since the materials will be put to use as soon as delivered into functioning institutions. The necessary structural additions to the hospitals are already in progress in Quetta, money has been appropriated for Karachi, and the other two hospitals will be treated similarly. Delivery of the equipment to be completed as soon as possible.

UNICEF commitments

243. UNICEF will supply ward sterilizing and nursing equipment obsteterical instruments, delivery room, nursery and laboratory equipment and sick children's ward equipment totalling $65,000.

WHO commitments

244. WHO will provide technical advice in selecting equipment. The plan has the technical approval of WHO.

Government commitments

245. The Government commitments are for:

(*a*) Construction of new delivery rooms;

(*b*) Annual recurring expenditure;

(*c*) Internal freight, distribution and installation costs.

(iii) *MCW services and training*

246. This apportionment of $61,000 represents extension of programmes already in operation, for which the Board made apportionments of $60,000 in November 1950 and $115,000 in June 1950. These are very simple centres adapted to the economy of the country. Included in this apportionment is teaching equipment of $4,000 for the Lahore MCW training programme.

247. Aid previously granted by UNICEF will help equip 188 existing MCW centres. In addition, Provincial Governments have agreed to construct 160 new MCW centres.

UNICEF commitments

248. UNICEF will supply MCW centre equipment (160 sets); 100 women's bicycles for transportation of community health visitors working out of these MCW centres; and teaching equipment for Lahore MCW; to a value of $61,000.

249. The equipment for the 160 new centres will be issued with the agreement of the Government and the UNICEF Mission as the construction is completed and the centres become properly staffed and otherwise ready to receive the equipment. Reports on the distribution of equipment will be furnished by the Government, together with simple reports of the type and volume of work done by the centres.

WHO commitments

250. WHO will provide technical advice and assistance in evaluation. WHO has budgeted $294,860 for assistance to training programmes. This programme has the technical approval of WHO.

Government commitments

251. The Government commitments are as follows:

	Rs.
24 centres in East Bengal	
Capital cost of constructing or modifying 24 suitable premises, at Rs. 70,000 each	1,680,000
Recurring annual expenditure at Rs. 6,000 per centre—for the first year	144,000
136 centres in West Pakistan	
Capital cost of constructing or modifying 136 suitable premises, at Rs. 40,000 each	5,440,000
Recurring annual expenditure at Rs. 7,000 per centre—for the first year	952,000
Total cost to Government—including capital costs and first year's recurrent expenditure for 160 centres	8,216,000

($US 2,740,000 approx.)

Target time schedule

252. Supplies for the MCW centres should arrive by 1 January 1953 to be issued as centres are staffed and ready for operations; for Lahore MCW, as soon as possible.

Equipment for nurses training at Dacca, East Pakistan

253. The Board approved the apportionment to Pakistan of $10,000 for provision of teaching equipment for a nursing-training programme in Dacca, East Pakistan.

254. The need for a nurse-training programme in East Pakistan is obvious. The 45 million population includes only 270 trained nurses and this is insufficient for effective running of hospital services as well as for forming a central directing and teaching cadre. The Board already approved $32,000 for supplies and equipment for the MCW training and services in Dacca. The present approved assistance will help to improve the training services for nurses and to make them as an integral part of the general training programme.

255. The objectives of the programme are:

(i) In a three-year programme, to improve and strengthen the teaching and practice facilities of the Nursing School at the Medical College Hospital,

Dacca, and thereby to double the number of student nurses that can be trained at one time;

(ii) To develop the school into a model school for East Pakistan, where sister tutors can be given practical experience;

(iii) To work in close co-operation with the UNICEF/WHO-assisted community midwife training project.

Target time schedule

256. The supplies will arrive in October 1952. The arrival of personnel will be co-ordinated with the arrival of supplies.

UNICEF commitments

257. UNICEF will supply teaching equipment to the value of $10,000.

WHO commitments

258. WHO will provide:

	$
Three international nurse-instructors for a period of 3 years at a yearly cost of approximately $25,000	75,000
Five fellowships of one year in post-graduate teaching and administration in Canada or New Zealand	20,000
	95,000

Technical guidance and evaluation of the programme. The plan of operations has the technical approval of WHO.

Government commitments

259. The government commitments are as follows:

(*a*) Local personnel: three fully trained qualified nurses to act as understudies and a secretary;

(*b*) Accommodation and internal travel of international personnel;

(*c*) Necessary equipment and supplies that are locally available;

(*d*) Additional adequate premises for a diet kitchen and a laboratory;

(*e*) Office space and office equipment.

The cost of these provisions is not yet detailed.

Drugs and diet supplements

260. In operating the 188 rural MCW centres for which UNICEF has provided equipment, the Government is supplying funds (about $1,000 per year) for each centre for extra nourishment for children and expectant mothers. Owing to budgetary restrictions, shortage of foreign currency, and the scarcity of stocks in Pakistan, the Government has been unable to supply certain essential drugs and diet supplements for the proper operation of these centres.

261. The objective of the plan is to enable the Ministry of Health to provide, through the MCW centres, certain essential diet supplements and twenty-three selected drugs which are not available locally, in quantities sufficient to last each centre for one year.

262. The method envisaged for the implementation of this programme involves the distribution, in proportionate quantities, of the requested drug and diet items to fifty-five selected MCW centres.

UNICEF commitments

263. UNICEF will provide drug and diet supplements, (one year's supply for fifty-five centres), valued at $1000 per centre for the year at a cost of $55,000.

WHO commitments

264. WHO will provide technical advice and evaluation of the programme. The plan has the technical approval of WHO.

Government commitments

265. The government commitments are:

(*a*) Provision of an agreed schedule of essential drug and diet items available in Pakistan. (Rs. 3,200 per year per centre—about $1,000). For 55 centres, per annum, $55,000;

(*b*) Warehousing, internal freight and distribution costs.

(*c*) The provision of beneficiary reports.

Target time schedule

266. UNICEF supplies are to arrive by 1 October 1952; the programme is to start 1 January 1953.

(iv) *BCG Anti-Tuberculosis Vaccination*

267. Tuberculosis is one of the major public health problems of the country, second only to malaria. The government estimates the annual number of deaths from this disease at 120,000 to 150,000, with probably more than 600,000 active cases. The direct treatment facilities that Pakistan can as yet afford are only a small fraction of what is needed, and must be applied on a highly selective basis. In these circumstances, the need for protection of children through a mass BCG vaccination campaign is obvious.

268. BCG vaccination was introduced in Pakistan more than two years ago by the Joint Enterprise. This work was continued on the basis of an apportionment of $104,000 by the Board in November 1951. Up to the end of 1951, the total tested were 1,300,000. The estimated achievement in 1952 is 1,400,000 tests.

269. The objectives of the programme are:

(i) To activate, during 1953, six more field units (twenty-four vaccinating teams);

(ii) To test in 1953 a total of 3,200,000 persons; and to vaccinate the non-reactors.

270. The activation of six more field units in 1953 would put a total of thirteen units in the field by the end of 1953. The target for each unit is established at 320,000 testings per year.

UNICEF commitments

271. The UNICEF commitments, totalling $146,000 are for international personnel, transport, equipment, tuberculin and other supplies.

WHO commitments

272. WHO commitments are as follows:

(*a*) Recruitment against reimbursement by UNICEF, of the international personnel required in 1953;

(*b*) Technical guidance and evaluation.

The programme has the technical approval of WHO.

Government commitments

273. The Government commitments are as follows:

(*a*) Recruitment, salaries and allowances of local staff (thirteen field units, twenty-four personnel per unit—132 field personnel, exclusive of administrative personnel);

(*b*) Maintenance, service, repairs, insurance, petrol for transport;

(*c*) Local office administration costs;

(*d*) Freight, warehousing, and administrative costs of supplies.

The cost to the Government of the above services will be Rs. 1,125,000 per annum for the fully expanded plan ($400,000).

(*e*) Cost of lodging and travel within the country of international personnel;

(*f*) Supply of vaccine to the programme (from approx. 1 June 1952)

(*g*) Continuation of the campaign after withdrawal of UNICEF aid.

Target time schedule

274. The target time schedule provides for arrival of transport beginning as soon as possible and through June 1953, and for international personnel to arrive in December 1952.

Philippines

275. The Executive Board approved an apportionment to the Philippines, from the Asia area allocation of $466,000 for:

(i) BCG programme amounting to $55,000 for the purchase of vehicles, supplies and equipment and personnel;

(ii) MCW centres, amounting to $175,000 for equipment;

(iii) Whole milk, drugs and diet supplements for MCW centres and hospitals amounting to $93,000;

(iv) Continuation and expansion of yaws control, amounting to $114,000 for supplies and equipment;

(v) An apportionment of $29,000 from the Emergency Situations allocation for rice to evacuees from the volcanic eruption zone. (For details see paras. 616-619.)

276. The Board authorized the Executive Director to approve the plans of operations as outlined in E/ICEF/R.287 (BCG), E/ICEF/R.293 (MCW centres and diet supplements) and E/ICEF/R.295 (yaws).

277. With this action UNICEF assistance to the Philippines is as follows:

	Shipped	
	1948-51 $	1952 and after $
Supplementary feeding (approved Feb. 1949; May 1950; May 1951)	460,000	
MCW (approved Sept. 1948; Dec. 1949)	111,000	12,000
TB control (including BCG (approved Dec. 1949; May 1951)	104,000	8,000
Yaws control (approved Feb. 1951)	77,000	70,000
Diphtheria control (approved Nov. 1950)	30,000	2,000
BCG (approved April 1952)		55,000
MCW centres (approved April 1952)		175,000
Diet supplements (approved April 1952)		93,000
Yaws control (approved April 1952)		114,000
Emergency relief (approved April 1952)		29,000
Unprogrammed		5,000
	782,000	563,000

(i) *BCG anti-tuberculosis campaign*

278. Tuberculosis, as a major public health problem in the Philippines, has been discussed in connexion with earlier requests of the Government of the Philippines (see in particular E/ICEF/R.173). UNICEF, in June 1951, approved assistance ($31,000) for the commencement of mass BCG vaccination in twelve out of the fifty-one provinces. The mass campaign began on 1 January 1952 and by the end of January 42,000 tests had been made and 16,000 vaccinations given. With UNICEF assistance, the Philippines is now making its own BCG vaccine. The additional aid now approved will enable the Government to have a nation-wide campaign.

279. The objectives of the expanded programme are:

(*a*) To add to the present twelve teams another twenty-four similar teams (each team consists of a medical officer, two nurse-vaccinators, a clerk, a driver and a helper);

(*b*) By the end of 1954, to tuberculin test the total child population under 15 years of age (approximately 9 million).

The present twelve teams are expected to examine 1,200,000 children in 1952. Beginning 1 January 1953, twenty-four additional teams will take the field, making a total of thirty-six.

280. With an average of 100,000 tests per year per team, it is expected that the thirty-six teams will test the entire population of the Philippines under 15 years of age by the end of 1954, or soon thereafter.

UNICEF commitments

281. UNICEF commitments totalling $55,000 will provide one BCG officer for one year, transport, equipment, and other supplies.

WHO commitments

282. Recruitment, against reimbursement from UNICEF, of the BCG officer, and technical guidance and evaluation of the programme. The programme has the technical approval of WHO.

Government commitments

283. (*a*) The Government will provide a budget of P. 15,000 ($7,500) per team per year, to cover the

salaries, travel and per diem of the personnel, local supplies and materials, and miscellaneous services. The total budget for the thirty-six teams for the years 1953 and 1954 will be P. 1,080,000 ($US 540,000);

(*b*) The Government assumes responsibilty for reception and distribution of supplies;

(*c*) The Government agency responsible for the administration of the programme will be the Division of TB Control in the Department of Health;

(*d*) The Government has agreed to accept the technical assistance of WHO;

(*e*) The Government has given assurance of its intention to integrate BCG vaccination as part of its general TB services following completion of the mass campaign.

Target time schedule

284. The date for initiating this expanded programme is set for 1 January 1953, at which time all the supplies and equipment should be on hand. UNICEF aid is requested until the end of 1954, after which the Government will continue TB control by tuberculin testing and BCG vaccination with its own resources.

(ii) *MCW centres*

285. As part of its general health programme, the Government provides free maternal and child health services for those who cannot pay. The MCW centres are important factors in reducing the infant mortality rate in the Philippines. At present there are in operation 1,043 maternal and child welfare centres (formerly called pueri-culture centres). Of these, 487 have received some simple equipment from the $30,000 grant approved by UNICEF in June 1950 (document E/1737, paragraph 44).

286. The Government has available funds for modest staffs and medical supplies, and is planning to increase these funds. Congress will soon have presented to it a bill intended to increase by P. 400,000 ($US 200,000) the national appropriations for MCW services which at present total P. 1,960,000 ($US 980,000). The Government will spread and intensify the work in every practical way with the approved UNICEF assistance.

287. The objectives of the programme are:

(i) To improve the services in 500 MCW centres by providing them with basic clinical equipment;

(ii) To provide UNICEF standard midwifery kits for midwives working out of these centres.

UNICEF standard midwifery kits will be given only to those centres having permanent provision for a midwife. Refills of expendable supplies for the kits will be guaranteed by the Government.

(iii) *Whole milk and drug and diet supplements*

288. Malnutrition and tuberculosis are major causes of death in the Philippines. The present UNICEF assistance is for mothers and children attending the UNICEF-assisted MCW centres.

289. Out of the $460,000 apportioned by UNICEF since 1949 for supplementary feeding in the Philippines, approximately $250,000 worth of milk and fish oil capsules have been distributed through puericulture centres and hospitals. Since 1949 approximately 10,000 infants and pre-school children have been assisted annually through this programme. The Philippines health authorities have played a pioneer role in the enrichment of rice and in the encouragement, through its Institute of Nutrition and the Division of Home Economics, of a nationwide nutrition education campaign. The Government is already providing a limited supply of drugs and diet supplements.

290. The objectives of the programme are:

(*a*) To provide milk daily for one year for 5,000 selected infants under the care of MCW centres and hospitals; especially in cases when the mothers cannot provide breast feeding;

(*b*) To provide drugs and supplements for approximately 5,000 expectant and nursing mothers who have special needs certified by a physician.

UNICEF commitments

291. UNICEF will supply equipment for 500 MCW centres according to a list valued at $175,000. This is the basic type of equipment UNICEF has been providing to MCW centres, amounting to $350 worth per centre. UNICEF will also supply: 200,000 lbs. of whole milk; and a selected list of drugs and diet supplements valued at $93,000.

WHO commitments

292. The WHO Regional Office in Manila will provide technical guidance in the selection of centres to receive UNICEF supplies. This programme has the technical approval of WHO. WHO has made the recommendation that personnel involved in staffing MCW centres should undergo a refresher course of training in the Rural Health Demonstration Programme near Manila (assisted by UNICEF to the extent of $47,000 and now in successful operation for nearly two years).

Government commitments

293. The Government is committed to the maintenance of all 1,043 MCW centres, and the provision of personnel adequately to staff them. Its yearly budget for this purpose is:

	P
Appropriations from the national budget and from the National Charity Sweepstakes Fund for supplies for MCW centres (the bill now being prepared for Congress would increase this sum to P. 1,050,000)	650,000
National budget for salaries of personnel in MCW centres	1,310,410
	1,960,410
	($980,205)

294. The MCW centres are planned as a permanent part of the Government's child welfare programme.

295. The Government accepts responsibility to see that all supplies and equipment provided by UNICEF will be distributed to the programme centres within three months after receipt, and that such distribution is made in accordance with criteria jointly agreed upon by the Government, UNICEF and WHO.

296. With respect to *drugs and diet supplements*, the Government makes the following commitments:

(*a*) A sum of P. 100,000 ($50,000) has been set aside for the provision of government supplies, in addition to supplies purchased by the centres themselves, and given to UNICEF.

(*b*) An amount of P. 85,000 ($42,500) has been set aside in the national budget for the administration of a national child feeding programme, a part of which is applicable to this project;

(*c*) The Government will be responsible for reception, storage and distribution of supplies, and for adequate accounting;

(*d*) After the UNICEF supply is exhausted, the Government undertakes full responsibility to continue the programme for these centres in the same scope.

Target time schedule

297. Drugs and diet supplements are scheduled to arrive beginning 1 July 1952. Equipment for MCW centres is desired in the Philippines by November 1952.

(iv) *Yaws control programme*

298. Yaws is a recognized serious public health problem in the Philippines, and UNICEF has already approved grants for a mass treatment programme in Leyte and Samar (including the treatment of maternal syphilis in port cities, E/1940, paragraphs 60-64). The mass treatment programme commenced in August 1951, and in the short time that it has been in operation, it has demonstrated that the programme is practical and efficient.

299. The over-all objectives of the programme are:

(*a*) To examine a total of 2,800,000 people in nine provinces and to treat an estimated 250,000 cases;

(*b*) To demonstrate procedures to local governments and to train local personnel to operate a nation-wide programme after the withdrawal of UNICEF assistance;

(*c*) To reduce the incidence of the disease to such an extent that it can be kept under control by the local health agencies.

The target rate of examination is 10,000 per month per team.

300. In the yaws programme up to the end of January 1952, 121,000 examinations had been made and 11,000 cases treated. During the campaign it is estimated that enough personnel will be trained in mass treatment work to form a nucleus of experienced staff to continue the control work on a nation-wide scale after the withdrawal of international aid.

UNICEF commitments

301. UNICEF will provide vehicles, outboard motors, penicillin and miscellaneous equipment and supplies to the value of $114,000.

WHO commitments

302. WHO will give technical guidance and evaluation of the programme. The programme has the technical approval of WHO.

Government commitments

303. (*a*) Salaries, travel expenses and other services, supplies and materials, for national teams, calculated at P. 20,000 per team per year: five teams for 14 months and five teams for 25 months, P. 325,000;

(*b*) Administrative, supervisory, and other administration costs calculated at P. 67,000 per year—for two years, P. 134,000. Total, P. 459,000 ($229,500).

(*c*) Continuation of the programme after UNICEF assistance is withdrawn.

Target time schedule

304. The supplies and equipment are to arrive in time for activation of the five new teams on 1 November 1952.

THAILAND

305. The Executive Board approved an apportionment, to Thailand, from the Asia area allocation, of $512,000 for:

(i) Rural maternal and child welfare centres, amounting to $45,000 for equipment;

(ii) Continuation and expansion of yaws control in 1953 and 1954 amounting to $368,000, for purchase of supplies, equipment and transport;

(iii) BCG anti-tuberculosis vaccination campaign, amounting to $99,000 for provision of international personnel, vehicles, supplies and equipment.

306. The Board also authorized the Executive Director to approve the plan of operations outlined in E/ICEF/R.279 (MCW centres), E/ICEF/R.300 (Yaws control) and E/ICEF/R.304 (BCG campaign).

307. With this action UNICEF assistance to Thailand is as follows:

	Shipped	
	1948-51 $	*1952 and after* $
Supplementary feeding (approved May 1950)	70,000	—
MCW training and equipment (Sept. 1948; June 1950; Feb. 1951)	102,000	7,000
Control of Yaws (May and Nov. 1950)	334,000	76,000
TB control (June 1950)	50,000	8,000
Malaria control (July 1949)	44,000	—
Rural MCW centres (April 1952)	—	45,000
Yaws control (April 1952)	—	368,000
BCG campaign (April 1952)	—	99,000
TOTAL	600,000	603,000

(i) *Maternal and child welfare centres*

308. In Thailand, lack of equipment, supplies and trained personnel have made it impossible to extend modern medical care beyond a few cities. For the rural population, the Government, since 1914, has established a growing network of rural health centres. At the end of 1951 there were 560 second-class health centres and ninety-one first-class centres (with another twenty-seven under construction). The number is expected to be raised shortly to 100 first-class centres and 1,000 second-class centres.

309. The Government considers that the existing system can, with careful planning, be enlarged in scope so as to provide reasonable care to rural communities.

310. The objectives of the programme are:

(i) To develop the first-class health centres into properly equipped clinics, making available both pre-

ventive and curative care, and forming a nucleus for the spread of health education and good home-making;

(ii) By the strategic deployment of such trained personnel in first-class centres, to achieve supervision of the auxiliary personnel in second-class centres; it is planned that the medical officers and nurses in first-class centres will hold courses for second-class midwives and give elementary training to unregistered village midwives;

(iii) It is also planned that the first-class centres will gradually begin to take in-patients.

(iv) By providing such supervised services, to give modern medical care to the mothers and children of rural communities.

311. UNICEF's assistance will be used to equip forty MCW centres which are under the control of the Department of Public Health.

312. In the forthcoming months, the Government will examine the possibilities of the remaining fifty-one first-class centres now administered by municipal authorities, looking toward an extended plan of operations, for which additional UNICEF assistance may be requested.

UNICEF commitments

313. UNICEF commitments are to supply equipment necessary for midwifery and child care to forty MCW centres, valued at about $1,125 per centre, at a total cost of $45,000.

WHO commitments

314. WHO will provide technical evaluation and guidance. The programme has the technical approval of WHO.

Government commitments

315. Government commitments are as follows:

(*a*) Present budget for 40 MCW centres, baht 530,000;

(*b*) Maintenance and running expenses, including drugs, baht 400,000;

(*c*) Essential repairs to the 40 first-class health centres;

(*d*) Additional office space, personnel and equipment;

Total (exclusive of salaries) estimated at, baht 1,000,000 ($US 50,000).

