



RECEIVED

1 AUG 1960

INDEX SECTION, LIBRARY

UNITED NATIONS

UNITED NATIONS CHILDREN'S FUND

REPORT OF THE EXECUTIVE BOARD

(14-22 March 1960)

ECONOMIC AND SOCIAL COUNCIL
OFFICIAL RECORDS : TWENTY-NINTH SESSION

SUPPLEMENT No. 2A

NEW YORK

CONTENTS

<i>Chapter</i>	<i>Paragraphs</i>	<i>Page</i>
I. ORGANIZATION OF THE SESSION	1-12	1
Opening and duration of the session	1	1
Attendance.....	2-5	1
Agenda	13-16	2
II. FINANCIAL SITUATION	17-25	3
Allocations	17-18	3
Income	15-19	4
Relationship of 1959 income to allocations	20	4
Expenditures in 1959	21	4
Changes in allocation procedure	22-25	4
III. PROGRAMME POLICY AND TRENDS	27-138	5
General debate	27-59	5
Responsibilities in relation to Declaration of the Rights of the Child.....	40	7
Survey of children's needs.....	41-46	8
Survey of training	47-51	8
Policy on local matching	52-54	9
Policy on local costs	55-60	10
Aid for the preparation of project requests	61-63	10
Classification of UNICEF-aided programmes	64-65	10
Health services	66-75	10
Basic health/maternal and child health	66-69	10
Environmental sanitation	70-75	12

(Continued on page 3 of cover)

NOTE

Symbols of United Nations documents are composed of capital letters combined with figures. Mention of such a symbol indicates a reference to a United Nations document.

E/3336
E/ICEF/398



UNITED NATIONS
ECONOMIC AND SOCIAL COUNCIL
OFFICIAL RECORDS
TWENTY-NINTH SESSION

SUPPLEMENT No. 2 A

UNITED NATIONS CHILDREN'S FUND
Report of the Executive Board (14-22 March 1960)

I. ORGANIZATION OF THE SESSION

Opening and duration of the session

1. The Executive Board held its 242nd to 255th meetings at United Nations Headquarters on 14 to 22 March 1960.

Attendance

2. Attendance at the session was as follows:

MEMBERS

Chairman: Mr. F. Schnyder (Switzerland).
Australia: Mr. R. H. Robertson, Mr. P. C. J. Curtis.
Belgium: Mr. H. Cochaux, Baron J. d'Anethan.
Brazil: Dr. J. de Castro, Dr. W. J. Santos, Mr. P. Pires do Rio.
Bulgaria: Mr. A. Georgiev, Mr. B. Todorov.
Chile: Mr. C. Mardones.
China: Mr. P. Y. Tsao.
Dominican Republic: Mrs. M. Bernardino Cappa.
Ecuador: Mr. F. Urbina, Mr. G. Vela.
El Salvador: Mr. F. Carrillo.
France: Dr. R. Mande, Dr. A. Andriamasy, Mr. J. Bouquin.
Germany, Federal Republic of: Dr. W. Germer, Mr. H.-G. Wieck.
Greece: Mr. J. Gregoriades.
India: Mr. V. Kidwai, Mr. R. Kapur.
Indonesia: Mr. E. J. Lapien, Mr. Sutanto.
Iran: Dr. M. Daftari.
Italy: Mr. L. Montini, Mr. G. Cigliana.
Mexico: Dr. I. Morones Prieto.
New Zealand: Mr. W. A. E. Green, Mr. W. B. Harland.
Pakistan: Mr. R. Piracha.
Philippines: Miss L. Tongson.
Poland: Dr. B. Kosuszniak, Mr. A. Czarkowski.
Sweden: Mr. J. Heppling, Mr. M. Giron.
Turkey: Dr. I. Dogramaci, Mr. H. Kustaloglu.
Tunisia: Dr. A. Farch, Mr. Amar Souidi.

Union of Soviet Socialist Republics: Mrs. Z. Maiorova, Mr. N. M. Talanov, Mr. L. A. Melnikov.

United Kingdom of Great Britain and Northern Ireland: Mr. P. Buxton.

United States of America: Mrs. K. Oettinger, Mrs. E. Taubman, Dr. K. Bain, Mr. S. M. Finger, Mr. G. Long.

Viet-Nam, Republic of: Madame Tran van Chuong, Dr. Cao Xuan Cam.

Yugoslavia: Mr. B. Karapandza.