(*e*) It is the intention of the Government to expand the rural MCW and general health services throughout the Kingdom. The increased expenditure will therefore be part of the regular annual budget in future. The Government undertakes to continue its programme of expansion after withdrawal of UNICEF aid.

(*f*) It should be noted, in connexion with the recruitment of personnel to staff health centres, that the salaries of Government employees are being increased from 30 per cent to 60 per cent, effective immediately in all branches of the service.

(*g*) The Government is planning the general strengthening of the MCW Division of the Department of Health.

(*h*) The Government has undertaken to provide UNICEF with reports covering the use of supplies provided under this programme.

Target time schedule

Supplies will commence arriving by 1 December 1952.

(ii) *Yaws control programme*

316. It is the main objective of the expanded programme to increase the number of persons surveyed from 1 million to an estimated 2 millions per year and to train thirty more sanitary inspectors, and sixty lay injectors and four medical officers in 1952 and another forty more sanitary inspectors in 1953. The long-term objective of the programme is that within the next five years, to reach through the mass-treatment campaign all those areas where yaws constitutes a major public health menace, and thus to reduce the incidence of the disease to a point where it can be dealt with routinely within the permanent facilities of the public health department. The Government is willing and has demonstrated its ability to provide local personnel and matching funds for the programme.

317. It has become apparent there are more cases of yaws than the original estimated figure of 225,000 made in November 1949. With the operation of the programme, considerable experience has been gained and health education is also being carried on as a corollary to the programme. In general, the work of yaws control in Thailand has advanced satisfactorily in the face of many inevitable obstacles. As a result of the experience, a higher percentage of the population is being examined, which is an essential in the prevention of reinfection.

UNICEF commitments

318. UNICEF will provide penicillin, field equipment for new teams, laboratory supplies, and transport to a value of $368,000.

WHO commitments

319. WHO is already providing the services of three international personnel during 1952. It is asked to continue these personnel at least till the end of 1953. The cost for 1953 would be approximately $26,000. In addition WHO will provide three fellowships in public health, public health nursing, and statistics at a cost of $13,000, making the total from WHO $39,000.

The plan of operations has the technical approval of WHO.

Government commitments

320. (*a*) Salaries, per diem, and travel of national staff (nearly 300 personnel);

(*b*) Maintenance and recurrent expenses of offices and laboratories;

(*c*) Maintenance and fuel costs of vehicles;

(*d*) Expenses in connexion with public health nursing services;

(*e*) One-third the total requirements of penicillin;

(*f*) Whatever capital expenditures may be required in 1953 and 1954;

(*g*) Travel, subsistence and accommodation of international personnel.

The Government is prepared to increase its 1952 budget to baht 5,000,000, (about $US 250,000) and to budget for 1953 and 1954, baht 6,000,000 ($US 300,000) each year.

(*h*) The programme is the administrative responsibility of the Department of Health, Ministry of Health, Government of Thailand. In accepting UNICEF supplies, the Government agrees to accept WHO technical advice in their use.

(*i*) The Government commits itself to continue the programme after international aid is withdrawn.

Target time schedule

321. The target time schedule provides for the recruitment and training of additional ninety national personnel to be completed by 31 July 1952. International personnel are already in the field. Delivery of supplies and vehicles is to begin in May 1952 and to be completed by April 1953. The duration of this plan is through 1954.

(iii) *BCG campaign*

322. The Government of Thailand has greatly intensified its anti-tuberculosis work and has been basing much of its work on international assistance. The approved UNICEF assistance will enable the Government to strengthen the preventive aspects of its anti-tuberculosis work.

323. The objectives of the plan are:

(i) To tuberculin test, in a mass campaign during the first year, 1 million young persons and in every successive year a further 1,500,000.

(ii) To vaccinate the negative reactors in the groups tested.

(iii) To cover, within four years, the 5 million young persons judged to be in special TB risk.

324. The long term value of the programme is the eventual integration, within the TB services of this country, of a permanent national BCG vaccination system.

UNICEF commitments

325. UNICEF commitments would be for international personnel, transport, equipment, tuberculin, and vaccine to a total of $99,000.

WHO commitments

326. WHO is being asked to provide three fellowships at a cost of $4,500 and one consultant in BCG production at a cost of $8,000, making a total of $12,500.

WHO will also provide technical guidance and evaluation of the project. The programme has the technical approval of WHO.

Government commitments

327. Government commitments are for:

(*a*) All local personnel, materials, supplies and equipment for the project, other than those supplied by UNICEF or WHO;

(*b*) Accommodation and transportation of international personnel;

(*c*) Maintenance (including spare parts) and petrol for transport;

(*d*) The cost of clerical and administrative personnel.

These costs cannot be itemized at present, but the Government is prepared to provide a yearly budget of at least baht 2,500,000, about $125,000;

(*e*) The continuation of the campaign after withdrawal of international staff;

(*f*) Eventual production of BCG vaccine from the Thai production unit, Bangkok;

(*g*) The formation within the Tuberculosis Section of the Department of Public Health, of a central administrative and technical unit concerned with BCG vaccination.

328. A WHO expert has advised the Government on the planning and equipment of the laboratory which can probably commence producing vaccine by 1953. A continuous and permanent supply of BCG vaccine may therefore be considered as assured.

Target time schedule

329. UNICEF aid is for a period of two years. The programme is scheduled to commence 1 October 1952, and arrival of equipment, supplies and personnel will be timed accordingly.

Eastern Mediterranean Region

EGYPT

330. The Executive Board approved the apportionment to Egypt, of $165,000 from the eastern Mediterranean area allocation, for the purchase of 150 long tons of 100 per cent DDT to extend campaigns against malaria, yellow fever, plague and typhus during the Egyptian fiscal year 1952-53, and authorized the Executive Director to approve plan of operations as outlined in E/ICEF/R.323. This represents the first UNICEF aid to Egypt in the form of DDT. The DDT plant, for which an allocation was approved at the November 1951 session of the Board, is expected to come into full operation in the last quarter of 1954, and the present allocation would partly fill the gap until that time.

331. The problem of malaria and of other insect-borne diseases in Egypt was outlined in document E/ICEF/R.231, in connexion with a recommendation for the DDT plant in November 1951. The Government's efforts to control disease-bearing insects through a nationwide campaign of dusting and spraying with DDT has brought important results in the control of cholera and relapsing fever, the reduction of typhus, malaria and of gastro-enteric diseases borne by insects. Since all these diseases are leading causes of morbidity and mortality among children, their control has been reflected in general improvements in the child health picture. It is established that 5 per cent of the rural population suffers from malaria with mortality in 1.5 per cent of the positive cases.

332. In a population of 20 million, an estimated 6 millions are protected from malaria, and equally large numbers are protected from other insect and fly-borne diseases through the direct and indirect effects of the Government's insecticide dusting and spraying campaigns. The Ministry of Health maintains a Malaria

Control Section which works through thirty-seven main, and 136 subsidiary control stations, spraying houses in rural areas with DDT, and employing larvacide measures in the rice fields. The Government's plan for the future is to appoint an insect control officer in each of the 280 health units of the country in order to carry out a systematic spraying of all 4,000 Egyptian villages. Another seventy control stations will be established throughout the country in the next five years at a cost of $2,780,000 (equivalent).

333. The Insect Control Section of the Ministry of Health has also instituted a systematic spraying effort to protect the oasis in the Sinai peninsula and the Red Sea coastal area, in order to form an outer defense against encroachments of malaria from these outlying areas upon the main populations in the Nile Valley and the Delta.

334. Insecticide spraying and larvaciding measures are directed also against the yellow fever vector. DDT is used in increasing amounts, year by year, to eradicate the Aedis Aegypti, carrier of yellow fever. Spraying for this purpose has been concentrated around Cairo and Alexandria and the ports of Suez and El Tor.

335. The Infectious Disease Section of the Ministry of Health also carries out dusting campaigns with 10 per cent DDT dusting powder to protect the population against typhus, plague and relapsing fever.

336. The Insect Control Section employs 611 workers of whom 300 are occupied with malaria control and the balance in control of other insect-borne diseases. In addition, 3,000 local employees are paid by the Government as "dusters", who dust 16 million people in Egypt three times in the year.

337. The objective of the programme is to permit the expansion of Egypt's public health work involving the use of DDT during the period until the new DDT production plant will go into operation. The objective, 1952-53, is to expand the insect control and infectious disease control programmes by increasing the utilization of DDT by 85 per cent over the level of the 1951-52 campaigns.

UNICEF commitments

338. UNICEF will provide 150 tons of 100 per cent technical DDT at a total cost of $165,000. This DDT will be provided, on a matching basis, one ton of DDT provided by UNICEF for every ton of DDT which the Government procures above the total public health use of DDT in 1951-52.

Government commitments

339. (*a*) The Government will maintain its provision of DDT for disease control at the level of the amount of DDT utilized for public health purposes in 1951-52, and, in addition;

(*b*) The Government will match UNICEF's commitment by providing a further 150 tons of technical DDT from its own resources, to bring the total additional DDT available in 1952 for public health purposes to 300 tons over the total used for these purposes in 1951-52;

(*c*) In consultation with UNICEF and WHO, the Government will develop a formal plan of operations describing the expanded campaign in 1952-53. This would include the increased organizational facilities, the transport and auxiliary equipment required for the expansion of insecticide spraying and dusting campaigns in accordance with the increase of available DDT.

(*d*) The cost to the Government of the expansion in this programme will be:

	$
For 150 tons of DDT	165,000
For organizational expansion, labour, transport and equipment	225,000
TOTAL	390,000

WHO commitments

340. WHO has assisted in the development of this plan and will further assist in developing a final plan. The outline has WHO's technical approval. WHO will also be prepared, as requested, to provide technical advice for the expansion of insect and infectious disease controls in Egypt.

Total UNICEF assistance

341. With this action, UNICEF assistance to Egypt is as follows:

	Shipped in 1951	*To be shipped 1952 and after*
	$	$
BCG campaign (approved May 1951; November 1951)	22,000	54,000
DDT production plant (approved November 1951)		250,000
DDT for malaria control (approved April 1952		165,000
TOTAL	22,000	469,000

ETHIOPIA

342. The Executive Board approved an apportionment, to Ethiopia, from the eastern Mediterranean area allocation, of $52,000 for the provision of personnel and supplies to assist a BCG vaccination campaign, and authorized the Executive Director to approve a plan of operations as outlined in E/ICEF/R.316. This allocation covers requirements for the first year of the campaign, which will be enlarged and extended, if successful, subject to the availability of further aid. This constitutes the first UNICEF assistance to Ethiopia.

343. One of the outstanding public health problems in Ethiopia is tuberculosis, the incidence of which has increased greatly in recent years. The Government has indicated that it feels top priority must be given to the fight against this disease. A WHO tuberculosis consultant visited Ethiopia in 1948, a public health adviser in 1950, and, in February 1952, the Regional WHO BCG adviser made a visit. There is general agreement that BCG vaccination probably represents the most economic, effective and immediately applicable method of preventing the spread of tuberculosis in the country.

344. Ethiopia has a dearth of medical and other personnel for public health work and almost no organized facilities for training. There are eighty-eight medical doctors in the country, all foreign, a theoretical average of one doctor for 180,000 persons. But fifty-four of the doctors are concentrated in the capital of Addis Ababa. There are two trained Ethiopian nurses in the entire country and thirty-seven qualified foreign nurses. For a total estimated population of 12 to 15 millions, there are only 200 hospital beds reserved for tuberculosis: fifty in the small hospital for tuberculosis patients at Harrar, and 150 scattered in the different hospitals in

Addis Ababa, of which sixty to sixty-five are free of charge. There is no tuberculosis specialist in the country.

345. The current public health budget of the Ethiopian Government is 2,800,000 Ethiopian dollars ($US 1,120,000), approximately 4 per cent of the total annual budget. No special appropriation for tuberculosis is included in the health budget.

346. The Government, however, is aware of the problem and has expressed its interest in taking immediate steps to combat tuberculosis. At the Menelik II hospital in Addis Ababa, the Government has already made preparations for establishing a tuberculosis centre with mass X-ray facilities.

347. UNICEF will assist the Government with supplies and personnel to carry out tests of 600,000 children and adolescents, and to give the indicated number of BCG vaccinations, during the first two years of a BCG campaign. The campaign, during this time, will be confined to those parts of the country along the six main roads and railways. Later the campaign will be extended to other less accessible parts of the country wherever it is materially possible. Simultaneously with the progress of the mass campaign, the Government will seek to establish, with WHO advice and assistance, a permanent BCG vaccination service which will be closely co-ordinated with the tuberculosis control service to be organized in the near future.

UNICEF commitments

348. UNICEF will provide for the first year of the campaign the following personnel, supplies and equipment at an estimated total cost of $52,000:

(*a*) Personnel: one BCG medical consultant, one BCG team doctor and two BCG team nurses;

(*b*) Equipment and supplies: including BCG vaccine and tuberculin, equipment and supplies for testing and vaccinating, camping equipment, registration cards and forms, and public information equipment and supplies.

(*c*) Vehicles: three light passenger trucks and one jeep.

349. UNICEF will review the progress of the campaign and at a later time report to the Board any further recommendations relating to an additional apportionment required for completion of the campaign.

WHO commitments

350. WHO will offer technical advice and will recruit, appoint and supervise the international personnel for the BCG campaign. The plan has the technical approval of WHO.

Government commitments

351. The Government of Ethiopia agrees to accept the following commitments for the implementation of this BCG campaign. The Government will provide:

(*a*) Personnel: one medical officer, nine vaccinators, one interpreter-secretary, one administrative assistant, two clerks, four drivers;

(*b*) Premises: a suitable central office with the necessary annexes at the Pasteur Institute of Ethiopia;

(*c*) Office equipment including typewriters, stationary, forms, etc;

(*d*) Public relations supplies such as pamphlets and posters, and the cost of printing;

(*e*) Maintenance and general services including the cost of telephone, telegraph and other communication;

(*f*) Transport: the Government will provide fuel, lubricants, and replacement tires for the UNICEF vehicles and provide for their mechanical maintenance. They will also pay the cost of internal communications and transportation of national and international personnel and of equipment and supplies by any means available inside Ethiopia.

The estimated total cost of the Government's commitments is 253,000 Ethiopian dollars, approximately $US 101,000.

352. During the progress of the two-year campaign, the Government will seek to establish a permanent vaccination service which will eventually be extended throughout the entire country.

Target time schedule

353. With the aim of beginning the campaign in January 1953, UNICEF plans to deliver supplies and equipment to arrive in Addis Ababa not later than November 1952. WHO personnel will be scheduled to arrive sufficiently in advance to prepare for the beginning of the campaign. This target is tentative only and subject to alteration as preparations for the campaign progress in Ethiopia.

IRAQ

354. The Executive Board approved an apportionment to Iraq, of $85,000 from the eastern Mediterranean area of allocation, for the procurement of supplies and equipment and vehicles for a malaria control programme and authorized the Executive Director to approve a plan of operations as outlined in E/ICEF/R.321. The plan envisages a three-year campaign (1953-55) with UNICEF and WHO assistance. The approved UNICEF apportionment provides DDT requirements only for the first year, and equipment requirements for the whole campaign.

355. Iraq is one of the most malaria stricken countries in the eastern Mediterranean region. Malaria is responsible for more illness, and, directly or indirectly, probably causes more deaths, than any other single disease in the country. It accounts for 50 to 75,000 deaths per year on the average, fluctuating between large epidemic outbreaks in some years and other years of reduced and localized endemicity. In some parts of Iraq, 80 per cent of the infants are stricken; malaria is probably the leading cause of infant and child mortality in the country.

356. In 1946 a special Malaria Department was created in the Endemic Diseases Institute in Baghdad. A series of control operations was immediately started throughout the country and in 1947 there were malaria control projects in all of the fourteen districts of the country. The operation was gradually expanded from 1948 to 1950 to include additional malarial areas and to increase the use of DDT residual syraying. Malaria has largely disappeared from the cities of Baghdad, Basrah and Mosul Kirkuk.

357. The rural problem is, however, still largely unsolved. In the spring of 1950, following extensive floods

in the Tigris valley, the Government requested WHO to assist in meeting the emergency of a malaria epidemic. WHO provided a malaria consultant and contributed five tons of DDT to combat malaria in this area. In June 1951, at the request of the Government, WHO again sent its malaria adviser to Iraq to assist in working out a plan for a long-term malaria control programme.

358. The National budget included, in 1950, 100,000 Iraqui dinars ($US 280,000) for malaria control work.

359. The total plan of the Government covers a period of six years during which it is estimated that effective country-wide control of malaria can be achieved.

360. The approved assistance covers primarily the first year of the mass campaign, during which the target for the internationally-assisted project is to protect 150,000 persons.

361. The objectives of the internationally-assisted mass campaign are as follows:

(*a*) To extend the anti-malaria work to infected rural areas;

(*b*) To train local personnel (doctors, entomologists, health inspectors, etc.) so that the Government may continue the project after the withdrawal of international personnel;

(*c*) To reduce the incidence of malaria, and simultaneously of certain other insect-borne diseases;

(*d*) To assess the results of the malaria control efforts in terms of reduction of mortality and morbidity, especially among children and to evaluate the economic consequences of increased work capacity.

Personnel will be trained during the progress of the mass campaign.

362. The country-wide campaign will be conducted under the supervision of the Ministry of Health. The following are estimates of the population to be protected: first year, 150,000; second year, 300,000; third year, 600,000; fourth year, 1,200,000; and fifth year, 2,000,000.

UNICEF commitments

363. UNICEF will provide, during the first year of the country-wide campaign, insecticides, sprayers, vehicles and laboratory and miscellaneous equipment to the value of $85,000. Vehicles, sprayers and other equipment would cover the requirements for international aid for the three-year campaign. Supplies would be specified with the consultation of WHO and would be delivered as required by the development of the campaign, i.e., as personnel are made available and in light of the experience gained during the pilot-demonstration phase of the work in 1952-53.

WHO commitments

364. WHO will provide $56,000 for international personnel, supplies and equipment for the demonstration project which will precede the wider campaign. Six inter-regional fellowships will also be provided for training outside the country. For the country-wide campaign, WHO will provide international personnel for three years. The plan has the technical approval of WHO.

Government commitments

365. For the mass campaign, the Government would provide the following:

(*a*) Personnel: a team comprising three malariologists, an entomologist and two senior malaria inspectors; a total of 171 technical personnel and laborers including microscopists, malaria inspectors, mosquito surveyors and thirty spraying teams; a total of twelve administrative personnel including two mechanics;

(*b*) Supplies: fuel, spares and maintenance of transport provided by UNICEF and costs of other means of travel in Iraq; a total of twenty-five other vehicles; locally available spraying equipment;

(*c*) Other facilities: national headquarters and four regional operational centres for directing campaign and training personnel;

(*d*) Malaria control work in the large cities and suburbs will be continued by the Government during this period without international assistance.

It is estimated the above commitments will cost $108,000 in the first year.

366. On completion of the three-year period of the mass campaign, the Government will undertake to continue the campaign and extend it still further into rural areas, without international assistance except for the possibility that external assistance may be requested for provision of some of the necessary insecticides.

Target time schedule

367. The Demonstration and Training Project will start in the Tanjere Valley in the last quarter of 1952; the mass campaign will begin in the last quarter of 1953; and at the conclusion of the three-year campaign, in 1956, the Government will take over full responsibility for continuation of campaigns.

Total UNICEF assistance

368. With this action UNICEF assistance to Iraq is as follows:

	When approved	*Shipped through end of 1951*	*To be shipped 1952 and after*
		$	$
Anti-Bejel campaign	June 1950	84,600	65,400
BCG campaign	May 1951	3,000	87,000
Malaria control	April 1952	—	85,000
TOTALS:		87,600	237,400

ISRAEL

369. The Executive Board approved an apportionment to Israel, of $300,000 from the eastern Mediterranean area allocation, for the purchase of equipment for bottling pasteurized milk, refrigeration and equipment for making milk bottles, and authorized the Executive Director to approve a plan of operations as outlined in E/ICEF/R.322. This constitutes the first UNICEF assistance of this type to Israel. It will enable the Government to expand and continue, on a more satisfactory basis, the existing milk distribution to children.

370. Among the most pressing of the problems facing the State of Israel since the commencement of mass immigration has been that of feeding the population and, in particular, the provision of safe milk for children. During this period the Government established milk distribution schemes for infants, pre-school and school children, using indigenous milk augmented by powdered milk donated by UNICEF and other international organizations. In addition, the current milk rationing

scheme provides priorities for children, expectant and nursing mothers, and patients in hospitals.

371. The approved assistance will equip existing dairies operated by the Tnava Co-operative (non-governmental) in Tel Aviv, Jerusalem and Haifa, with sufficient additional equipment to bottle all milk and will provide bottle-making equipment to an existing glass works to manufacture the necessary bottles. This last feature is essential to the carrying out of the objective of bottling all pasteurized milk.

372. The Government considers the present project one of the first important steps in a long-range programme which aims at establishing facilities for pasteurizing and bottling milk in other producing areas, in order to extend the distribution of safe milk to the entire population. The practical experience of this project is expected to serve as a guide to such expansion.

373. The immediate objective of the Government is to provide supplies of safe milk for the priority groups of the areas of Tel Aviv, Jerusalem and Haifa, which include almost 60 per cent of the total child population of Israel. The three dairies in these areas have, at present, a total pasteurization capacity of 250,000 litres per day, which will be increased in 1953 to 300,000 litres. The total fresh milk production in these areas is approximately 250,000 litres per day and is expected to increase in the future.

Government commitments

374. The Government will provide the following:

Capital costs

The Government of Israel undertakes to ensure the provision of the necessary land, buildings, labour, water and electricity services, all equipment not supplied by the Fund and necessary to satisfactory operation of the plants, as well as local cost of installation of all equipment, transport, and local refrigeration depots. A conservative estimate of these financial commitments amounts to approximately $700,000.

Beneficiaries

The Government would undertake to match, over a five-year period, the Fund's contribution with an amount at least equal to it. This money will be added to the plants' repayment for the UNICEF-imported equipment (landed cost in Israel). The Government proposes to use this fund to pay the bottling cost for an additional number of beneficiaries.

School feeding

The Government undertakes to continue and gradually enlarge the existing school milk programme currently reaching about 100,000 children, and to reach 200,000 in 1953. The Government hopes to extend this milk scheme (60 per cent is distributed free and the rest partly subsidized) to cover the entire school population at the earliest possible date.

Infants and mothers

The Government contemplates bringing into operation a scheme under which expectant and nursing mothers as well as infants throughout the population will receive a daily ration of milk at reduced prices. Currently 51,000 infants are receiving assistance under a similar scheme.

National milk marketing board

The Ministries concerned are contemplating the introduction of legislation sanctioning the establishment of a national milk marketing board which eventually will assume all such powers and duties as are necessary to implement the programme outlined in this recommendation.

Prohibition of unbottled pasteurized milk

Legislative orders necessary to enforce the distribution of pasteurized milk in bottled form in the urban districts of Jerusalem, Tel Aviv and Haifa will be issued in such stages as to conform to the facilities for bottling milk in the areas.

UNICEF commitments

375. UNICEF will supply equipment for bottling pasteurized milk and bottle making to a value of $300,000. UNICEF will maintain a technical interest in the implementation of the scheme until the Government and UNICEF are satisfied that it is operating effectively in providing a safe product in satisfactory amounts to meet the commitments under this plan.

FAO technical approval

376. The plan has the technical approval of FAO and has been evolved with the close co-operation of consultants from that organization. The Government has requested, and FAO has indicated that it would offer, technical advice on all stages of milk production and milk processing.

Target time schedule

377. A detailed plan of operations will be drawn up in July 1952. Placement of UNICEF orders will be made in September 1952 and installation of equipment in September 1953. It is expected that distribution of bottled milk will start around November 1953.

Duration of plan of operations

378. The plan of operations will come into effect from the date of signature and will remain in effect for seven years from that date.

Total UNICEF assistance

379. With this action, UNICEF assistance to Israel is as follows:

	When approved	Shipped 1949-51 $	Shipped 1952 and after $
Emergency child feeding	$100,000 in '51	393,100	—
	Prior to 1951		
Leather for shoes	Prior to 1951	22,800	—
Maternal and child health (emergencies)	Prior to 1951	44,300	44,800
MCW centres	November 1951	—	40,000
MCP	April 1952	—	300,000
		460,000	384,000

SYRIA

380. The Executive Board approved an apportionment of $35,000, from the eastern Mediterranean area allocation, for the purchase of DDT to assist the Government of Syria in extending their national malaria control programme in 1952 and 1953 and authorized the Executive Director to approve a plan of operations as outlined in E/ICEF/R.325.

381. Malaria is one of the most important health problems in Syria. Out of a population of less than 4 million people, approximately 200,000 cases of malaria are registered each year in hospitals and dispensaries. The child population is affected variously from district to district, but in some regions it is not possible to find a child under 12 without some evidence of malaria infection.

382. The Government undertook the struggle against malaria many years ago with special attention to the large cities. Rapid progress in town planning accompanied by draining of marshes, the filling-up of ditches and other anti-larval measures during the past years have considerably reduced malaria from the great towns of Syria, but the malarial incidence in rural areas remains unabated.

383. The Government began, in September 1949, a small experimental programme, with house-spraying as the sole anti-malaria effort, in rural areas. The success of this small-scale project has convinced the Government of the necessity of undertaking a nation-wide control campaign and with careful planning, training and organization to make possible the elimination of this disease as an important public health problem.

384. Three separate projects are planned to be carried out by the Government with international assistance:

(*a*) A demonstration control and training project in the Orontes Valley, with WHO assistance, to begin in September 1952;

(*b*) Extension of the Government's malaria control projects in the Damascus Oasis and the Houran Plateau, with UNICEF assistance and WHO technical guidance, beginning in 1952;

(*c*) A project for joint control of malaria and bilharziasis in the El Djezireh district, to begin in April 1953 with WHO assistance.

385. With the approved assistance, the Government's malaria control projects at El Marj in the Damascus Oasis, and in the Houran Plateau will be consolidated and expanded. It is expected that 60,000 inhabitants in these malarious districts will be protected in the expanded programme beginning September 1952. The Government has budgeted $42,000 for personnel for this project and the personnel are already available. In addition, the Government will provide the necessary transport, sprayers and other equipment. As trained personnel become available from the Orontes Valley training project, it will be possible for the Government to appoint additional personnel for the Marj and Houran projects, so that they plan to expand these projects to protect another 120,000 people in 1953-54. For that year, UNICEF may be requested to provide 50 per cent of the increased amount of DDT as measured against the DDT used in 1952-53.

UNICEF commitments

386. UNICEF will provide DDT to the value of $35,000.

WHO commitments

387. WHO has budgeted $80,000 for the Orontes Valley training project for 1952-54 and $52,000 for technical assistance to the malaria/bilharziasis control project in the El Djezireh district, including funds for equipment and personnel. WHO advisers have worked with the Government to develop the plan for expansion of the control projects in the Damascus Oasis and the Houran Plateau and will assist the Government and UNICEF in working out the firm plan of operations for this project.

388. WHO will continue to advise the Government on consolidation and expansion of the over-all malaria control plan, and will make malaria consultants available from time to time as necessary. The plan has the technical approval of WHO.

Government commitments

389. The Syrian Government's budget for the current year includes $42,000 for the first year's operation of the El Marj (Damascus) project, to cover the provision of the following personnel: one malariologist, one supervisor, two foremen; twenty-five trained labourers of whom five are skilled. All this personnel is already available. In addition, the Government will put at the disposal of the project: one jeep; one pick-up; one truck; twenty-nine sprayers, one motor sprayer and one fog producer. The Government assumes responsibility for fuel and maintenance of the transport and for all other costs in connexion with the administration of the campaign.

Target time schedule

390. Preparation of the plan of operations for the El Marj and Houran Plateau projects will begin in June and spraying in September 1952. By the spring of 1953 the projects will be expanded and the consolidation of all projects for malaria control in Syria will take place in 1955.

Total UNICEF assistance

391. With this action UNICEF assistance to Syria is as follows:

When approved		Shipped 1951	Shipped 1952 and later
		$	$
General MCW	May 1951	2,000	21,000
Anti-trepanematosis	November 1951	—	50,000
Malaria control	April 1952	—	35,000
TOTAL		2,000	106,000

Europe

FRANCE (INTERNATIONAL CHILDREN'S CENTRE, PARIS)

392. The Executive Board approved an apportionment to the International Children's Centre of $330,000 from the area allocation for Europe to meet the costs of the proposed programme of the centre for 1953 (E/ICEF/R.33).

393. The Executive Board, during its session in November 1949, approved an allocation of $1 million to the centre and "subject to the availability of funds" approved the proposal that $660,000 be subsequently allocated. An apportionment of $330,000 was approved in November 1951. The present action brings UNICEF assistance to the centre to the total of $1,676,000 including $16,000 previously allocated for the centre's BCG pilot station.

394. The Board had before it the "Report of the Governing Body of the International Children's Centre for the year 1951" (E/ICEF/187; E/ICEF/187/Add.1), detailing the work of the centre in international teaching, research applied to the health and social problems of childhood, social pediatrics, library and reference

service, periodicals and information. It noted that operations are going forward according to the plan for 1952 submitted to the Executive Board last November (E/ICEF/R.256) and that the prospectus for the centre's activities in 1953 (E/ICEF/R.331, annex C) had been approved in broad principle by the Technical Consultative Committee of the ICC. The working groups which drafted this prospectus included representatives of the United Nations Department of Social Affairs and the specialized agencies who have been taking an increasingly important part in the definition of the centre's programme, in reviewing the operating plans and in giving technical guidance to the programmes.

GREECE

395. The Executive Board approved an apportionment to Greece, of $40,000 from the European area allocation, for the purchase of transport and equipment to permit the extension of maternal and child welfare work in rural areas, and authorized the Executive Director to approve plans of operations as outlined in document E/ICEF/R.310.

396. Still births, deaths of infants in the first year of life, and maternal deaths connected with delivery reach grave proportions, especially outside the major urban centres where there are limited health facilities. Statistics for the latest period available—1930 to 1940—indicated 120 to 140 infant deaths for every 1,000 live births, primarily in urban communities. The average annual maternal deaths from 1931 to 1935 was 15.5 for every 100,000 inhabitants, one of the highest rates in Europe. In rural areas infant and maternal deaths were higher.

397. The problem is caused essentially by the lack of maternal and child health services, and by complications and neglect during delivery. Infant deaths during the first year of life are largely attributable to improper care and nutrition, the major causes of infant mortality being enteritis, diarrhoea, disease of insanitation, nutritional disorders, pneumonia, whooping cough and other infectious diseases.

398. In Greece only 550 trained midwives have graduated in the past 20 years, and few of these go to work outside the cities. Doctors are equally scarce in rural areas, and as a result expectant mothers are compelled in cases of special need to call upon "practical midwives".

399. The long-term plan of the Government is to establish permanent MCW centres in each of the fifty-two provinces of Greece and up to 1,200 sub-centres as soon as conditions permit. The immediate plan is to strengthen, as a demonstration area, five centres already established in Thessaly, which will serve the surrounding villages and towns through mobile units visiting periodically.

Government commitments

400. The Government of Greece has agreed to meet the following commitments:

(1) To provide and finance the necessary buildings and facilities for ten new centres; trained staff for these centres and the five existing in Thessaly, as well as adequate staff for the mobile units;

(2) To operate and maintain vehicles;

(3) To provide miscellaneous medical supplies as available within Greece;

(4) To report on the progress and evaluation of results of the project;

(5) To select a trained pediatrician/obstetrician for a WHO fellowship, and upon completion of this study assign this doctor to supervise the national plan for expansion of maternal and child welfare services.

The Greek Government would cover the expenses for all the work, which only for the province of Thessaly was estimated at 2 thousand million drachmas per year ($134,000 approximately) not including the cost of hospital care for pregnant women and infants. The Greek Government had already secured the above 2 thousand million drachmas for the fiscal year 1952-53.

UNICEF commitments

401. UNICEF commitments will be to provide equipment for fifteen MCW centres and five station wagon vehicles to the value of $40,000. The detailed supply lists for the centres will be drawn up after account is taken of equipment already available at the five existing centres and in the light of health supplies obtainable in Greece. Deliveries of supplies and vehicles by UNICEF will be scheduled to arrive as centres and trained staff are ready to operate.

WHO commitments

402. This programme has been developed in consultation with WHO's maternal and child welfare advisor who visited Greece in February 1952 to work out the preliminary plan of operations. WHO will provide one fellowship for three months for an MCW officer to study abroad and later on to take over direction of the project. WHO will also provide a consultant for one month to assist in working out the final plan and in implementation of the programme. In this connexion, the Executive Board expressed the desire that WHO advisory assistance be offered for a longer period of time.

Plan of operations

403. The Executive Board requested the Executive Director to assure that attention is focused on the training of required personnel in the plan of operations as finally approved by him and that he report on this to the next session of the Executive Board.

Target date for commencement of project

404. 1 April 1953 is tentatively set as the date by which the centres will be constructed, equipped and staffed and ready to operate.

Total UNICEF assistance

405. With this action UNICEF assistance to Greece is as follows:

	When approved	Shipped 1948-51	Shipped 1952 and after
		$	$
Supplementary child feeding	$233,000 in 1951.... Rest prior to 1951	7,175,100	36,200
Raw materials	Prior to 1951.....	533,000	—
Maternal and child welfare	$60,000 Nov. 1951.. Rest prior to 1951	91,900	96,300
Miscellaneous emergency supplies	Prior to 1951.....	119,400	—
Milk conservation	Prior to 1951.....	14,600	115,400
UNICEF/Aide Suisse	Prior to 1951.....	56,000	—
MCW welfare centres	April 1952	—	40,000
	TOTAL	7,990,300	287,900

406. The Executive Board approved an apportionment to Italy, of $290,000 from the European area allocation, for the purchase of equipment to assist in the building of one milk drying plant and sixteen dairies. The Board authorized the Executive Director to approve a plan of operations as outlined in document E/ICEF/R.314, including a plan for the utilization of $110,000 which it approved in November 1951 for an extension of the existing milk conservation projects, but for which no plan of operations had yet been drawn up (E/ICEF/-184, Rev.1, pages 123-124). This action of the Board brings the total value of UNICEF assistance for milk conservation in Italy to $885,000.

407. The Executive Board, early in 1949, recognizing the necessity of stimulating indigenous milk production in Italy to meet the continuing need of children for safe milk when UNICEF supplies would no longer be available, made in initial allocation to Italy for the development of dairies. It has been recognized by UNICEF that further assistance to Italy in developing a safe milk supply for children would be required, particularly for southern Italy which has long been considered the area in greatest need of assistance. The average mortality rate for children under one year of age for the whole of Italy was 63 per 1,000 (1950) and for some areas in the south (Foggia) as high as 103 per 1,000.

408. Two intensive surveys of milk production and consumption participated in by Italian Government representatives, FAO and UNICEF, have been recently conducted. The surveys confirmed that there is a serious lack of protein foods in children's diets and a need for improving the sanitary standards of locally available milk. There was revealed the real possibility greatly to improve and increase supplies of milk if modern milk handling techniques could be adopted in leading cities of southern Italy.

409. In approving this assistance, it is intended that a larger proportion of the equipment for dairies shall come from Italian production than under previous projects, because domestic manufacture of dairy equipment has so increased and improved during the past two years that much of the equipment needed can now be purchased locally. Thus UNICEF assistance will reach more dairies than otherwise would have been possible with the funds allocated.

410. The central dairies to receive UNICEF assistance are to be located as follows:

Ancona	Messina
Barcellona	Naples
Cagliari	Pescara
Catania	Ragusa
Cosenza	Ravenna
Forli	Rimini
Foggia	Taranto
Livorno	Terni

All but Naples and Forli will require considerable local organizational work and the construction of new buildings.

411. The dry milk plant for which assistance is being approved is to be located in the province of Frosinone, south of Rome, and will be an entirely new undertaking in that area.

Government commitments

412. The Government commitments are as follows:

A. *Central dairies for pasteurizing and bottling fluid milk*

The Government of Italy undertakes to negotiate separate agreements with each of the cities listed for the formation of central dairies. The agreements will provide for: local financing to equal at least 50 per cent of the total cost of the plant, federal financial assistance to the dairies, not to exceed 50 per cent, improvement of milk quality, etc. An estimate of the total cost of items required for the sixteen dairies to be furnished by the Italian Government would be 3 thousand million lira, i.e., $US 4,800,000.

Financing of the central dairies will primarily be the responsibility of the local authorities, whether privately, co-operatively or municipally operated. The national Government will make low interest loans, particularly for the purchase of equipment of Italian manufacture.

The Government, in co-operation with UNICEF, will provide technical engineering advice to dairies where required.

A minimum of 145,000 children will receive ¼ litre of standardized or partially de-fatted milk free daily for 200 days per year for the first five years, or the equivalent over a seven-year period, as full plant operation is achieved; or alternately a proportionately larger number of children will receive subsidized milk. This is at an estimated annual cost of 402,000,000 lira ($643,000). These funds are to be derived from central dairies providing free milk to the value of the UNICEF equipment, a matching sum from municipalities or other local sources, a proposed milk tax, and a direct government contribution (A.A.I.) over and above present efforts in the field of supplementary feeding. The above figures assume successful imposition of a tax of one lira per litre on milk passing through central dairies. The Government undertakes to achieve this.

B. *Dry milk plant*

A milk drying plant, with an estimated initial yearly output of 1,000 metric tons of skim milk powder will be erected in the Frosinone district, between Rome and Naples. The present surplus of milk in that area will be processed into dried skim milk and butter. The milk powder would be distributed free by government agencies to approximately 85,000 needy children and mothers throughout Italy daily. The butter would be sold at commercial rates and thereby carry the main burden of paying producers for the raw milk.

The dry milk plant would be operated by the "Amministrazione Aiuti Internazionali" (A.A.I.), a government agency. It would finance the scheme itself, except for the imported equipment to be supplied by UNICEF, estimated to cost $112,000. Items to be furnished by the Government in connexion with the erection and operation of the plants are estimated to cost about $300,000.

C. *General government commitments*

The Government will augment its veterinary services in the areas serviced by the central dairies and the dry milk plant in order to reduce the incidence of animal disease and improve milk production. The Government

will undertake to establish and enforce sanitary standards developed in co-operation with FAO and UNICEF and plans to inaugurate an educational programme to encourage greater use of safe milk, particularly in feeding of children.

UNICEF commitments

413. UNICEF will supply the sixteen dairies listed in paragraph 410 above with the following type of equipment: (*a*) instrumentation for pasteurizers; (*b*) bottle filling machines; (*c*) bottle washing machines when a capacity above 3,000 bottles per hour is required.

The estimated cost of this equipment is $288,000. For the drying plant at Frosinone, UNICEF would supply the following equipment: pre-heater; clarifiers; separators; spray drying plant; bolting reel; at an estimated cost of $112,000.

FAO commitments

414. FAO has agreed that it will be prepared to assist the Government as follows: (*a*) in training of dairy personnel to ensure that the dairies have sufficient trained employees for efficient operation of the plants; (*b*) by making available the services of a trained nutritionist to assist in planning a nationwide educational campaign to publicize the nutritional value of milk and raise the level of consumption; and (*c*) by providing a nutritionist to assist the A.A.I. in their investigation for the reorganization, within the limits of food and financial resources, of their present feeding programme for kindergarten and elementary school children.

415. FAO participated fully in the development of this project especially through field investigation of all sites and this project has the technical approval of FAO.

Duration of plan of operations

416. A detailed plan of operations based on the principles outlined in document E/ICEF/R.314 will be developed to remain in effect for seven years from the date of such Executive Board action.

Target time schedule

417. Agreement on detailed plan of operations will be made in 1952 and contracts will be placed in August 1952. The buildings are expected to be completed in July 1953, and UNICEF equipment will be delivered in August 1952. Installation and start-up of the plants are expected in November to December 1952. In January 1954, distribution of milk to beneficiaries will begin.

Total UNICEF assistance

418. With this action the total UNICEF assistance approved for Italy is as follows:

	When approved	Shipped 1948-51	Shipped 1952 and after
		$	$
Supplementary child feeding	$110,000 Dec. 1951.. Rest prior to 1951	14,760,200	84,600
Materials for shoes and clothing	$45,000 Dec. 1951... Rest prior to 1951	812,300	29,300
Medical supplies	$35,000 in Nov. 1951	135,100	35,300
Milk conservation	Prior to 1951.....	357,900	238,100
Soap	Prior to 1951.....	96,500	—
Milk conservation	April 1952	—	290,000
	TOTAL	16,162,000	693,000

PORTUGAL

419. The Executive Board approved an apportionment to Portugal, of $50,000 from the European area allocation, for equipment and transport to assist the Government in extending maternal and child welfare services to rural districts and authorized the Executive Director to approve a plan of operations as outlined in document E/ICEF/R.296. This constitutes the first UNICEF assistance to Portugal.

420. Portugal has a high infant mortality rate and in some areas of the country the rate approaches that of the highest rate in Europe. While Portugal has a total of 5,845 physicians, or one physician for every 1,624 persons, they are unevenly dispersed throughout the country, and rural areas are not adequately serviced with medical care. A far more serious problem is the lack of trained auxiliary personnel. For a population of 8,500,000 people, there are only 2,810 nurses and 678 midwives. Out of 211,680 births in 1950, less than 22,000 were attended by physicians, and 60,000 by midwives, while 129,400 deliveries (63 per cent of the total) took place without any assistance.

421. The chief causes of death among infants up to the age of one year are diarrhoea and gastro-intestinal disturbances. Prematurity is another major cause of infant deaths. Pneumonia causes about 10 per cent of infant mortality, while other communicable diseases play a secondary role. Beyond the age of one year, the problem of communicable diseases, including tuberculosis, diphtheria, and whooping cough become more important factors contributing to child deaths.

422. Early in 1943, a maternal institute was set up in Lisbon to study the problems involved in the excessive loss of child life and to make recommendations to the Government. As a result of this study, the Portuguese Government, by promulgation of an article of 2 February, 1943, officially established a plan for maternal and child health services. A central maternal and child health institute was set up in Lisbon, under the Ministry of the Interior and the Director-General of Public Assistance, with the purpose of centralizing and co-ordinating all maternal and child health functions throughout Portugal.