3. The Bureau of Social Affairs of the United Nations Secretariat was represented by Miss J. Henderson and Miss M. Branscombe.

4. The specialized agencies were represented as follows:

Food and Agriculture Organization of the United Nations (FAO): Dr. W. R. Aykroyd, Mr. J. Orr, Dr. H. Pederson, Miss M. Scott, Mr. J. O'Hagen.

World Health Organization (WHO): Mr. M. Siegel, Dr. R. Coigney, Dr. M. Sacks, Dr. R. Burgess, Mrs. S. Meaghen, Dr. G. Garcin,¹ Dr. P. Gyorgy.²

International Labour Organisation (ILO): Mr. H. Raymond, Mr. E. Zmirou.

United Nations Educational, Scientific and Cultural Organization (UNESCO): Mr. M. Akrawi, Miss M. Proctor.

5. Miss K. Lenroot also attended as representative of the Inter-American Children's Institute.

6. The Non-Governmental Organizations Committee on UNICEF was represented by Miss Ruth Williams, Chairman. Non-governmental organizations in consultative status with UNICEF were represented as follows:

All Pakistan Women's Association: Begum R. Mirza Khan.

¹ WHO Medical Adviser to UNICEF.

² Acting Chairman, Protein Advisory Group, who attended for the 245th meeting.

Associated Country Women of the World:

Mrs. R. L. Craig.

Commission of the Churches on International Affairs:

Mr. A. D. Micheli.

Consultative Council of Jewish Organizations:

Mrs. H. B. Kadane.

Friends World Committee for Consultation:

Mrs. R. B. Perera.

International Alliance of Women: Mrs. G. H. Brown.

International Catholic Child Bureau: Miss M. M. Bedard.

International Committee of Catholic Nurses: Miss D. Kelly.

International Confederation of Free Trade Unions:

Mr. B. Kemsley, Mr. K. Ridley, Mr. M. Schlaff.

International Conference of Catholic Charities:

Mr. L. Longarzo.

International Conference of Social Work:

Miss R. M. Williams, Miss S. Ehrlich.

International Co-operative Alliance: Mr. L. Woodcock,

Mrs. M. L. Woodcock.

International Co-operative Women's Guild:

Mrs. M. Bender.

International Council of Nurses: Mrs. J. G. Whitaker.

International Federation of Agricultural Producers:

Mrs. F. Billingsley.

International Federation of Business and Professional Women: Miss J. Skinner.

International Federation of Christian Trade Unions:

Mr. G. C. Thormann.

International Social Service, Inc.: Mrs. C. Mahon,

Mrs. S. Pettiss.

International Society for the Welfare of Cripples:

Mrs. D. Warms, Miss J. Johnson.

International Union against Tuberculosis: Mrs. A. Dunn.

International Union against the Venereal Diseases and the Treponematoses: Mrs. J. Tuller, Mrs. D. S. Foster.

International Union for Child Welfare: Mrs. F. S. Miller.

International Union of Family Organizations:

Mrs. P. L. Collins.

Junior Chamber International: Mr. K. L. Shirk, Jr., Mr. E. Corwin.

League of Red Cross Societies: Mrs. P. Sheppard.

Pan Pacific and Southeast Asia Women's Association:

Mrs. H. G. Fowler.

Salvation Army: Miss J. Wrieden.

World Association of Girl Guides and Girl Scouts:

Miss M. Weeks, Mrs. E. F. Johnson.

World Federation for Mental Health: Mrs. M. P. Torre.

World Federation of United Nations Association:

Mr. H. Barratt-Brown.

World Jewish Congress: Mr. G. Jacoby.

World Union for Progressive Judaism: Mrs. A. V. Goodman, Mrs. H. Morisson.

World Union of Catholic Women's Organizations: Miss A. Zizzamia.

World Veterans Federation: Colonel G. Arneman.

World Young Women's Christian Association:

Mrs. G. Britt.

7. The representative of the United States Committee for UNICEF, Mrs. H. Pantaleoni, attended the 255th meeting to make a statement.

Agenda

8. The following items were on the agenda of the session (E/ICEF/L.1236/Rev.1):

1. Adoption of agenda.

2. Progress report of Executive Director:

Part I: Financial situation and other matters of general interest (E/ICEF/397);

Part II: Review of orientation of UNICEF aid (E/ICEF/397/Add.1);

Part III: Programme developments in Africa (E/ICEF/397/Add.2 and Corr.1);

Part IV: Programme developments in Asia (E/ICEF/397/Add.3 and Corr.1);

Part V: Programme developments in the Eastern Mediterranean (E/ICEF/397/Add.4);

Part VI: Programme developments in Europe (E/ICEF/397/Add.5);

Part VII: Programme developments in the Americas (E/ICEF/397/Add. 6).