423. The law of 1943 laid the basis of special organization of training facilities, the provision of transport for periodic visits to outlying areas, increased attention to pre-natal and post-natal consultation, better provision for midwife and obstetric services and increased scientific investigation in the fields of maternal and child health. Two advanced training schools were inaugurated by the institute for the further training of male and female nurses. Four district dispensaries have been in operation, under this plan, since 1945; at Castelo Branco, Evora, Faro and Setubal. But the remainder of the country lacks maternal and child health services and, as a result, the child morbidity and mortality rates there have not shown the same rates of improvement. The Government plans to extend the pattern of maternal and child health services already developed as mentioned above, to all districts in Portugal.

424. The Government's plan is national in scope and will affect every province in the country. It will provide, in the next five years, 160 new centres for pre-natal and post-natal care, including midwifery service and public health education with special emphasis on improvement

of nutrition for infants and children. In the first phase of this expansion, with the UNICEF aid, the Government will establish, equip and maintain seventeen new district centres or "dispensaries", and seven rural health posts. Expansion of the network of centres will be progressive and will proceed simultaneously with an increase of training activities. The new dispensaries will provide pre-natal and post-natal care, delivery service and clinical care for mothers and infants, as well as home visiting and midwifery services. Vehicles provided by UNICEF will serve, on the one hand, to mobilize staff and enable them to make regular periodical visits and; on the other, as ambulances to transport pregnant women or sick mothers and children from rural areas back to central hospital and clinical facilities. The general outline of this project will be incorporated into a detailed plan of operations which will specify the government commitments and the equipment to be provided by UNICEF.

UNICEF commitments

425. UNICEF will provide equipment for the new dispensaries in so far as it cannot be obtained in Portugal, plus five carry-all vehicles, at an estimated value of $50,000.

WHO commitments

426. WHO has already provided a consultant for the preparation and planning of this project. A special consultant will be made available to the Government for one month during the initial period of operation of the new centres. In this connexion, the Executive Board expressed the desire that WHO advisory assistance be offered for a longer period of time.

Government commitments

427. The budget for maternal and child health programmes will be increased by the Government by a minimum of 3,700,000 escudos ($130,000) over 1951, bringing the total budget for maternal and child health services up to 19,700,000 escudos ($669,000) for 1952. The increase will be used to construct new buildings or adapt existing ones, and to provide basic equipment, staff and maintenance for the seventeen new district dispensaries and the seven new rural centres.

Target time schedule

428. New centres will be opened and staffed as soon as the equipment and vehicles arrive. A tentative beginning date of September 1952 has been proposed.

Plan of operations

429. The Executive Board requested the Executive Director to assure that attention is focused on the training of required personnel in the plan of operations, as finally approved by him, and that he report on this to the next session of the Executive Board.

YUGOSLAVIA

430. The Executive Board approved an apportionment to Yugoslavia, from the European area allocation of $260,000 for:

(i) Transport spare parts and workshop for maintenance of UNICEF vehicles, amounting to $50,000.

(ii) Milk conservation programme, amounting to $210,000 for purchase of equipment to assist in the equipping of one milk drying plant, one municipal dairy and a central milk control laboratory. This represents an extension of a milk conservation programme already in operation and to which UNICEF had already allocated $929,000.

431. The Board also authorized the Executive Director to approve a plan of operations as outlined in documents E/ICEF/R.292 (transport spares and workshop) and E/ICEF/R.330 (milk conservation).

(i) *Transport spare parts and workshop*

432. Of a total of $2,104,000 allocated by UNICEF for medical programmes (excluding BCG) to Yugoslavia during the past five years, $628,400 has been allocated by the Executive Board for 264 motor vehicles to permit the conduct of health campaigns and the spread of maternal and child health services throughout the country. These vehicles are controlled by the Federal Council for Health and have been assigned to work in nation-wide campaigns or services for malaria control, anti-mycosis campaign, anti-TB campaign, endemic syphilis campaign, and maternal and child health and welfare.

433. The supply of most of this transport was approved by the Executive Board in November 1949. The main need arose from the fact that, after the war, only half of Yugoslavia's medical personnel remained, and transport formed part of an effective plan to spread their services over rural areas. Secondly, the Fund had received contributions which it was advantageous to use for the purchase of transport. Most of the vehicles have been in use during 1950 and 1951.

434. The Government considers the provision of these vehicles to have been the most important assistance UNICEF has extended to child health programmes in Yugoslavia. In large areas of the country, public health operations could not have been undertaken without this transport, and these operations are dependent on the maintenance of vehicles in running order.

435. A theoretical two years' requirement of spare parts was originally provided for, but has proved inadequate, partly owing to the difficult terrain, and constant use of vehicles. Stocks of most spare parts are exhausted. Many of the vehicles are in need of complete reconditioning for which there are no facilities now available. Field reports indicate that more than forty vehicles are immobilized and many others are being kept on the road only by dint of temporary repairs.

436. All UNICEF vehicles for Yugoslav medical programmes are controlled by Yugosanitaria, the authority in control of the federal medical stores and warehouse in Zagreb, which functions under the authority of the Federal Council for Public Health and Social Welfare. All vehicles were originally received by Yugosanitaria, checked mechanically and then handed over to the responsible agencies in the six Republics with full instructions for their maintenance and use. Training courses were held at Yugosanitaria for the drivers who were assigned to these vehicles. All spares were carefully indexed and important replacement parts are issued only on the basis of a certified inspection report or by return of defective or broken major parts. In 1951, the Yugoslav Government spent 7 million dinars ($US 140,000) on maintenance of UNICEF vehicles, without taking into account the drivers' wages and allowances, fuel, garaging or administrative control of vehicles. Last autumn, at the Government's request, UNICEF arranged for a visit to Yugoslavia of an expert transport

consultant from England, who recommended expansion of the transport mechanics training programme, and drew up lists of requirements for the repair and maintenance of vehicles in the UNICEF-contributed fleet.

437. The Government reported its inability to import the necessary spares in 1952 because of the small margin of foreign currency provision in the public health budgets, but affirms its ability to assume full responsibility for maintenance of import requirements for these vehicles from 1953 on.

438. The Yugoslav Government will choose two transport mechanics to go to England for an eight-week training course in supervisory maintenance of transport. On their return, they will organize a training course for mechanics from the republics on the basis of recommendations made by the transport consultant who recently visited Yugoslavia.

439. The workshop will be set up at Yugosanitaria, Zagreb, for general overhaul and reconditioning of vehicles brought in from the republics for this purpose. Routine or minor repairs would continue to be made in the respective republic garages.

440. The central workshop and the Yugosanitaria warehouse will continue to control all spare parts as described above.

UNICEF commitments

441. Within the apportionment of $50,000 UNICEF will provide workshop equipment and spare parts for UNICEF vehicles, sufficient to repair immobilized vehicles and make major repairs of other vehicles. In no case will spare parts to be provided exceed estimated requirements for one year's normal replacement. The specific imported supplies to be provided will be drawn up on the basis of the recommendation of an expert transport consultant.

442. The Government will choose two qualified transport mechanics to be trained in England and will pay for their travel and allowances. These mechanics will be employed subsequently as supervisors of the Yugosanitaria transport depot and repair centre, where they will take charge of reconditioning of UNICEF transport and will conduct training courses for other transport mechanics.

443. The system of maintenance and repair of vehicles used in public health work will be strengthened by adopting standard procedures, improving decentralized repair facilities, and continuing centralized control of spare parts distribution.

444. The Government will set aside, in its public health budget for 1953, the necessary foreign currency to ensure provision of spare parts for these vehicles so that no further UNICEF assistance will be requested in this respect.

(ii) *Milk conservation programme*

445. Since the start of UNICEF assistance to Yugoslavia in 1947, nearly 70 million pounds of milk powder have been provided by UNICEF for supplementary feeding of children and mothers. This has been a most important factor in the improvement of the health and nutrition of millions of children. As many as 1,300,000 were receiving milk at one time in 1951.

446. Early in 1949 the Executive Board approved an apportionment of $250,000 to start a milk conservation programme. Later, through subsequent allocations and the transfer of unprogrammed balances, this was increased to $929,000 of UNICEF MCP aid while the Government contributed 1,053 million dinars towards the completion of the installation.

447. When the two milk drying plants and six central dairies, aided by UNICEF, are in full operation, an estimated 120,000 infants will be provided with about 35 grams per day of milk powder from the dry milk production, and 350,000 city children will receive fluid pasteurized milk. However, in the smaller cities and rural areas there are still countless numbers of children who will not receive safe milk until facilities for handling present milk production are greatly improved.

448. Child mortality rates are still high, in spite of the health measures undertaken by the Yugoslav authorities with UNICEF assistance. Concern is felt for the present inadequate nutrition of the children, especially because of the small proportion and low quality of the protein in the diet. A recent appraisal made by the Government shows that there are some 3 million children who require special attention in the field of nutrition and health, half of whom are located in the towns and in industrial centres, the remainder in milk deficient areas especially in the coastal region including south Bosnia and Herzegovina, Montenegro and parts of Macedonia.

449. This new apportionment will enable the Government to establish the following facilities:

(*a*) *Milk drying plant.* A milk drying plant in the area of Murska Sobota (north Slovenia) with a yearly output of approximately 500,000 kilos of skim milk powder. The plant would be placed in an existing butter and cheese making dairy which would require some alterations that could be carried out in a relatively short time. The Government undertakes to bear all the local costs for modernizing the plant.

(*b*) *Fluid milk facilities.* The provision of fluid milk handling facilities to the municipal dairy at Rijeka. The Government undertakes the pasteurizing and bottling of 30,000 litres of milk per day, and will prohibit the present distribution of raw milk of unsatisfactory quality.

(*c*) *Central milk quality control laboratory.* The Government will build a new central laboratory and equip it with UNICEF aid. The Government undertakes to staff it with qualified scientists who will have the responsibility of achieving and maintaining a high standard of laboratory control in the various dairies throughout the country. The laboratory will give special attention to the quality of the milk powder produced by the UNICEF-assisted plants.

Government plan and commitments

450. The Government is developing a three-year plan of milk improvement. It forsees creation beyond present UNICEF-assisted projects, of three milk drying plants, eight pasteurizing centres, and two centres for processing sheep's milk. The objective is eventually making up to half a litre of safe milk per day available to children throughout the country by strengthening the dairy industry. The Government expects to spend 1,300 million dinars ($4,333,000) on the projects during the next three years including the specific projects for which UNICEF aid is requested.

451. *Free milk distribution.* When the dry milk plant and Rijeka dairy are in operation, an estimated 80,000 school and pre-school children will receive 30 grams of skim milk powder daily, in a reliquefied form, for approximately 200 days per year at an estimated annual value of $200,000, and an estimated 10,000 children will receive one-third of a litre of safe free milk as a result of the installation at Rijeka. As soon as the plant is in full operation, local regulations will be enforced eliminating the sale of raw milk. The value of the free milk to be distributed annually is estimated at 30 million dinars ($100,000).

452. *Milk quality control.* The Government is aware of the necessity of improving the quality of the milk. In dairies in which UNICEF equipment has been installed, laboratories with equipment supplied by UNICEF are dealing with the control of the quality of the milk. In further UNICEF installations, more laboratories will be operating and steps taken to improve the basic methods of production. The central laboratory, established with UNICEF assistance, will undertake to assist all existing and future dried milk plants and pasteurizing units in the control of milk quality.

453. *Education and training.* The Government plans to encourage the development of technical skill in the field of dairy production and milk processing. The Government has already undertaken several training courses for directors of the dairies, laboratory personnel, plant operators, etc., and will continue this practice, to ensure trained staff.

Cost to the Government

454. The estimated cost to the Government of this proposal can be summarized as follows:

(*a*) Capital costs of dry milk plant, one dairy and central laboratory, 180 million dinars ($600,000);

(*b*) Annual cost of free or subsidized milk, 90 million dinars ($300,000).

UNICEF commitments

455. For the drying plant UNICEF will supply the following equipment:

Pre-heater, clarifiers, separators, spray drying plant, bolting reel, transport, and compressors for the collecting centres—at an estimated cost of $170,000;

UNICEF will supply the dairy at Rijeka with the following types of equipment: pasteurizer, bottle filling and capping machines, conveyors, storage tanks—at an estimated cost of $25,000;

UNICEF will supply the central control laboratory equipment at an estimated cost of $15,000.

UNICEF commitments would thus total $210,000.

456. FAO participated in the development of this project and has given its technical approval to this programme.

Duration of plan of operations

457. A detailed plan of operations based on the principles outlined in document E/ICEF/R.330 will be developed to remain in effect for seven years from the date of Executive Board action.

Target dates for milk conservation

458. An agreement on detailed plans of operations for the present allocation will be finalized by June 1952, and contracts placed by July 1952. It is expected that the equipment for the pasteurizing plant at Rijeka will be installed by January 1953, and that the dried milk plant will be in operation by September 1953. Equipment for the central laboratory will be installed by June 1953.

Total UNICEF assistance

459. With this action UNICEF assistance to Yugoslavia is as follows:

		Shipped	
		1948-51	*1952 and after*
		$	$
Supplementary child feeding	$885,000 in 1951.... Rest prior to 1951	10,123,600	—
Materials for shoes and clothing	Prior to 1951.....	1,271,700	—
Endemic syphilis	$40,000 in 1951..... Rest prior to 1951	335,000	39,400
Antibiotics production	May 1951	—	90,000
Maternal and child welfare	Prior to 1951.....	1,342,600	141,500
Milk conservation	$40,000 to 1951..... Rest prior to 1951	820,200	108,800
Misc. emergency supplies (soap)	Prior to 1951.....	191,200	—
Transport spares and workshop	April 1952	—	50,000
Milk conservation	April 1952	—	210,000
	TOTAL	14,084,300	639,700

Latin America

BRITISH HONDURAS

460. The Executive Board approved an apportionment to British Honduras, of $16,000 from the Latin-American area allocation, for the purchase of skim milk and whole milk to continue the feeding demonstration programme through the school year 1952-53 and authorized the Executive Director to approve a plan of operations as outlined in document E/ICEF/R.277. This assistance represents an extension of the programme already in operation for which a total apportionment of $28,000 was made by UNICEF: $12,000 in June 1950 and $16,000 in May 1951.

461. As has been pointed out in previous documents on the basis of which apportionments have been made to British Honduras for the feeding programme (E/ICEF/R.50; E/ICEF/R.144), low income groups of the population suffer from a state of chronic substandard nutrition. A beginning has been made toward establishing permanent government programmes to alleviate the need, and it is felt that a third year of UNICEF assistance will help assure the permanence of these programmes.

462. Shifting from the emergency needs which existed when this programme was initiated, the Government has increased and maintained the additional budget for supplementary foods, has provided the full-time services of a home economist to develop the feeding demonstration programme and nutrition work generally, and has coordinated the work of interested voluntary groups.

463. In order to benefit from improved local resources of foods, the Government is concentrating in the next

year or two on agricultural schemes through the Colonial Development Corporation as the basis of a long-term plan for improved nutrition.

464. It is the desire of the Government to continue the present programme for 4,000 school children and 500 infants as a demonstration programme. With the full-time assistance of the home economist it is hoped that in 1952 increased community support will be stimulated in addition to the assistance given directly by the Government.

465. While it is expected that agricultural development will be increased, it is recognized that this will take a period of time. The Government believes that much more of the necessary supply of foods can be produced locally and in doing so they will be able to maintain an improved nutritional status progress which has already been made through the co-operative UNICEF-Government efforts in the feeding demonstration programme.

UNICEF commitments

466. The apportionment of $16,000 would cover costs of providing 70,000 lbs. of skim milk and 14,000 lbs. of whole milk. These supplies would enable British Honduras to continue its present programme through the school year 1952/53.

Other international commitments

467. The home economist now in charge of the feeding demonstration programme attended a nutrition workshop in Puerto Rico on a United Nations scholarship. FAO, in connexion with the work of the Caribbean Commission, has made studies of livestock in British Honduras and it is believed that FAO technical assistance in cattle breeding and dairy practices will be a next step.

Government commitments

468. The Government has agreed to provide the following for the feeding programme 1952/53:

	$BH
Supplementary foods	10,700
Personnel	1,218
Recurrent expenses	1,870
Transportation of supplies and maintenance of transport equipment	1,500
TOTAL	15,288

469. It should be noted that a large part of the major cost of distribution of supplies is borne by the various institutions through which the feeding programme is carried on. In addition to government funds, organized private contribuitons for feeding programmes have amounted to $BH 15,967.

470. In addition to supplies and the salary of the home economist, the Government will provide all additional services connected with the programme.

Target time schedule

471. In order that the present programme continue uninterrupted, supplies will reach British Honduras immediately after approval by the Board. These supplies will last until mid-1953.

Total UNICEF assistance

472. With this action UNICEF assistance to British Honduras is as follows:

	Shipped	
	1949-51	1952 and after
	$	$
Feeding demonstration (June 1950)	11,000	
Feeding demonstration (May 1951)	11,000	6,000
Insect control (March 1950)	22,000	
Feeding demonstration (April 1952)		16,000
TOTAL	44,000	22,000

CHILE

473. The Executive Board approved an apportionment to Chile, from the Latin America area allocation of $334,000 for:

(i) Long-range child feeding assistance amounting to $49,000 for skim milk;

(ii) Expansion of anti-biotics production amounting to $285,000 for supplies and equipment.

474. The Board also authorized the Executive Director to approve the plan of operations as outlined in documents E/ICEF/R.305 (feeding) and E/ICEF/R.307 (anti-biotics production).

475. With this action UNICEF assistance to Chile is as follows:

	Shipped	
	1949-51	1952 and after
	$	$
Diphtheria/pertussis (Nov. 1949)	82,000	—
MCW (June 1950)	32,000	93,000
MCP (Nov. 1950)	2,000	133,000
Feeding (April 1952)	—	49,000
Expansion of anti-biotics production (April 1952)	—	285,000
TOTAL	116,000	560,000

(i) *Long-range child feeding*

476. The absence of high quality protein in the diet of children in low-income families is having serious effects on their health. Recognizing this need the Government of Chile is placing great emphasis in its planning on the permanent extension of supplemental feeding programmes for school and pre-school children and expectant and nursing mothers.

477. The Government is making intensified efforts to increase and improve the production of milk in Chile. It is at the present distributing some milk to mothers and children through Workers Security clinics and through schools in limited areas. However, these efforts fall far short of the recognized need.

478. As an approach to a permanent solution of the problem the Government, in 1950, requested UNICEF assistance in setting up a milk drying plant and an apportionment was made for this purpose in November 1950.

479. The plant will dry milk in an area of high production so that it can be transported and distributed in other areas where there is insufficient milk. It is expected that this plant will be in production by the beginning of 1953.

480. Under an apportionment made for maternal and child health assistance to Chile in June 1950, these services are being strengthened and expanded in the areas of Cerro Baron (Valparaiso), San Felipe, Puente Alto and Temuco. Some of the milk from the drying plant will be distributed to mothers and children in these same areas as an integral part of the MCW programme. The approved assistance makes it possible for the Govern-

ment to establish the administrative machinery for this distribution for a period of six months prior to the opening of the drying plant.

481. The Government proposes to distribute daily rations of skim milk to 14,000 expectant and nursing mothers and school children in the four areas mentioned above.

482. This milk represents an important supplement to the school feeding programme now being carried out by the Government in the areas affected. The Minister of Health states that 4 million pesos (approximately $US 40,000) has been set aside in the national budget for the free distribution of milk.

UNICEF commitments

483. UNICEF will provide approximately 265,000 pounds of dried skim milk at a cost of approximately $49,000 for this six month feeding programme.

Government commitments

484. The Government undertakes to provide all costs of internal warehousing, transportation, and distribution. At the end of six months the distribution will be continued on a permanent basis with the milk produced by the UNICEF-assisted milk drying plant.

Target time schedule

485. The milk distribution would start in June 1952.

(ii) *Expansion of anti-biotics production*

486. The diseases which can be treated effectively with penicillin, and which vitally affect children and mothers, are still high in incidence in Chile. These include respiratory diseases of the newborn, and their complications (this constitutes 30.8 per cent of infant mortality), diseases of mothers affecting natural lactation, syphilis of mothers, and acute infectious diseases of children. Chile still has a high infant mortality rate of 129 per thousand (in 1951).

487. The Government of Chile, through the Instituto Bacteriológico de Chile, which is a governmental institute, has been interested in penicillin production since 1943. A pilot production plant was developed by the Government in 1944 which produces approximately 500 mega units daily of crystalline penicillin G. This constitutes about 10 per cent of the penicillin consumed in the country at present.

488. In addition, during the year 1950 the Government imported about 1,500,000 mega units of penicillin. Through the government medical services of the Beneficencia (Department of Social Assistance), workmen's insurance, and the Director-General of Health, the Government is now distributing about half of all the penicillin available free of charge. Approximately half of this free distribution is for mothers and children.

Plan of operations

489. The approved assistance will enable the Government of Chile to establish a penicillin plant of 1,800,000 mega units annual capacity at the National Institute of Bacteriology, a subsidiary agency of the Ministry of Health.

UNICEF commitments

490. UNICEF will provide basic imported equipment for the expanded plant to the approximate value of $285,000. The detailed specifications of this equipment will be developed with the advice of WHO. (A provisional list of the major equipment required is attached as annex A of E/ICEF/R.307.)

WHO commitments

491. WHO has given technical approval to this project, and agrees, in principle, to recommend a technical assistance allocation of $50,000 for three or four fellowships for Chilean technicians, as well as the costs of several WHO technicians to act as consultants in various phases of the plant operations on the spot.

Government commitments

492. It is estimated that necessary new construction for the plant costs will amount to 6,460,000 pesos; stand-by electrical power plant (optional), 3,300,000 pesos; and working capital for the first four months, 15 million pesos (making a total of 24,760,000 pesos or $US 247,600). The Government has already transferred 10 million pesos to the accounts of the National Institute of Bacteriology and will make available the additional 14,760,000 pesos as required.

493. It is estimated that annual recurring costs of operation will come to approximately 35 million pesos (approximately $US 350,000) for the production of bulk crystalline penicillin. To this 30-40 per cent must be added for packaging. The Government will purchase penicillin from the Institute at cost for distribution through its social services. The remainder if any will be sold to the public.

494. Currently, about one-half of Chile's imported penicillin is distributed free of charge through the country's extensive social services. About 50 per cent of this free distribution is given to mothers and children through the Ministry of Health, and represents about 350,000 mega units of penicillin. The Government agrees to continue the free distribution of the quantity of penicillin to mothers and children at a level higher than this throughout Chile. The Minister of Health indicates that when the new National Health Service is established, which will represent a consolidation and reorganization of the various existing separate services, the maternal and child welfare facilities will be doubled in a relatively short time. These facilities will distribute penicillin free to mothers and children throughout the whole country. In consequence, the free distribution of penicillin for mothers and children will be substantially increased over the current figure. When this distribution is doubled, as is planned, it will represent an additional annual consumption of penicillin by mothers and children to the value of $135,000 at present US wholesale prices.

495. The services and agencies through which free penicillin is being distributed and which are to be consolidated into a National Health Service are: Department of Health; Department of Social Assistance ("Beneficencia"); Department of Protection of Childhood and Adolescence; Workers' Security Agency, responsible for wives and children of insured workers; Municipal Medical Services.

496. In addition to these agencies, the Red Cross and the National Patronage for Children ("Patronata") also distribute free penicillin, and will continue to do so. The plan of operations to be mutually agreed upon by the Government, WHO and UNICEF, will specify the distribution provisions for the free penicillin.

497. The Government agrees that the production plant receiving WHO and UNICEF international assistance will be ready to exchange knowledge and personnel with other production centres and the International Research Group being developed by WHO. Also the Government will make available its facilities, in mutual agreement with WHO, for fellowships to those who might desire them for other similar production developments.

Target time schedule

498. The target time schedule provides for contracts for construction work to be let by the Government and work begun by July 1952; construction to be completed by the Government by March 1953; UNICEF equipment to be delivered by July 1953; and the plant to be in production by January 1954.

COLOMBIA

499. The Executive Board approved an apportionment of $8,000, from the Latin America area allocation, to Colombia for transport for an insect control programme for which the Board apportioned $100,000 in November 1951 (E/ICEF/184/Rev. 1, paragraph 246).

500. The campaign is combined with eradication of the yellow fever carrier. The area covered includes the Departments of Atlántico, Bolívar and Magdalena in which there are about 290,000 dwellings and 1,600,000 people affected by malaria. UNICEF is providing DDT and transport. The original apportionment allowed $30,000 for transport and the present apportionment is for an additional $8,000, which is required so that the twelve trucks and eight jeeps needed for the campaign can be provided.

Total UNICEF assistance

501. With this action UNICEF assistance to Colombia is as follows:

	Shipped	
	1949-50	*1951 and later*
	$	$
Whooping cough/diphtheria immunization (Nov. 1949)	62,000	38,000
MCW (Nov. 1950)		70,000
Insect control (Nov. 1951)		100,000
Insect control (April 1952)		8,000
TOTAL	62,000	216,000

GRENADA

502. The Executive Board approved an apportionment to Grenada, British West Indies, of $27,000 from the Latin America area allocation, for the purchases of supplies and equipment for an insect control programme for two years and authorized the Executive Director to approve a plan of operations as outlined in document E/ICEF/R.334. This is the first UNICEF assistance to Grenada.

503. Malaria is one of the foremost public health problems in Grenada and over the past several years has been listed as the fourth major cause of death, giving precedence only to "heart disease", diarrhoea and enteritis, and tuberculosis. Malaria reaches epidemic proportions in several localities and is hyperendemic in many more. Malaria is one of the direct causes of the loss of thousands of man/days of productive labour, seriously affecting the economy of the island; it also plays a major role in the causation of the high infant mortality rate (103 per 1,000 live births). The poor health of expectant mothers in malarious areas is directly attributable to the same cause. The malaria vector, *Anopheles aquasalis*, breeds in the valleys and coastal swamps, both of which are potentially the most productive land, but are at present crippled by malaria. The Island Government has already undertaken a systematic programme of land reclamation and drainage and this programme is to be expanded during the next four years.

504. At present, malaria control is limited to DDT residual house spraying in the Soubise Valley, South Grenville, Pearls Airport and the premises within a one-mile radius of the airport. Limited drainage and irrigation works have already been carried out.

505. The approved assistance will enable the Government to expand its programme of insect control by the use of modern insecticides and land drainage and reclamation.

The objectives of the insect control project are:

(*a*) To control malaria and the yellow fever vector *Aedes aegypti* throughout the island;

(*b*) To control other diseases borne by insects which are affected by the same insecticides;

(*c*) To evaluate the results of such a programme;

(*d*) To train local professional and auxiliary personnel in the most effective methods of insect control by the application of modern insecticides.

506. Permanent land drainage and reclamation will be carried out in selected areas in order to eliminate mosquito breeding places and to create tracts of workable valuable land.

507. The programme will be carried out an an island-wide basis for a period of at least two years from the date of the commencement of operations.

508. After two years, the campaign will continue as a permanent feature of the Health Department's regular programme.

UNICEF commitments

509. UNICEF will provide DDT and vehicles to the value of $27,000.

WHO participation

510. WHO is being requested to provide $16,000 for technical personnel, fellowships and some miscellaneous supplies. The plan of operations of this programme was developed with the assistance of WHO and has its technical approval.

Government commitments

511. The Government agrees to provide the following supplies and services for a two-year period:

	$ (British West Indies)
Personnel	24,000
Buildings and premises	1,500
Supplies and equipment	13,000
Local transportation	2,500
Post and telegraph	600
Allowances for international personnel	4,000
Engineering works	77,600
Present anti-malaria measures	16,200
TOTAL	139,400
	($US 83,645)

HAITI

512. The Executive Board approved an apportionment of $260,000 from the Latin America area allocation, to purchase penicillin and other supplies for the continuation of the yaws campaign in Haiti for the period July 1952 to June 1954 and authorized the Executive Director to approve a plan of operations as outlined in document E/ICEF/R.288. This assistance represents an extension of the programme already in operation, for which an apportionment of $320,000 was made by the Executive Board in November 1949.

513. Yaws is considered a major public health problem in the Republic of Haiti and contributes strongly to the maintenance of a very low health standard as well as seriously impairing the national economy. The yaws problem is described in document E/ICEF/W.73, which was presented to the Executive Board in November 1949, and in a special report submitted to current Board session (E/ICEF/188).

514. At the time of the initial Executive Board allocation in 1949 for this programme, it was estimated by WHO that 2,100,000 c.c. of penicillin would be required to complete the mass campaign phase in a period of two years. At that time, estimates of the number of cases ranged around 500,000. Actual experience since 1949 reveals that there are considerably more cases than this initial estimate of half a million persons.

515. From the start of the campaign, on 20 July 1950, up to 20 December 1951, 708,155 persons were treated. Of these, 376,990 showed clinical manifestations of the disease. The balance were contacts or persons with a history of the disease. In that period, about 1,100,000 c.c. of penicillin were used. It is estimated that the present UNICEF stocks of penicillin in Haiti will be exhausted in June 1952 with over half the population still to be covered.

516. Field operations to date have consisted of several steps:

(*a*) Areas to be served by a single clinic are delineated, a time for the clinic set, and the population of the area notified as to the time and place of the clinic;

(*b*) Clinics are conducted by trained local inspectors supervised by general inspectors and a field medical administrative officer.

(*c*) The same area is revisited by a treatment control unit three months later.

517. In addition to the active campaign of yaws control, outlined above, there is a study unit at Bainet, the function of which is to evaluate the efficacy of the single-dose penicillin therapy and to establish the minimum effective dose.

518. A serological laboratory, which is now an integral part of the Département de la santé publique, was established in February 1951 with material supplied by UNICEF. This laboratory now performs an average of 10,000 tests per month, and five Haitian technicians, of the Département de la santé publique, are now completely trained.

519. Progress to date, although substantial, was slower than originally anticipated, because of the greater number of cases found, transport difficulties and the migratory nature of the population. However, much has been learned in this initial period, and the campaign is now on a footing which, in the opinion of the Government and WHO, gives firm promise of success. A new approach, a "house-to-house method," was tested in October 1951, and it is felt to be the most effective way of controlling the disease.

520. The programme is aimed at the reduction of the disease to a point where it will cease to be a major public health problem, and comprises three phases:

(*a*) Mass diagnosis and mass treatments; followed by

(*b*) Establishment of permanent treatment dispensaries located at strategic points; and

(*c*) A system of case-finding and on-the-spot treatment by a yaws attendant, and home visits.

The first phase, which has now been in operation since July 1950, will be completed during the next two years, with the second and third to follow.

UNICEF commitments

521. UNICEF will use $240,000 for the purchase of 1,840,000 c.c. of penicillin and $20,000 for transport and equipment for the increased number of field inspectors.

Other international commitments

522. WHO/PASB will continue to provide technical assistance and services during the continuation of the campaign. The contribution of WHO for the period July 1952-June 1953 will be $52,000 and that of PASB, $3,400. A similar amount will be provided for the second year. The programme has the technical approval of WHO.

Government commitments

523. The Haitian Government is not able to assume all of the expenses involved in achieving the goal of effective control, but commits itself to safeguard the benefits of the mass campaign in the future. The Government of Haiti will substantially increase its current contribution of $107,000 to $196,000 per year for the two-year period of this programme in order to expedite the completion of the campaign. At the end of this time, it is expected that the incidence of yaws will be reduced to a level which will permit the Government effectively to continue towards the goal of permanent control without further international assistance.

Total UNICEF assistance

524. With this action UNICEF assistance to Haiti is as follows:

Yaws eradication programme		
Shipped		
1949-50	*1951*	*1952*
$	$	$
146,000	149,000	25,000
		260,000
146,000	149,000	285,000

HONDURAS

525. The Executive Board approved an apportionment to Honduras, from Latin America area allocation, of $49,000 for:

(i) Extension of long-range child feeding programme amounting to $23,000 for milk and margarine;

(ii) Extension of insect control amounting to $26,000 for purchase of DDT and sprayers.

526. The Board also authorized the Executive Director to approve the plan of operations outlined in documents E/ICEF/R.283 (feeding) and E/ICEF/R.284 (insect control).

527. With this action, UNICEF assistance to Honduras is as follows:

	Shipped	
	1948-51	*1952 and after*
	$	$
Feeding demonstration (Nov. 1949; Nov. 1950)	42,000	
Insect control (March 1950; Nov. 1951, deficit)	88,000	3,000
Health education (Nov. 1951)	—	10,000
Feeding (April 1952)	—	23,000
Insect control (April 1952)	—	26,000
TOTAL	130,000	62,000

(i) *Long-range child feeding*

528. It has been estimated by the Government that over 60 per cent of all school children in Honduras are undernourished. In view of such a situation, the Government has been devoting substantial local resources to the implementation of the UNICEF-assisted feeding programme. In the 1951-52 school year, approximately 50,000 children were receiving milk through over 700 schools and a small number of clinics throughout the country. An effort has been made to give as many children as possible health examinations and to follow their development. The INCAP team in Honduras is working on this phase of the programme.

529. The Government intends to continue the benefits being achieved by the programme and as one important step in this direction is now studying the possibilities of developing a milk conservation programme with UNICEF assistance. It is planned to establish a co-ordinating council to guide the development of programmes to improve nutrition standards.

530. The immediate objectives of the programme are to continue it at a reduced level, to establish a more effective and permanent organization structure for the school feeding programme, to appoint and train a specialized staff, to co-ordinate closely the work of the INCAP-trained Nutrition Department with that of the feeding programme and to extend the use of selected local foods to improve the quality of nutrition.

531. The Government is undertaking the immediate creation of a special section with full-time staff in the Primary Education Department, to administer the feeding programme. This staff will include a chief who is now being trained at the FAO/INCAP nutrition course in Guatemala City (February-May 1952); two field supervisors, one senior accountant, two warehouse-keepers and office staff.

532. The Government is also reducing the number of beneficiary schools and children from the current number of 50,000 in 1,000 schools widely dispersed in the national territory to 25,000 children in 300 to 400 schools, of which 70 per cent will be rural.

UNICEF commitments

533. UNICEF will provide the following:

	$ US
Margarine fortified with Vitamin A, 30,000 lbs.	5,500
Skim milk powder, 100,000 pounds	17,500
TOTAL	23,000

In connexion with the use of margarine, the Government will provide matching supplies such as bread, tortillas, etc. It is planned to replace imported margarine with a suitable local spread in due course.

Other international participation

534. FAO is providing a three months' fellowship in School Lunch Programme and Nutrition Education at the Institute for Nutrition for Central America and Panama in Guatemala.

535. INCAP will continue its research work in local foods, the nutritional status of children, and goiter studies. It will hold nutrition conferences and provide a two months' WHO fellowship in nutrition for one doctor. Under INCAP guidance, a good vegetable protein is being substituted for milk one day a week in the schools of the capital.

536. WHO and the Institute of Inter-American Affairs will participate jointly, in 1952, in the UNICEF-assisted health and nutrition education programme. IIAA, through the co-operative health and agricultural services, will intensify the educational, social and agricultural aspects of the programme and through the co-operative health service (SCISP) will continue to make available administrative assistance for the programme.

Government commitments

537. The Government agrees to make the following contributions to the programme in 1952/53:

	$ US per annum
Primary Education Department (feeding programme)[a]	
Personnel	10,000
Purchase local foods	15,000
Travel allowances	2,500
Transport of food	7,500
Maintenance of vehicles	750
Other	1,750
TOTAL	37,500
Public Health Department (Nutrition Division)	
Quota to INCAP	12,500
Work in Honduras	7,410
TOTAL	19,910
Municipalities (estimate)	5,000
GRAND TOTAL	62,410

[a] The budget of the Primary Education Department shows an increase of $12,500 over that for the present fiscal year.

Target time schedule

538. The programme began in June 1950. This apportionment will assist the Government in continuing the programme until mid-1953.

(ii) *Insect control*

539. Malaria has long been one of Honduras' foremost health problems. The spraying campaign to date has reached the greater part of the endemic areas, which cover about three-quarters of the republic. The Government now considers it essential to extend the proved

benefits of the campaign to the entire endemic zone. It will also give close attention to the control of the yellow fever vector.

540. The approved assistance will enable the Government to continue to carry out the campaign to protect the entire endemic area, and the Government has increased its budget to accomplish this aim.

541. The Government will continue, for the third year, the coverage of the sections already sprayed and will carry out larvicide work against the yellow fever vector. In 1950/51, 300,000 people were protected in 278 communities by the first spraying. Of these, 107 communities have now received a second cycle of spraying. In 1952, a third cycle is being begun, after which all new areas will receive their first treatment.

UNICEF commitments

542. UNICEF will provide $26,000 for DDT and sprayers.

Other international participation

543. The Inter-American Co-operative Service for Public Health (SCISP:IIAA and the Government of Honduras) will continue to execute the campaign. The Public Health Department of the Government transfers its insect control funds to SCISP for the prosecution of this campaign. WHO technical advice will be provided under the usual arrangements. The programme has the technical approval of WHO.

Government commitments

544. The Government agrees to:

(i) Buy 50,000 lbs. of 75 per cent DDT. This has already been done through WHO/PASB at a cost of $US 27,000. This is the first amount of DDT purchased by the Government for integration with UNICEF aid.

(ii) Pay local costs from its increased budget as shown below (in US dollar equivalents):

	1949-50	*1950-51*	*1951-52*
SCISP	21,500	43,300	48,500
Public Health Department	4,375	4,700	47,000
Municipalities	—	12,000	15,000
TOTAL	25,875	60,000	110,000

or an increase in 1951-52 of $50,000 over the previous year.

Notes: (*a*) Of the SCISP budget, 83 per cent is paid by Honduras and 17 per cent by the US Government. Thus the real total disbursement by Honduras will be $US 102,400 for the 1951-52 fiscal year ending 30 June 1952.

(*b*) Further budgetary increases are being requested from the Congress of Honduras for the 1952-53 fiscal year.

The Government has undertaken to continue the programme with equal or increased contributions after UNICEF aid ceases, that is, after the supplies are exhausted in 1953.

Target time schedule

545. The WHO/UNICEF-assisted programme began in May 1950, and supplies provided by UNICEF will have lasted from then until the middle of 1952. The DDT bought by the Government now, plus that requested of UNICEF, will meet the requirements until the middle of 1953.

JAMAICA

546. The Executive Board approved an apportionment to Jamaica, of $46,000 from the Latin America area allocation, for the purchase of vehicles, DDT and sprayers for an insect control project for two years, 1 July 1952-30 June 1954, and authorized the Executive Director to approve a plan of operations as outlined in document E/ICEF/R.333. This constitutes the first UNICEF assistance of this type to Jamaica.

547. Jamaica's main problems of child health are respiratory diseases, gastro-enteritis, malaria, and debility. Malaria plays a very important role in prematurity, death during the first year of life, and maternal mortality and morbidity. In 1947, malaria was reported as ranking fourth in causes of death among children under five years after pneumonia, diarrhoea and enteritis and congenital debility.

548. The child population of Jamaica is 508,000. In 1948, the infant mortality rate was 86.5 per 1,000 live births. The life expectancy is 35.8 years. There is one doctor per 5,000 inhabitants, one nurse per 2,000, and one trained midwife per 1,000 inhabitants.

549. At present the Government is spending annually approximately £44,000 ($US 123,000) for malaria control works and approximately £2,150 ($US 6,000) for yellow fever control. This programme, as approved by the Board, calls for an expenditure by the Government of approximately £55,000 per annum ($US 154,000) for two years and a maintenance programme thereafter.

550. The programme envisages that every house in the island, except the townships of metropolitan Kingston and Montego Bay, will be residually sprayed once; in addition, houses in malarious areas will have repeat sprayings at intervals to be decided on as experience of need indicates. The spraying will be carried out systematically covering the whole island, estimated to protect 1,500,000 inhabitants of which 326,800 are women between the ages of 15 and 44 and 508,400 are children up to the age of 15 years.

UNICEF commitments

551. UNICEF will provide DDT and transport to the value of $46,000.

WHO participation

552. WHO is begin requested to provide $90,000 for technical personnel, fellowships and some miscellaneous supplies. The plan of operations of the programme was developed with the technical advice of WHO and has its technical approval.

Government commitments

553. The Government agrees to make the following contributions to the programme during the two year period:

	£
Personnel	61,982
Travel and subsistence	16,200
Supplies and equipment (including DDT, solvents, uniforms, etc.)	31,470
TOTAL	109,652
	($US 307,025)

The Government further agrees to maintain the enlarged programme of residual spraying after the completion of this two-year period.

Target time schedule

554. It is planned to commence operations on 1 July 1952. The DDT and solvents and transport supplied by UNICEF will be used during the two-year period of the project.

Total UNICEF assistance

555. With this action, UNICEF assistance to Jamaica is as follows:

	Shipped	
	1949-51	1952 and after
	$	$
BCG observers	3,000	—
BCG/TB (February 1951	68,000	42,000
Insect control (April 1952)	—	46,000
TOTAL	71,000	88,000

NICARAGUA

556. The Executive Board approved an apportionment to Nicaragua of $30,000 from the Latin America area allocation for the purchase of milk to assist the Government in continuing the feeding programme through the next school year, 1952-53, and authorized the Executive Director to approve a plan of operations as outlined in document E/ICEF/R.285.

557. This assistance represents an extension of a programme already in operation for which apportionments of $30,000 and $15,000 were made by the Executive Board in November of 1949 and 1950. An apportionment of $115,000 was made for milk conservation in November 1951.

558. Nicaragua has always classified child malnutrition as one of its major health problems. Although the Republic has a great agricultural potential, large numbers of its children do not get enough of the proper foods for healthy growth. Details have been given in previous plans of operations (E/ICEF/W.73/Add.1 and E/ICEF/R.86), as well as in "UNICEF Assistance for Long Range Child Feeding Programmes in Central America" (E/ICEF/186).

559. With UNICEF assistance since mid-1950, the Government has been making an effective effort to meet the problem through the distribution of nutritious foods, primarily milk, to children through schools and health centres now reaching 40,000. To enable the permanent continuation of the programme, the Government requested, and has received, UNICEF assistance in the establishment of a milk drying plant (E/ICEF/R.210) which is scheduled to come into operation in mid-1953. With the dried milk produced by this plant, the child feeding programme will be continued at its present level, and higher if possible, on a permanent basis.

UNICEF commitments

560. UNICEF commitments would be as follows:

	$
Dried skim milk, 150,000 lbs.	26,000
Dried whole milk, 11,000 lbs.	4,000
TOTAL	30,000

Other international participation

561. The Government has requested FAO to provide technical assistance in the form of a specialist in nutrition education. This person, requested for April 1952, for at least one year, will advise the Government in the choice of foods other than milk for the feeding programme, and will carry out nutrition education and courses in dietetics.

562. WHO has now, in Nicaragua, a health education consultant for the health education programme, being aided by UNICEF and WHO, which includes a considerable amount of work in nutrition education.

563. Through the Organization of American States Technical Co-operation Programme, one senior Nicaraguan health educator is being trained in school lunch programmes in Puerto Rico.

Government commitments

564. An estimate of the probable 1952-53 government budget for this purpose follows:

	U.S. $ equivalents
Purchase of foods	50,000
Personnel (salaries specifically budgeted for the feeding programme) more than	40,500
Administrative expenses, more than	6,500
Rail transport and wharfage	3,000
TOTAL	100,000

565. The Government also intends to incorporate in its permanent budget for Public Health personnel all the staff of the feeding programme, rather than maintaining it as now under a special chapter, in order to assure its permanency.

566. With its $50,000 budgetary provision, the Government envisages the purchase locally of pasteurized liquid whole milk (for the Capital) and of butter, both from the plant to which the UNICEF dryer will be attached. From foreign sources, it is planning to buy fish oil capsules and whole milk powder (for the provinces). It is expected that, with the aid of the FAO nutritionist, effective use of the money will be planned to meet local nutritional requirements with mainly indigenous products.

567. Government commitments for 1953 on consist of maintaining, with government resources, the entire programme of milk and other foods for at least 40,000 beneficiaries on a permanent basis. The skim milk powder will be obtained from the UNICEF-assisted milk drying plant.

Target time schedule

568. The supplies to be supplied by UNICEF should arrive in Nicaragua in the middle of 1952.

Total UNICEF assistance

569. With this action UNICEF assistance to Nicaragua is as follows:

	Shipped	
	1948-51	1952 and after
	$	$
Feeding demonstration (Nov. 1949, Nov. 1950)	43,000	—
Control of insect-borne diseases (March 1950, May 1951)	215,000	21,000
Health education (November 1951)	—	10,000
Milk conservation (Nov. 1951)	—	115,000
Feeding programme (April 1952)	—	30,000
TOTAL	258,000	176,000

PERU

570. The Executive Board approved an apportionment to Peru from the Latin America Area Allocation of $168,000 for:

(i) Long-range child feeding programme amounting to $68,000 for skim milk;

(ii) Insect control amounting to $100,000 for the purchase of DDT.

571. The Board also authorized the Executive Director to approve plans of operations as outlined in documents E/ICEF/R.281 (Feeding) and E/ICEF/R.282 (Insect Control).

572. With this action UNICEF assistance to Peru is as follows:

	Shipped	
	1948-51 $	1952 and after $
Anti-typhus (Oct. 1949)	76,000	19,000
MCH (Lima-Pativilca) (June 1950) (Feb. 1951)	126,000	82,000
MCH (Ica-Callao) (Feb. 1951)	16,000	76,000
BCG observers (May 1951)	—	3,000
Feeding Programme (April, 1952)	—	68,000
Insect Control (April 1952)	—	100,000
TOTAL	218,000	348,000

(i) *Long-range child feeding*

573. As part of its general policy of developing its school system and school health programmes, the Peruvian Government is setting up school feeding. This programme is designed to give a mid-day meal to children selected on the basis of need by the teachers. The programme has been organized on a limited basis, for about 30,000 children in all the Departments of the country. In addition to the general school feeding programme, there is a special feeding programme for a small number of children in Lima, whose health condition requires special attention.

574. There is also milk distribution in the MCW demonstration area of Lima-Pativilca (E/ICEF/R.53). In this distribution a daily ration of milk is given to some 7,000 mothers and children through the health centres. The approved assistance will enable the Government to continue with these projects.

575. Funds for local expenses of the school feeding programme are at present provided by several special laws which are now in effect. It is anticipated that further sums will be made available from the National Fund for Public Health and Social Welfare, which has recently been created by Congress. This National Fund will be built up over the next year, and will enable Peru to take over the provision of milk in April 1953.

576. The general object of the programme is to place the school feeding programme and the milk distribution programme on a firm basis. During the year April 1952-April 1953 the Government intends to organize these two programmes on the following basis:

(i) MCW demonstration area: mothers and children, 7,000 beneficiaries daily, each to receive 30 grms. of dried skim milk per day for a period of 312 days.

(ii) School feeding programme: school children, 32,000 beneficiaries, each to receive 30 grms. of dried skim milk per day for a period of 192 days.

UNICEF commitments

577. UNICEF will supply 560,000 lbs. of dried skim milk, which will cost approximately $98,000. It is planned to use the $30,000 now budgeted for feeding, but as yet unexpended, for the programme.

Other international participation

578. FAO has co-operated in the study of the general problem of nutrition in Peru by making available a nutritionist for the preparation of studies on certain foods and food habits in selected areas. The findings of this survey are intended to aid in the development of the Government's child feeding programme.

Government commitments

579. The matching foods provided by the Government consist of the following:

(i) Normal school programme: cocoa, sugar, bread and vegetable;

(ii) Special restricted school programme: cocoa, sugar, bread, eggs, meat or fish, vegetables and fruit.

580. The Government has budgeted the following funds for the feeding programme for the year 1952:

	Peruvian soles	$ U.S.
Budget allocations for Department of School Feeding for maintenance of school lunch programme		
Allocation from General Budget of the Republic, 1952	1,677,416	111,828
Allocation from General Budget of the Republic for school lunches in Callao	340,000	22,667
	2,017,416	134,495
Allocation from Special Account		
Allocation from Law No. 9001	1,200,000	80,000
Allocation from Law No. 11605	85,000	5,666
TOTAL	3,302,416	220,161

All expenses for administration, transport and general expenses are also being provided. It is the intention of the Peruvian Government to continue the programme with its own funds starting in the fourth month of 1953.

Target time schedule

581. The milk will be delivered to enable its use in the 1952 school year.

(ii) *Insect control*

582. The coastal zone of Peru is a strip of land some 2,000 kms. long with an average width of 60 kms. In this area live approximately 2 million people, of whom 42 per cent are children up to 14 years of age. About 60 per cent of the population of the coast live in rural areas, where malaria exists.

583. This area, through the high humidity and the presence of water, is a source of disease-carrying vectors, which the Government has been attempting to control for the past six years. The most important of the diseases transmitted by these vectors is malaria, which, during the years 1947-50, accounted on an average for over 30 per cent of all reported illness and is endemic throughout the coastal region. In 1950 it was found that 20 per cent of all declared cases of malaria were children under fifteen.

584. In 1946, the Government started a limited campaign of spraying, using DDT in order to gain experience in eight populous centres on the coast. The results were extremely satisfactory, and by 1951 approximately 500,000 people were being protected. In addition to the problem of malaria, the Government is disturbed by the threat of chagas disease, and will provide supplies for this part of the programme. There is also a malaria problem in other zones of the country, particularly in the jungle, and the Government is planning to tackle them later on.

585. The objective of the campaign is to control the transmission of malaria, chagas disease and yellow fever by insect vectors.

586. It is estimated that out of the 2 million inhabitants of the coastal areas, 60 per cent, or 1,200,000, live in 240,000 houses in rural areas. All of these would be protected under this campaign. The UNICEF-supplied DDT is enough to protect about 640,000 people.

UNICEF commitments

587. UNICEF will provide 206,000 lbs. of 75 per cent wettable DDT at an approximate cost of $100,000.

WHO commitments

588. WHO is being asked to provide two technical experts in the eradication of Aedes Aegypti, and one for control of other insect vectors, as well as some supplies and equipment at an approximate cost of $45,000. The project has the technical approval of WHO.

Government commitments

589. The proposed government budget for this programme in 1953 is as follows:

	Peruvian soles
Salaries, wages, staff allowances	1,800,000
Social security	88,000
Travel	278,000
Office and incidental	234,000
Insecticides, solvents, emulsions	1,810,000
Transport (incl. maintenance)	1,675,000
Other	507,000
TOTAL	6,392,000
($ U.S. $426,000)	

590. The imported insecticides included in the above budget which the Government will be purchasing from its own resources will cost approximately $US 117,000.

591. The Government has agreed to put the necessary dollar exchange at the disposal of the campaign immediately in order to insure the delivery of its own supplies at the same time UNICEF supplies arrive in Peru. Likewise, the funds for purchase of local supplies will be given to the campaign administration in one lump sum. The balance of the budget will be advanced monthly.

592. The Government has also agreed to continue the programme when UNICEF aid has ended. Thirty-three per cent of the cost in future years will be borne by agriculturalists in the area under an existing government decree. The Workers National Insurance Fund will also contribute, and the Ministry of Health and Social Assistance will make up the balance.

Target time schedule

593. It is planned to start the actual campaign in November 1952. Supplies should be in position in the country by September.

Emergency situations

BRAZIL

594. The Executive Board approved an apportionment of $550,000 from the "Emergency Situations" allocation for the purchase of dry skim milk and some fish liver oil capsules for child feeding in the drought-stricken areas of north-eastern Brazil and authorized the Executive Director to approve a plan of operations as outlined in document E/ICEF/R.320.

595. The interior (the Sertao) of the north-eastern states of Brazil is subject to periodic droughts which, from time to time, are unusually severe. In some cases these droughts have extended over two to three years. The present drought began in 1950 and was recognized to be a severe drought during 1951. The second year of drought, when people have exhausted their resources, is always the more severe in its effects.

596. The Government policy towards the people in the drought area is to keep them in the interior. There is a special Department of Anti-Drought Works which organizes work relief projects such as irrigation with federal finance. Despite the works, many people have moved to the coastal cities where they need special care, and migration out of the region into the more fortunate southern districts of Brazil amounted to twice the normal flow in 1951 and is still increasing.

597. The following are among the more important government relief measures. In addition to the public works already referred to, food relief has to be given both in the interior and in the coastal cities to which some of the inhabitants have retreated. In November 1951 the President of Brazil created a Commission for the Provisioning of the North-east. It has so far received a budget of 50 million cruzeiros ($US 2,500,000) and a further 50 million is under discussion. Millet, rice, beans and milk have been shipped to the North, some supplies going by plane. A special grant of 30 million cruzeiros ($US 1,500,000) has been made to the state of Bahia. In March 1952, the Federal Minister of Agriculture called a meeting of state Governors in the north-east to discuss both the emergency and the longer-term impovement of agriculture in the region for drought assistance.

598. In March 1950, $229,000 was allocated by UNICEF for milk to be distributed through MCW centres in the four states of Piaui, Ceara, Rio Grande do Norte and Paraiba. The objectives were long range but as the drought increased in severity in 1951, the relief aspect of the distribution became inevitably more important. The local authorities regarded the fact that the milk demonstration came at the time of the drought as providential. More than 150,000 children were reached at the peak of the distribution and, in some cases, rations were expanded up to double the normal UNICEF supplement of 40 grammes per day because for the youngest children there was an acute scarcity of other food.

599. With the approval of this assistance, dry skim milk will be distributed in the drought stricken states of north-east Brazil to children and expectant and nursing mothers. The distribution will be carried out through existing centres and feeding stations as well as a small number of additional ones being set up specifically for emergency relief operations in Bahia. The supplies will provide, as an average, for 100,000 beneficiaries, for a 12-month period in the north-eastern states and for a smaller number in Bahia for a shorter period.

UNICEF commitments

600. UNICEF will supply 2,860,000 lbs of dried skim milk, amounting to $520,000, and fish liver oil capsules amounting to $30,000.

Total UNICEF assistance

601. With this action, UNICEF assistance to Brazil is as follows:

	Shipments	
	1949-51	*1952 and after*
	$	$
MCW (March 1950)	443,000	56,000
MCW (Nov. 1951)	12,000	208,000
MCW (Nov. 1951) including feeding	—	331,000
Emergency feeding (April 1952)....	—	550,000
TOTAL	455,000	1,145,000

INDIA[8]

602. The Executive Board approved an apportionment to India, from the "Emergency Situations" allocation, of $185,000 for the provision of skim milk for emergency relief to Madras and other food-shortage areas of India in the remainder of 1952 and authorized the Executive Director to approve a plan of operations as outlined in document E/ICEF/R.335. The Board also authorized the Executive Director to divert to Madras about 300 tons of rice valued at approximately $39,000 originally intended for relief in the Province of Bihar, India. This assistance would represent an extension of supplementary feeding to the value of $452,000 provided to India during 1949-51, of which about one-half was for emergency relief.

603. The Province of Madras has, for the fifth successive year, been afflicted by drought, which has now created conditions approaching actual famine. At the end of 1951, approximately 75,000 children in Madras were receiving UNICEF assistance in the form of dry skim milk. The approved assistance would provide skim milk (500 tons) to the same number of children with a daily ration of 50 grammes for a further six months. In addition the 300 tons of rice would provide a supplementary daily ration for the most needy of these children.

604. The food will be distributed through channels already proved effective. There is a relief food distribution in operation in Madras, which will be used also to handle UNICEF milk.

605. The Government has already adopted relief measures for the afflicted area. In connexion with the UNICEF assistance, the Government will provide all local funds for transportation, storage and distribution.

JORDAN

606. The Executive Board approved an apportionment, to Jordan, of $110,000 from the "Emergency Situations" allocation for the provision of skim milk for assistance to about 35,000 children and mothers in the frontier villages of Jordan, and authorized the Executive Director to approve a plan of operations as outlined in document E/ICEF/R.301.

607. This represents the extension of a programme already in operation for which an apportionment of $60,000 was made by the UNICEF Board by mail poll ballot in February 1952.

608. The situation described in the Executive Director's recommendation for the emergency allocation of $60,000 (E/ICEF/R.270) in February is substantially unchanged. A recent field survey made by one of the international staff members of the UNICEF Eastern Mediterranean Area Office further confirmed the tragic conditions in which many of these border villagers are found.

609. Co-ordination of the services of voluntary societies in the area is being organized and several new mixing centres are being opened by these agencies for the distribution of the UNICEF milk, thus relieving UNRWA of part of the burden of distribution. Transportation to all centres continues to be undertaken by UNRWA.

610. The Government has been unable, to date, to provide assistance beyond the issue of a small quantity of flour at reduced prices and the loan of buildings as distribution centres. Help in the provision of local personnel has been promised.

611. The supplies so far allocated by UNICEF will serve to provide the equivalent of a cup of milk per day to about 35,000 children and mothers through the next four months. The Government is organizing a distribution of twelve kilos, per head, of wheat to be supplied out of foreign loan aid but prospects of other relief for the entire group are small, although the Government is hopeful that there may be some betterment in the situation by the end of the year.

UNICEF commitments

612. Stocks under the present allocation should be sufficient to last through 30 June 1952. For the six-month period 1 July–31 December, 1952, further deliveries of skim milk totalling 200 tons, costing about $80,000, will be provided by UNICEF. In addition $30,000 for other food supplies which are expected to be received as contributions in kind, possibly fats, grains or sugar, will be provided.

Government commitments

613. The Government is unable, for reasons of financial stringency, to make any firm commitments for food assistance beyond the distribution of twelve kilos per head, of imported wheat now being arranged. If harvests are good some indigenous food supplies may become available.

614. The acute need of this group of Jordan children and mothers persists and there is little prospect of any material change within the next half year. The extent of relief forseeable from sources other than the present UNICEF distribution is almost negligible, unless an appreciable improvement in the general economy of the country takes place.

Total UNICEF assistance

615. With this action of the Board, the amount of UNICEF assistance to Jordan totals $170,000.

PHILIPPINES[9]

616. The Executive Board approved the Administration's action reported on 21 December 1951 in "Information Note from the Executive Director to Members of the Executive Board Regarding Emergency Assistance to the Philippines" (E/ICEF/R.269) whereby

[8] For other UNICEF assistance to India approved at this session, see paras. 204-228.

[9] For other UNICEF assistance to the Philippines, approved at this session, see paras. 275-304.

UNICEF provided $29,000 worth of rice for emergency aid to the Philippines. Funds for this rice had been temporarily diverted from the apportionment for yaws control in the Philippines.

617. A volcanic eruption and two unusually severe typhoons occurred in the Philippines in November and December 1951. As a result of these disasters, over 1,300 persons were killed or missing and 1,029,000 persons were homeless and in need of relief. A majority of these were children and mothers. Arrangements were made to release immediately, to UNICEF, 200 tons of Siamese rice already in the Philippines on the condition that UNICEF would replace this amount within 30 days. The Philippine National Red Cross shipped the entire amount to Relief Headquarters at Binoni near Hibok-hibok on 29 December. The replacement rice from Bangkok arrived in Manila on 30 January.

618. The UNICEF rice supported children and mothers in the refugee reception camps for 25 days, as follows:

Number of children 10 years and over, and mothers fed daily, 15,900; number of children under 10 years fed daily, 7,400.

619. In addition to UNICEF's food assistance, the Social Welfare Administration provided relief with clothing and blankets, and national voluntary agencies also contributed medicines, clothing, dried fish, canned foods and other aids. Field observation reports show that these activities resulted in adequate food and shelter being provided, and proper sanitary measures taken prevented any serious epidemic from occurring in any of the reception centres. The difficult task of resettlement of these refugees is now being worked out by the Government.

PALESTINE REFUGEES[10]

Emergency feeding

620. The Executive Board approved an apportionment of $1,560,000, from the "Emergency Situations" allocation for continued feeding assistance to Palestine refugee mothers and children up to 30 November 1952, and authorized the Executive Director to approve a plan of operations as outlined in document E/ICEF/R.318.

621. UNRWA's budget for 1 July 1952 to 30 June 1953 is $118 million, which includes $18 million for relief and $100 million for reintegration purposes. Because of continued general relief requirements, it is not possible for UNRWA, within its $18 million relief budget, to assume the cost of continued milk supplies for the mothers and children, although the needs of these vulnerable groups for protein foods still continue.

622. The UNICEF apportionment is made with the understanding that the Director of UNRWAPRNE would recommend, to the next regular session of the General Assembly, the assumption by UNRWAPRNE of the total feeding budget beginning 1 December 1952. Although UNICEF might wish to approve the use of certain contributions in kind or in restricted currencies for Palestine refugee mothers and children for the period subsequent to 30 November 1952, the Board considers that no commitments for further UNICEF assistance are implied.

[10] See paragraphs 632, and 669-670.

623. The approved assistance will provide dry skim milk for some 382,000 mothers and children and whole milk for some 28,000 infants through 30 November 1952. Previous apportionments had provided for UNICEF aid through 30 June 1952.

Prefabricated houses

624. The Executive Board approved an apportionment of $765,000, from the "Emergency Situations" allocation to the Palestine refugee programme, for the provision of prefabricated buildings and some construction materials and authorized the Executive Director to conclude an agreement with UNRWA as outlined in document E/ICEF/R.326.

625. This assistance of prefabricated buildings and additional construction materials does not in any way constitute a precedent for departure from the general UNICEF policy of not providing buildings.

UNICEF commitments

626. UNICEF commitments would be as follows:

(*a*) UNICEF would provide forty-two prefabricated buildings in four types as already agreed upon with UNRWA. The estimated cost is $715,000;

(*b*) UNICEF would provide certain imported construction materials not available in the Palestine refugee area or which UNRWA is unable to provide up to a maximum value of $50,000.

(*c*) UNICEF will finance at the request of UNRWA the cost of construction supervisors, possibly one or two, to be sent to the Palestine refugees to assist in the erection of the buildings, if this should prove necessary.

Commitments of UNRWA

627. UNRWA will be responsible for the erection of the buildings including:

(i) Necessary arrangements with governments regarding erection sites;

(ii) The provision of construction materials that are locally available, such as sand and gravel, etc;

(iii) The cost of local labour.

628. UNRWA will ensure that the buildings are used for purposes generally connected with the objectives of UNICEF's assistance to mothers and children.

Total UNICEF assistance

629. With the above action, UNICEF assistance to Palestine refugees since 1948 is as follows:

	Shipped	
	1948-51	1952 and after
	$	$
Feeding	10,138,000	444,000
Blankets, textiles, garments and shoes	661,000	—
Emergency medical supplies and services	564,000	21,000
Feeding (April 1952)	—	1,560,000
Prefabricated houses	—	765,000
TOTAL	11,537,000	2,790,000

Apportionments to cover under-estimation in cost of supplies

630. The Executive Board approved an apportionment of $17,000 to Czechoslovakia, and $12,000 to Korea, as a result of final accounting for the cost of supplies sent to these countries under previously approved plans of operation. In the case of Czechoslovakia, the underestimation has been for food and for Korea, cod liver oil. Further information on this underpricing is contained in document E/ICEF/R.308, paragraphs 17-20.

Apportionments for anti-trachoma work

631. The Executive Board noted the great interest, in a number of countries, for international aid against trachoma, a disease which is most acute among children. The Board's recommendations for apportionments for anti-trachoma work in Morocco (E/ICEF/R.313), Tunisia (E/ICEF/R.312), and China, Taiwan (E/ICEF/R.329) are made in the light of the conclusions of the Joint UNICEF/WHO Committee on Health Policy on this subject which (*a*) points out that only temporary results on the alleviation of suffering can be expected unless very long-term work is undertaken, covering both the education of the public and the improvement of environmental conditions, and (*b*) advises in favour of action against trachoma and secondary associated eye conditions, provided this is undertaken in selected and limited areas, and regarded as pilot projects which are to be closely watched and evaluated, the results being brought back to the UNICEF/WHO Joint Committee on Health Policy for guidance in developing further policies (E/ICEF/192, paragraphs 30-35).

Continued assistance for Palestine refugees

632. The Board recalled the discussion, at its last session, on the policy considerations involved in continuing UNICEF assistance to Palestine refugee mothers and children, and the reservations in principle expressed by a number of representatives regarding continued assistance by UNICEF for situations which other United Nations agencies had been created to meet (E/ICEF/184/Rev.1, paragraphs 283-286). Its decision to continue to provide skim milk for mothers and children, for the period 1 July to 30 November 1952, is based upon the understanding that the Director of UNRWAPRNE will recommend, to the next regular session of the General Assembly, the assumption, by UNRWAPRNE, of the total feeding budget beginning 1 December 1952. The target programme and budget for 1952-53 adopted by the Board at this session has been predicated upon the termination of UNICEF assistance to Palestine refugee mothers and children after 30 November 1952.

Financing of international field personnel in BCG campaigns

633. The Executive Board at its present session approved apportionments to six countries or territories for BCG campaigns in which UNICEF was financing international field personnel for the campaigns as well as equipment and supplies.

634. The Board noted the comment of the UNICEF/WHO Joint Committee on Health Policy on this matter as follows:

> "The Committee noted with satisfaction the fact that WHO had taken over the financial responsibility for all technical personnel dealing with BCG at its Headquarters and Regional Offices. The Committee, however, noted that the international field personnel in BCG campaigns still remained the financial responsibility of UNICEF; it suggested that consideration be given to the possibility of WHO taking over this responsibility." (E/ICEF/192, paragraph 11)

635. The Board believes that there is no important difference in principle between financing for international field personnel in BCG, including field statisticians, and the financing of international field personnel for other types of health programmes assisted by UNICEF, which WHO has assumed out of expanded technical assistance funds. The Board, therefore, requested the Executive Director to discuss with the Director-General of WHO the assumption by WHO of these costs, and to report back on these discussions to its next session.

Apportionments for anti-yaws campaigns

636. The Board approved apportionments at its present session for anti-yaws campaigns in three countries (Haiti, Philippines and Thailand). In this connexion, the Board discussed a report by the Executive Director on "Experience with UNICEF-Assisted Anti-Yaws Campaigns" (E/ICEF/188). The report draws attention to certain technical questions bearing on the cost and duration of the mass survey phase of yaws campaigns. The Board expressed the hope that WHO would be able to establish a definite dosage of penicillin for the treatment of yaws. The report also stressed that the mass survey phase of yaws campaigns is only the first step toward the control of yaws. The Board noted that it was equally important that steps be taken to follow-up and treat cases of yaws remaining in the community, and to establish the necessary rural health services to consolidate the gains made.

Assistance to countries in Europe not heretofore receiving UNICEF aid

637. The Board approved, for the first time, an apportionment to Portugal, which will be used for strengthening its maternal and child welfare services. The Board was informed of an inquiry from Spain about the possibility of assistance from the Fund. The Board expressed the opinion, for the guidance of the Executive Director, that, in considering requests from countries not heretofore in receipt of UNICEF aid, care should be taken to consider only projects which will have a significant impact on the needs of children, and to which the Governments would attach real importance.

Necessity for country visits

638. Where a project for aid is submitted for a country which had heretofore not received UNICEF assistance, the Board believes that it should be preceded by a visit of a senior member of the UNICEF staff to the country whenever possible.

Certain trends

639. The Board had before it an "Information Note on Trends with Regard to Future Requests for Vermifuges, Milk and Soap; and Environmental Sanitation" (E/ICEF/R.339). This note pointed out that certain requests might be submitted at the next Programme

Committee and Board sessions for the use of expendable items such as vermifuges, soap and milk through maternal and child health centres, which would be expected to effect a permanent increase in attendance, in addition to the direct benefits. Soap might also be used in mass health campaigns, such as anti-yaws and BCG vaccination campaigns, to encourage people to return for treatment.

640. The note also pointed to the interest of several countries in UNICEF aid in certain aspects of environmental sanitation in relation to maternal and child welfare programmes. The Board noted that while this had been discussed in the UNICEF/WHO Joint Committee on Health Policy, no recommendation had come forward for UNICEF work in this field. It was agreed that more information was required before consideration could be given to programmes in this field. The Executive Director was requested to present more data on this matter to the next Board session after consultation with other interested United Nations agencies.

APPROVAL OF PLANS OF OPERATIONS NOT INVOLVING NEW FUNDS

CAMBODIA

641. The Executive Board authorized the Executive Director to approve a plan of operations involving the purchase of supplies, equipment and transport to assist a BCG tuberculosis control campaign in Cambodia as outlined in document E/ICEF/R.297. The total cost to UNICEF of $20,000 is made available from the apportionment of $485,000 previously made by the Executive Board to assist child-care programmes in Indochina. This constitutes the first assistance to Cambodia.

642. Tuberculosis in Cambodia is the most important disease after malaria. A large part of the population has been brought into "collected" villages, where they are crowded together in refugee conditions. In Pnom Penh, a city of 110,000 persons in 1948, the population has more than tripled in the last three years. This type of crowding greatly increases the exposure of vulnerable persons to tuberculosis. There is only one small clinic, no TB hospital, and no provision for the segregation of open cases. The only feasible protection for children is through a BCG vaccination campaign.

643. The objectives of the programme are:

(*a*) Immediate: to train at least two local teams (each of one health officer and four nurses and/or technicians), each to test a minimum of 100,000 persons a year and to vaccinate the negative reactors;

(*b*) Long term: to test all children and youths up to twenty years of age within ten years, and to integrate the BCG service with the Government's anti-TB services.

UNICEF commitments

644. UNICEF will provide for one international doctor and one nurse for six months and transport, supplies, and equipment to a value of $20,000.

WHO commitments

645. WHO will recruit the international personnel, give technical advice and evaluate the campaign, and provide fellowships. The programme has the technical approval of WHO and has been prepared in consultation with WHO officials.

Government commitments

646. (*a*) Lodging and duty travel of international personnel;

(*b*) Equipment and supplies for BCG Office;

(*c*) Local personnel for two years—one BCG medical officer, one administrative officer, one secretary, two teams to test and vaccinate;

(*d*) Operational and administrative expenses;

The estimated government contribution is approximately $IC 1 million ($US 50,000);

(*e*) Continuation of the campaign after the end of UNICEF assistance.

The administrative responsibility for the project rests with the Government of Cambodia but may be delegated in the earlier stages to the international team leader.

Target time schedule

647. The target time schedule provides for the international personnel and the first supplies to arrive on 1 September 1952 and the delivery of supplies to be completed on 31 December 1952.

VIETNAM

648. The Executive Board authorized the Executive Director to approve:

(i) A plan of operations as outlined in document E/ICEF/R.298, involving the purchase of supplies and equipment for MCW services and training. The total cost of the programme will be $37,000;

(ii) A plan of operations as outlined in document E/ICEF/R.299, involving the purchase of supplies, equipment and transport for BCG anti-tuberculosis vaccination campaign. The total cost of this programme will be $29,000.

649. These represent the first assistance to Vietnam. The funds are available from the Board's previous apportionment to assist child-care programmes in Indochina.

(i) *BCG anti-tuberculosis vaccination*

650. Tuberculosis among the Vietnamese population is the most important social disease, immediately after malaria.

651. The overcrowding in Saignon-Cholon (1,600,000 as against 300,000 in 1945) has aggravated the risk of infection for children. There is no TB hospital and no other provision for segregation of open cases. The only feasible protection for children is through BCG vaccination.

652. The objectives are:

(i) Immediate: to train at least four local teams (of one doctor and four nurses and/or technicians) each to test a minimum of 100,000 persons a year and to vaccinate the negative reactors.

(i) Long-term: to test all up to twenty years of age within ten years and to integrate the BCG service with the Government's anti-TB services.

UNICEF commitments

653. UNICEF will provide one international doctor and one nurse for six months and transport, supplies and equipment to a value of $37,000.

WHO commitments

654. WHO will recruit the international personnel, give technical advice, make technical evaluations of the campaign, and provide fellowships. The programme has the technical approval of WHO.

Government commitments

655. The Government commitments are:

	(IC piastres)
Lodging and duty travel	125,000
Equipment and supplies for BCG office	275,000
Local personnel for two years: one BCG Medical Officer, one Administrative Officer, one Secretary, four local teams to test and vaccinate	1,200,000
Operation and administrative expenses	500,000
TOTAL	2,100,000
	(approximately $US 105,000)

Continuation of the campaign after UNICEF assistance is withdrawn.

Target time schedule

656. The target time schedule provides for the international personnel and the first supplies to arrive on 1 September 1952 and the delivery of supplies to be completed by 31 December 1952.

The campaign is to be expanded during 1953 or 1954.

(ii) *MCW services and training*

657. The conflict that is taking place in Vietnam has caused a great part of the population to be concentrated in a few large cities. Facilities for the medical care of the civilian population are grossly inadequate. Infant mortality has been reported to be high and in Saigon-Cholon, about 9,000 of the 15,000 registered deaths in 1950 are those of children.

658. The city of Saigon maintains three out-patient clinics for children which are very crowded. UNICEF assistance will strengthen and expand these facilities and will also enable the Saigon prefecture to open the children's ward in the regional hospital in Saigon.

659. The objective of this aid is to assist the Ministry of Health:

(i) To improve the equipment of five out-patient children's clinics;

(ii) To provide teaching equipment for the existing nurses' school in Saigon (three classes of thirty nurses each);

(iii) To provide teaching equipment for the existing midwives' school in Saigon (three classes of thirty midwives each);

(iv) To supply drugs and supplement for a new forty-five-bed pediatric ward in the prefectural hospital of Saigon. (This ward is already equipped and will be financed and staffed by the City.)

UNICEF commitments

660. UNICEF will provide equipment for five out-patient clinics; drugs and diet supplements for one children's ward for one year, and teaching equipment for a nursing school and a midwives school, to the value of $37,000.

WHO commitments

661. WHO will provide technical advice and evaluation of the project. A WHO public health administration expert has been in Vietnam since March 1951. Additional WHO personnel for MCW work are included in the WHO Budget, and will give technical assistance as required. The programme has the technical approval of WHO.

Government commitments

662. The government commitments are:

	(IC piastres)
Yearly maintenance of training of nurses and midwives	80,000
Maintenance of children's ward	750,000
	830,000
	(approximately $US 41,500)

Government commitments also include: maintenance of clinics; the government has just completed a new building for midwives' quarters at a cost of $IC 3 million ($US 150,000); the responsibility for the Administration of this project rests with the Director of Health and Hospitals; the government undertakes to continue the supply of drugs and diet supplements after UNICEF aid ceases.

Target time schedule

663. The target time schedule provides for drug and diet supplements to arrive by 1 September 1952 and for the equipment to arrive by 1 December 1952.

RETURN OF CERTAIN UNUSED ALLOCATIONS

664. The Executive Board approved the return of certain unused allocations totalling $219,000 to the general resources of the Fund. These returns were counted by the Executive Board as available for allocation at the present session (see paragraph 32). The returns were as follows:

Bulgaria: milk conservation allocation

665. In November 1951, the Bulgarian Government informed the Administration that it was not in a position to receive the milk conservation equipment previously approved by the Board as it could not render technically suitable the proposed site at Kula and thus was not in a position to organize the proper functioning of the milk drying plant. The Administration offered to discuss the allocation of the equipment to an alternative site. No further communication was received from the Government of Bulgaria. The amount of the allocation approved for return by the Board was $160,000. Further information is contained in document E/ICEF/R.308, paragraphs 2-8.

WHO BCG regional advisors

666. In November 1950, the Executive Board approved an allocation of $85,000 for payment, during 1951, of certain WHO headquarters and regional personnel concerned with BCG campaigns on the understanding that any funds unused at the end of 1951 would return to UNICEF's general resources. The unused funds returned to general resources totalled $50,000 (E/ICEF/R.308, paragraphs 9-12).

Training course for handicapped children

667. In November 1950, the Executive Board approved an allocation of $21,000 to assist in financing a course on rehabilitation of physically handicapped children sponsored jointly by UNICEF, WHO and TAA/UN Department of Social Affairs. The unused UNICEF funds returned to the general resources totalled $9,000.

Return to Asia area allocation

668. The Board noted a return of $6,000 to the Asia area allocation as a result of a balance in a previous apportionment to Pakistan for kala-azar control (E/ICEF/R.340, paragraph 16). This return is in accordance with Board policy that if an apportionment exceeds the cost of a project the unspent balance will revert to the area allocation from which it came.

Transfer of allocation for prefabricated huts from Korea to Palestine refugees

669. In addition to the return of unused balances, described above, the Executive Board approved the transfer of $715,000 for forty-two prefabricated buildings allocated in November 1951 for use in Korea (E/ICEF/184/Rev.1, paragraph 287), to the Palestine refugee programme. At the time the original allocation had been made it had been considered that the prefabricated buildings, purchased with the contribution of Yugoslavia to UNICEF, could be used either in Korea or in the Palestine refugee area. Subsequent to the allocation, the UNICEF Administration was informed by UNKRA that, owing to the nature of the buildings in relation to developments in Korea, it was not possible for them to make the necessary arrangements for handling and construction of these buildings intended to provide emergency child care in Korea.

670. The use of these buildings in the Palestine refugee programme is described in paragraphs 624-628.

ALLOCATION FOR BCG FIELD STUDIES AND RANGOON BCG CONFERENCE

Field studies on BCG vaccination (Skive Project)

671. The Executive Board approved an allocation of $40,000 for the support of continuing field studies on BCG vaccination during 1952. The objectives are to improve the type of vaccine, to ascertain the effect of field conditions on its efficacy, to study the durability of the effect of BCG vaccination on children, and to act as a control for mass BCG campaigns. These field studies have been carried out in Denmark in conjunction with the UNICEF-supported BCG campaigns since 1949 under the name of the Skive Project. Hitherto they were financed as part of the cost of the Joint Enterprise and have been under the technical supervision of the Tuberculosis Research Office of WHO. The UNICEF allocation continues a contribution previously made by the Joint Enterprise. Further information on these field studies is presented in E/ICEF/R.272.

672. While approving the UNICEF allocation, the Executive Board requested that the Executive Director discuss immediately, with the Director-General of WHO, financing of the project through the next WHO budget, or some other means not involving further UNICEF expenditures.

673. The Board's approval of the UNICEF allocation was based on the fact that the field studies are inextricably linked to the effectiveness of BCG campaigns aided by UNICEF. The Board, moreover, noted that the importance of this project has been affirmed by the UNICEF/WHO Joint Committee on Health Policy (E/ICEF/192, paragraph 20). On the other hand, the Board believes that, on the basis of the division of functions between WHO and UNICEF, by which WHO assumes responsibility for the technical services related to UNICEF-assisted programmes, the financing of the Skive Project more properly should be assumed by WHO. The Board's approval implies no commitment by UNICEF beyond the present allocation and no precedent for a departure from the division of functions between the two organizations.

Rangoon BCG conference

674. The Executive Board approved an allocation of $5,000 to cover the travel costs of government BCG specialists attending a conference on BCG programmes held in Rangoon, Burma, in September 1951. This meeting, attended by representatives of fourteen Asian governments, UNICEF, and WHO, brought together persons responsible for planning and directing UNICEF-assisted BCG campaigns in order to pool their practical experience and exchange views about future campaigns. (E/ICEF/R.308, paragraph 21).

POLICY ON AID IN LOCAL COSTS OF TRAINING AUXILIARY PERSONNEL

675. The Executive Board has before it a "Recommendation of the Executive Director on Policy for UNICEF Aid for Local Costs of Training" (E/ICEF/R.319), emphasizing the great need for trained auxiliary maternal and child welfare personnel in rural areas, and the fact that UNICEF has, hitherto, provided little direct aid to meet this need. Because the imported supplies which UNICEF can give under existing policies represents a very small proportion of the costs of a training programme, the Executive Director recommended that UNICEF should be willing to contribute to the local costs of training.

676. The Executive Board, recognizing that in many areas, and particularly in rural areas, technical services for mothers and children cannot be successfully extended without training auxiliary personnel, agreed on the following action in connexion with UNICEF aid for training of auxiliary personnel:

(*a*) That UNICEF co-operate fully with other United Nations agencies in the studies on training of auxiliary personnel contemplated by the ACC;

(*b*) That where a government is unable to bear the full local costs of a training programme for auxiliary personnel, the Administration be authorized to submit programmes recommending assistance in meeting these, provided that UNICEF principles regarding matching are maintained, and that the local costs to be financed by UNICEF would be in the form of stipends for instructors and trainees;

(*c*) That future decisions of the Board on such projects shall take into account UNICEF experience and any information on the action that may have been taken or studies made, bearing upon such programmes, by other United Nations bodies.

REPORTS

Report of UNICEF/WHO Joint Committee on Health Policy

677. The Executive Board accepted the report of the UNICEF/WHO Joint Committee on Health Policy, at its fifth session, held at United Nations Headquarters, 9-11 April 1952 (E/ICEF/192).

678. The Board noted the value of this session as a further indication of the close working relationship between UNICEF and WHO and as an additional means of assuring that the UNICEF-assisted health programmes had a sound technical base. Certain of the specific comments and recommendations of the JCHP were considered by the Programme Committee and the Executive Board in relation to particular programmes and are referred to, or quoted, in other sections of this report.

Report of the Committee on Administrative Budget

679. The Executive Board noted the report of the Committee on Administrative Budget (E/ICEF/R.341),[11] and approved the recommendation for establishing a greeting card fund for 1952 (see paragraph 688 below). The Board noted that Mr. Khalidy, representative of Iraq, was elected Chairman of the Committee on Administrative Budget for the year 1952.

Financial report of UNICEF for the year ended 31 December 1951

680. The Executive Board approved the financial report and financial statements of the Fund for the year ended 31 December 1951 (E/ICEF/193). It noted that the Board of External Auditors had certified the financial statements without qualifications.

681. In connexion with the section of the financial report dealing with "Administrative Costs" (E/ICEF/193, paragraphs 11 and 12), the Board noted that while the 1951 ratio of UNICEF administrative costs to expenditures amounting to 8.4 per cent increased over the 1950 ratio of 6.2 per cent, actual administrative costs had decreased. The Board agreed with the comment of the Committee on Administrative Budget that a comparison of the percentages of administrative costs to total expenditures since 1947-48, when the ratio was 5.6 per cent, was somewhat misleading since the types of programmes which the Fund is assisting have changed and the rate of expenditure on assistance has been reduced. In as much as the Fund's present programme differs from its earlier operations, and the volume of assistance is less, it should not be assumed that it is possible, or necessarily desirable, to maintain the earlier low ratio of administrative costs to total expenditures. While efforts must be made to maintain low administrative costs in the future, the ratio of these costs to total expenditure will, of course, be dependent upon the level of expenditures on assistance.

682. In considering the financial status of UNICEF, the Board noted the following observations from the report of the Committee on Administrative Budget (E/ICEF/R.341, paragraphs 9 and 10): "In view of the urgent importance of the projects for which countries have submitted requests for assistance and the limited resources of the Fund, it has for some time been the practice of the Executive Board to allocate for programmes practically all of the funds available at each meeting of the Board. At the same time, corresponding administrative costs are involved in all programme allocations. The Administration indicated to the Committee on Administrative Budget that it is well aware of this consideration, which has been a concern of the Administrative Budget Committee on various occasions.

683. "The Administration had assured the Committee that throughout the years 1952 and 1953 in the course of normal operations there will remain available sufficient funds in the required currencies to permit the Executive Board to take appropriate action to meet all administrative liabilities, assuming that the policy of the Board is that such administrative liabilities have priority over the fulfilment of allocations for country programmes."

Report of the Board of Auditors

684. The Executive Board noted the report of the Board of Auditors on the audit of the 1951 accounts of the Fund (E/ICEF/196). The Board noted that the Committee on Administrative Budget heard an oral re-

[11] The following agenda was considered by the Committee on Administrative Budget, at its thirteenth session, held at United Nations Headquarters, on 18 April 1952:

(*a*) Report of Executive Director on Administrative and Operational Services Expenditures for 1951 (E/ICEF/R.280)

(*b*) Financial report for the fifth financial period ended 31 December 1951, comprising the balance sheet and all supporting statements and schedules (E/ICEF/193);

(*c*) Report of the Board of Auditors (E/ICEF/196);

(*d*) Recommendation of Executive Director concerning drawing from Administrative Contingency Fund (E/ICEF/R.315);

(*e*) Other Business:

Recommendation of Executive Director for the establishment of a greeting card fund (E/ICEF/R.317/Rev. 1).

port presented by Mr. Watson Sellar, Chairman of the Board of Auditors. Mr. Sellar indicated that the financial statements of the Fund for the period ending 31 December 1951 had been certified by the Board of Auditors without qualifications. He expressed satisfaction with the qualifications and performance of the UNICEF internal auditors, and stated that the system of internal audit meets the requirements of the Board of Auditors.

Administrative and operational services expenditures for 1951

685. The Board noted the report of the Executive Director on administrative and operational services expenditures of UNICEF for the financial year 1951 (E/ICEF/R.280). Total obligations incurred during 1951 for administrative and operational services of $2,174,981 represented 91.4 per cent of the approved budgetary authorization of $2,378,485 gross, leaving an unobligated balance of $203,504 (E/ICEF/R.280, table I, page 3).

686. Transfers between sections of the budget and from the Administrative Contingency Fund were authorized during 1951 by the Committee on Administrative Budget on the recommendation of the Administration and the United Nations Bureau of Finance. Transfers from the Administrative Contingency Fund during 1951 totalled $75,000.

687. The Board noted that the statement of budgetary authorizations, obligations incurred and unobligated balances of authorizations for 1951 had been certified by the Board of Auditors without qualifications. No sections of the budget were overdrawn. Unobligated balance of allotments, totalling $203,504, which included $25,000 from the Administrative Contingency Fund, were returned to the general resources of UNICEF.

Establishment of a 1952 greeting card fund

688. The Board approved the recommendation of the Committee on Administrative Budget for the establishment of a greeting card fund to provide the working capital for printing and distributing the 1952 UNICEF greeting card. The Board authorized the Administration:

(*a*) To establish a 1952 greeting card fund in the amount of $15,200, representing net surplus of the 1951 greeting card project, as a working capital for a similar project for 1952;

(*b*) To add to the greeting card fund, further income, if any, which may still be received in respect of the 1951 project; and

(*c*) Should any funds be received by UNICEF from outside sources to assist in the financing of the 1952 project, to repay such funds out of the first proceeds of sale of the cards.

689. The Board noted that $24,400 was held on 15 April 1952 in the greeting card fund and that the Committee approved the proposal of the Administration to transfer $9,200 from the greeting card fund to the general resources of UNICEF as follows:

(*a*) To Miscellaneous Revenue, the sum of $5,000 to offset printing costs incurred in 1951 greeting card operations which were financed out of the 1951 Administrative Budget of UNICEF; and

(*b*) Also to Miscellaneous Revenue, the sum of $4,200 which constitutes the surplus of income over expenditures in the 1950 greeting card fund operations.

Report of Working Group on Creation of a Fund-Raising Committee

690. The Executive Board approved the report of its Working Group on Creation of a Fund Raising Committee (E/ICEF/R.337). The recommendations of the Working Group were in three main categories: (*a*) role of the Executive Board; (*b*) role of the Executive Director; and (*c*) methods of fund-raising.

691. Under the section on the "role of the Executive Board", the recommendation was approved that: (*a*) the Programme Committee directly, or through a Committee established by it with the addition of one or more members of the Executive Board, should advise the Executive Director and the Executive Board on fund-raising for UNICEF from governmental and private sources. Since this function should be an active one and it would be desirable for the Committee to be continuously available to the Executive Director; (*b*) the Executive Board should consider, from time to time the most effective methods for fund-raising; and (*c*) individual Board members should assist the Administration in disseminating information about the work of UNICEF, particularly through increased contacts with delegations, and, especially those delegations not represented on the UNICEF Executive Board.

692. Under the section on the "role of the Executive Director" it was agreed for the time being that primary responsibility for discussing with governments the needs of UNICEF and contributions required from governments and private sources should continue to rest with the Executive Director. Suggestions that fund-raising for UNICEF might be carried on through the General Assembly Negotiating Committee for Extra-Budgetary Funds or through an International Conference called by the Economic and Social Council under Article 62 of the Charter was referred to the newly created Committee for further exploration.

693. Under the section on "methods of fund-raising" from both governments and private sources, it was agreed that special emphasis should be placed on a number of methods, including official requests to governments and follow-up devices, greater advantage be taken of General Assembly sessions, active encouragement be given National Committees for UNICEF, co-operative action be encouraged with international non-governmental organizations, special fund-raising projects be developed. The importance of a constant flow of basic public information about UNICEF was also stressed. In this latter connexion, the Executive Director was requested to discuss, with the United Nations Department of Public Information, the desirability of giving more emphasis in United Nations radio and other public information media to the work of UNICEF as one of the major constructive achievements of the United Nations.

694. On the basis of the Executive Board action referred to in paragraph 691 (*a*), the Programme Committee held a meeting on 23 April 1952 and decided to establish a Sub-Committee on Fund-Raising which would consist of three members of the Programme Committee and two from the Executive Board. The Programme Committee elected the representatives of Aus-

tralia, Ceylon, and the United States to the sub-Committee, with the representatives of Brazil and India as alternates.

695. This action was subsequently reported to the Executive Board, which added to the membership of the Sub-Committee the representatives of Israel and Yugoslavia.

Report of Committee on Consultative Status for Non-Governmental Organization

696. The Executive Board approved the granting of consultative status to the members of the Non-Governmental Organizations Committee on UNICEF. This Committee was established in the summer of 1949 with the name "UNICEF Advisory Committee of Non-Governmental Organizations" to advise the UNICEF Administration on fund-raising and other matters. In order to prevent misunderstanding as to its functions in relation to the UNICEF Board, the Committee decided to change its name to "Non-Governmental Organizations Committee on UNICEF". The manner in which the consultative status has been granted to members of the Committee is defined in rules contained in annex IV.

ELECTION OF ADDITIONAL UNICEF REPRESENTATIVES TO UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY

697. Mr. C. de Paiva Leite (Brazil) was elected to fill a vacancy in the UNICEF Executive Board representation on the UNICEF/WHO Joint Committee on Health Policy. Mr. Yaacov Baror (Israel) was elected as an additional alternate.

698. The UNICEF representation, which consists of the Chairman of the Executive Board, the Chairman of the Programme Committee, and other representatives on the Board acting in their individual capacities is as follows:

Members

Mrs. Adelaide Sinclair (Chairman, Executive Board);
Mr. A. R. Lindt (Chairman, Programme Committee);
Professor Robert Debre (France);
Dr. Svasti Daengsvang (Thailand);
Mr. C. de Paiva Leite (Brazil).

Alternates

Dr. Alfonso Davalos (Ecuador);
Mr. Ludovico Montini (Italy);
Mr. Yaacov Baror (Israel).

REARRANGEMENT OF PROGRAMME COMMITTEE AND EXECUTIVE BOARD MEETINGS

699. The representative of the United Kingdom proposed that the next Programme Committee and Board sessions be held during the course of the same week, with the Executive Board meeting in the mornings to receive general and special reports of the Administration and to discuss general policy issues arising therefrom, and the Programme Committee meeting in the afternoons on questions of programming.

700. The Executive Board decided to adopt the proposal of the representative of the United Kingdom, on a trial basis, for the next sessions of the Programme Committee and the Executive Board, subject to such modifications as might appear appropriate to the chairmen of the two bodies.

TIME OF NEXT BOARD SESSION

701. The Executive Board agreed to hold its next session in the autumn of 1952, the date to be set by the Chairman, depending on the calendar of other United Nations meetings and on the schedule of the General Assembly session.

ANNEXES

I. COUNTRIES AND TERRITORIES RECEIVING UNICEF ASSISTANCE

CURRENTLY ASSISTED COUNTRIES AND TERRITORIES: 72

Africa: 10

Algiers, Belgian Congo,[1] Cameroons,[1] French Equatorial Africa,[1] French West Africa,[1] Liberia[1] Morocco, Ruanda-Urundi,[1] Togoland,[1] Tunisia.

Asia: 19

Afghanistan, Brunei, Burma, Ceylon, China, Hong Kong, India, Indo-China (Cambodia,[1] Vietnam,[1]), Indonesia, Japan, Korea, Malaya, North Borneo, Pakistan, Philippines, Sarawak, Singapore, Thailand.

Eastern Mediterranean: 11

Aden, Egypt, Ethiopia,[1] Iran, Iraq, Israel, Jordan, Lebanon, Libya, Syria, Turkey.

Europe: 12

Austria,[1] Bulgaria,[2] Czechoslovakia,[2] Finland,[2] France,[2] Germany, Greece, Italy, Malta,[2] Poland,[2] Portugal,[1] Yugoslavia.

Latin America: 20

Bolivia, Brazil, British Honduras, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Grenada,[1] Guatemala, Haiti, Honduras, Jamaica Nicaragua, Panama, Paraguay, Peru, Trinidad, Uruguay.

SPECIAL PROGRAMME:

Assistance to Palestine Refugee Mothers and Children

FORMERLY ASSISTED COUNTRIES AND TERRITORIES: 5

Africa: Tangiers.

Europe: Albania, Hungary, Romania.

Latin America: Mexico.

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[1] Assistance approved for the first time at April 1952 session.
[2] Assistance being completed under allocations made prior to

II. TARGET PROGRAMME AND BUDGET FOR PERIOD 1 JULY 1952 TO 30 JUNE 1953

	Total target budget (thousand dollars)
I. Summary by area	
Africa	1,710
Asia	5,630
Eastern Mediterranean	1,850
Europe	750
Latin America	2,460
	12,400
Projects benefiting more than one region	500
Emergency situations	3,000
Freight	2,100
Administration	2,000
TOTAL	20,000
II. Summary by programmes	
1. Maternal and child welfare	
A. Supplies and equipment for basic MCW programmes	
(a) Supplies for MCW centres	2,335
(b) School health services	150
(c) Other projects	340
B. Training programmes	780
C. Mass health programmes	
(a) Combating insect-borne diseases	2,090
(b) Production of anti-biotics, insecticides, sera, and vaccine	830
(c) Control of bejel, yaws, and VD	800
(d) BCG anti-tuberculosis vaccination campaigns	
(e) Anti-trachoma work	570
(f) Control of other communicable diseases	100
2. Child feeding	
A. Long-range feeding assistance	1,655
B. Milk conservation projects	1,700
3. Projects benefiting more than one region	500
4. Emergency situations	3,000
5. Freight	2,100
6. Administration	2,000
TOTAL	20,000
III. Summary by area and programme	
Africa	
1. Maternal and child welfare	
C. Mass health programmes	
(a) Combating insect-borne diseases	755
(c) Control of bejel, yaws, and VD	25
(d) BCG	100
(f) Anti-trachoma work	200
2. Child feeding	
A. Long-range feeding assistance	630
TOTAL	1,710
Asia	
1. Maternal and child welfare	
A. Supplies and equipment for basic MCW programmes	
(a) Supplies for MCW centres	1,535
B. Training programmes	550
C. Mass health programmes	
(a) Combating insect-borne diseases	775
(b) Production of anti-biotics, insecticides, sera and vaccine	500
(c) Control of bejel, yaws, and VD	725
(d) BCG	600
(f) Anti-trachoma work	100
(g) Control of other communicable diseases	100
2. Child feeding	
A. Long-range feeding assistance	545
B. Milk conservation projects	200
TOTAL	5,630
Eastern Mediterranean	
1. Maternal and child welfare	
A. Supplies and equipment for basic MCW programmes	
(a) Supplies for MCW centres	205
(d) Other projects	210
B. Training programmes	125
C. Mass health programmes	
(a) Combating insect-borne diseases	260
(d) BCG	100
(f) Anti-trachoma work	150
2. Child feeding	
A. Long-range feeding assistance	150
B. Milk conservation projects	650
TOTAL	1,850
Europe	
1. Maternal and child welfare	
A. Supplies and equipment for basic MCW programmes	
(a) Supplies for MCW centres	200
(b) School health services	50
(d) Other projects	130
C. Mass health programmes	
(c) Control of bejel, yaws, and VD	50
(f) Anti-trachoma work	120
2. Child feeding	
B. Milk conservation projects	200
TOTAL	750
Latin America	
1. Maternal and child welfare	
A. Supplies and equipment for basic MCW programmes	
(a) Supplies for MCW centres	395
(b) School health services	100
B. Training programmes	105
C. Mass health programmes	
(a) Combating insect-borne diseases	300
(b) Production of anti-biotics, insecticides, sera and vaccine	330
(d) BCG	250
2. Child feeding	
A. Long-range feeding assistance	330
B. Milk conservation projects	650
TOTAL	2,460
Projects benefiting more than one region	500
Emergency situations	3,000
Freight	2,100
Administration	2,000
TOTAL	20,000

III. SUMMARY OF UNICEF EXECUTIVE BOARD ALLOCATIONS

AS OF 30 APRIL 1952

Grouped by year of allocation or apportionment to country programmes. Freight and insurance, administration and general technical services shown according to year of payment.

(In thousands of US dollar equivalents)

[illegible]	1947	1948	1949	1950	1951	1952	Total
I. *Africa*							
Belgium Congo and Ruanda Urundi	—	—	—	—	—	175	175
French Equatorial Africa	—	—	—	—	—	150	150
French West Africa, Cameroons and Togoland	—	—	—	—	—	400	400
Liberia	—	—	—	—	—	100	100
Morocco	—	—	300	—	−11	100	389
Tunisia	—	—	450	—	−57	75	168
AREA TOTAL	—	—	450	—	−68	1,000	1,382
II. *Asia*							
Afghanistan	—	—	100	—	55	—	155
Burma	—	150	79	103	119	153	604
China	3,500	2,947	2,500	—	−467	−5,227	3,253
China—Taiwan	—	—	—	110	48	50	208
Ceylon	—	100	—	76	352	—	528
India	—	750	135	2,306	1,401	775	5,367
Indochina	—	300	158	—	—	—	458
Cambodia	—	—	—	—	—	(20)	(20)
Vietnam	—	—	—	—	—	(66)	(66)
Indonesia	—	800	421	1,131	—	—	2,352
Japan	—	—	500	70	—	—	570
Korea	—	—	550	500	1,184	−703	1,531
Pakistan	—	250	52	671	798	368	2,139
Philippines	—	300	158	148	273	466	1,345
Thailand	—	100	86	471	35	512	1,204
United Kingdom territories							
Brunei	—	14	7	5	7	—	33
Hong Kong	—	59	31	—	15	87	192
Malaya	—	68	36	103	—	—	207
North Borneo	—	59	31	—	—	—	90
Sarawak	—	32	17	3	22	—	74
Singapore	—	18	9	21	—	—	48
BCG India, Pakistan, Ceylon	—	—	1,000	—	−457	—	543
AREA TOTAL	3,500	5,947	5,870	5,718	3,385	−3,519	20,901
III. *Eastern Mediterranean*							
Egypt	—	—	—	—	326	165	491
Ethiopia	—	—	—	—	—	52	52
Iran	—	—	—	—	477	—	477
Iraq	—	—	—	150	90	85	325
Israel	—	—	250	155	140	300	845
Jordan	—	—	—	—	—	170	170
Lebanon	—	—	50	—	−2	—	48
Libya	—	—	—	—	100	—	100
Syria	—	—	—	—	73	35	108
Turkey	—	—	—	—	162	—	162
United Kingdom territory: Aden	—	—	—	—	13	—	13
Palestine refugees	—	5,633	2,950	2,000	1,419	2,325	14,327
BCG Egypt, Israel, Syria	—	—	500	—	−132	—	368
AREA TOTAL	—	5,633	3,750	2,305	2,666	3,132	17,486
IV. *Europe*							
Albania	115	312	269	—	−407	—	289
Austria	1,129	3,520	1,458	18	—	—	6,125
Bulgaria	513	2,435	1,806	276	60	−160	4,930
Czechoslovakia	582	2,242	1,766	214	—	17	4,821
Finland	352	850	361	25	—	—	1,588
France	598	1,491	100	—	—	—	2,189
International Children's Centre	—	5	1,011	—	330	330	1,676
Germany	—	1,407	670	387	246	—	2,710

	1947	1948	1949	1950	1951	1952	Total
Greece	1,325	2,589	3,250	770	305	40	8,279
Hungary	513	1,719	−463	—	−9	—	1,760
Italy	3,285	8,000	4,810	315	155	290	16,855
Poland	3,285	8,390	4,557	307	—	—	16,539
Portugal	—	—	—	—	—	50	50
Romania	1,914	4,412	2,881	−2,793	—	—	6,414
Yugoslavia	2,823	4,700	4,364	1,507	1,070	260	14,724
United Kingdom territory: Malta	—	—	100	55	—	—	155
BCG	—	2,417	—	−350	−255	—	1,812
AREA TOTAL	16,434	4,489	26,940	731	1,495	827	90,916
V. *Latin America*							
Bolivia	—	—	65	105	—	—	170
Brazil	—	—	—	500	550	550	1,600
Chile	—	—	82	260	—	334	676
Colombia	—	—	100	70	100	8	278
Costa Rica	—	—	60	128	35	—	223
Dominican Republic	—	—	50	74	—	—	124
Ecuador	—	—	340	376	135	—	851
El Salvador	—	—	60	193	158	—	411
Guatemala	—	—	60	94	24	—	178
Haiti	—	—	320	—	—	260	580
Honduras	—	—	30	98	15	49	192
Mexico	—	—	90	70	−106	—	54
Nicaragua	—	—	30	136	238	30	434
Panama	—	—	—	—	83	—	83
Paraguay	—	—	—	150	4	—	154
Peru	—	—	95	200	103	168	566
United Kingdom territories							
British Honduras	—	—	—	34	16	16	66
Grenada	—	—	—	—	—	27	27
Jamaica	—	—	—	2	111	46	159
Trinidad	—	—	—	—	36	—	36
Uruguay	—	—	30	—	12	—	42
BCG fellowships	—	—	—	—	—	2[a]	2
AREA TOTAL	—	—	1,412	2,490	1,514	1,490	6,906
VI. *General assistance*							
Group training courses	—	211	272	101	—	−4	580
BCG reserve (ITC liquidation)	—	—	—	—	—	8	8
Freight and ancillary charges[b]	—	4,094	3,076	4,239	1,923	2,756	16,088
WHO—BCG personnel[b]	—	—	—	—	—	35	35
Skive project	—	—	—	—	—	40	40
Operational services[b]	—	57	93	151	74	105	480
TOTAL GENERAL ASSISTANCE	—	4,362	3,441	4,491	1,997	2,940	17,231
VII. *Administration*	388	1,444	2,283	2,471	2,101	1,983	10,670
GRAND TOTAL	20,322	61,875	44,146	18,206	13,090	7,853	165,492

[a] Executive Board originally established $25,000 area reserve for BCG observers. To date $23,000 ($11,000 in 1950 and $12,000 in 1951) have been apportioned to Costa Rica, El Salvador, Jamaica, Paraguay, Peru and Trinidad.

[b] According to year of payment; all other amounts refer to date of allocation or apportionment.

IV. RULES GOVERNING RELATIONSHIP WITH NON-GOVERNMENTAL ORGANIZATIONS COMMITTEE ON UNICEF

The Executive Board approved the granting of consultative status to the members of the Non-Governmental Organizations Committee on UNICEF and defined the manner in which such relationship should be exercised in the rules given below. When appropriate the principles set forth in Economic and Social Council resolution 288 (X) shall apply. It is understood that the NGO Committee on UNICEF will receive into membership any Non-Governmental Organization with consultative status to the Economic and Social Council which desires to enter into relationship with the Executive Board.

Provisional agenda

1. The provisional agenda of sessions of the Executive Board shall be communicated to the Non-Governmental Organizations Committee on UNICEF and its members at the same time as to members of the Executive Board.

Consultations

2. The Executive Board may consult with the representatives of the NGO Committee on UNICEF or its members either directly or through a Board Committee established for the purpose. Such consultations may be arranged on the invitations of the Executive Board or the Committee established under this rule, or on the request of the NGO Committee or its members.

Attendance at meetings

3. The NGO Committee on UNICEF or its members may designate representatives to attend public meetings of the Executive Board, and the NGO Committee shall notify the Executive Director accordingly. Those members of the NGO Committee who have been invited to speak shall be seated at the table. The names of all those attending will be entered into the record.

Written statements

4. Written statements relevant to the work of the Executive Board may be submitted by the NGO Committee or its members. Such statements shall be circulated by the Executive Director to the members of the Executive Board except those statements which have become obsolete, e.g., those dealing with matters already disposed of.

5. The following rules shall be observed regarding the submission and circulation of such written statements:

(*a*) The written statement shall be submitted in one of the official languages;

(*b*) It shall be submitted in sufficient time for appropriate consultation to take place as provided in rule 2;

(*c*) Due consideration shall be given to any comments which the Executive Director may make before the document is prepared in its final form;

(*d*) A written statement submitted by the NGO Committee or one of its members will be circulated in full if it does not exceed 2,000 words. Where a statement is in excess of 2,000 words, the NGO Committee shall submit a summary which will be circulated or shall supply sufficient copies of the full text in the two working languages for distribution. A statement will also be circulated in full, however, upon the specific request of the Executive Board or any of its Committees.

Oral statements

6. Members of the NGO Committee represented at meetings of the Board may be called upon to address the Board by arrangement with the Chairman of the Executive Board or any Board Committee that may be established in connexion with rule 2.

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