3. General statements by representatives of co-operating technical agencies:

(a) United Nations Bureau of Social Affairs;³

(b) Food and Agriculture Organization;⁴

(c) World Health Organization;

(d) United Nations Educational, Scientific and Cultural Organization.⁵

4. General debate by Executive Board members.

5. Report of UNICEF/WHO Joint Committee on Health Policy on its session held in December 1959 (E/ICEF/396 and Corr.1).

6. Report of Programme Committee (E/ICEF/L.1239).

7. Recommendations of Executive Director to modify under certain circumstances:

(a) Application of local matching principle (E/ICEF/R.840);

(b) Aid for local costs (E/ICEF/R.891).

8. Preparation for June 1961 session:

(a) Review of progress and UNICEF policy in aid for malaria;

(b) Survey and recommendations on UNICEF aid for training (E/ICEF/R.887 and Add.1);

(c) Other matters.

9. Resolutions and statements of non-governmental organizations (E/ICEF/NGO/65).

³ Subsequently reproduced as E/ICEF/60-A/CRP/13.

⁴ Subsequently reproduced as E/ICEF/60-A/CRP/14.

⁵ Subsequently reproduced as E/ICEF/60-A/CRP/16.

10. Election of UNICEF representatives on joint policy committees:
 - (a) UNICEF/WHO Joint Committee on Health Policy;
 - (b) FAO/UNICEF Joint Policy Committee.
11. Other business.

9. Statements by the Executive Director and members of the UNICEF secretariat were made introducing the various sections of the progress report of the Executive Director (agenda item 2). Included were statements by the UNICEF regional directors on the main

developments in the areas for which they were responsible and on opportunities for future activities. These statements were subsequently reproduced as Conference Room Papers (E/ICEF/60-4.CRP.6 to 12). A checklist of all documents issued in connexion with the session is contained in E/ICEF/INF.15/Rev.1.

10. The Board heard with deep regret of the death of Dr. Cyrus E. French, one of the senior staff members of UNICEF, as a result of an illness contracted on a field mission. It expressed its sympathy to the family of Dr. French and its appreciation for his valued contribution.

II. FINANCIAL SITUATION

Allocations

11. The Executive Board approved allocations totalling \$8,381,985 in accordance with the recommendations of the Programme Committee (E/ICEF/L.1239).⁶ Funds available for allocation amounted to \$12,415,257.⁷ Thus, at the end of the Board session there remained an unallocated balance of \$4,033,272. Formal commitments for future allocations to projects approved in

⁶ The amount includes also certain allocations made directly by the Board without prior consideration by the Programme Committee (see footnotes *b* and *c* of table 1).

⁷ This included returns of certain unused programme balances amounting to \$291,373 as set forth in E/ICEF/R.862 and unspent balances of the 1959 administrative and operational services budget amounting to \$53,211.

principle, including \$1,455,000 approved at the March 1960 session, totalled \$2,857,000. Table 1 shows the allocations by geographical area and programmes, and gives a percentage distribution of the programme allocations.

12. Of the eighty-two project allocations made by the Board, seventy-eight were for long-range country projects, two were for regional or inter-regional projects, and two were for emergency aid. Of the seventy-eight long-range country projects, fifty-six had previously received help from UNICEF, and twenty-two were for projects being aided for the first time.

13. A brief description of the projects for which the allocations were made is given in annex I. In the Programme Committee's discussion of project recommen-

Table 1

ALLOCATIONS APPROVED AT THE MARCH 1960 SESSION OF THE EXECUTIVE BOARD
BY PROGRAMME AND AREA

	Africa	Asia	Eastern Mediterranean	Europe	The American	Inter- regional	Total	Per cent
Health services	361,000	611,500	61,321	60,000	519,631	—	1,616,452	19.64
Family and child welfare services..	185,500	—	45,000	—	43,400	—	273,900	3.27
Disease control	291,000	1,145,256	1,258,000	—	1,624,768	—	4,319,024	51.53
Malaria eradication and control.	110,000	386,529	1,137,000	—	1,473,000	—	3,106,529	37.06
TB BCG	—	377,000	38,000	—	71,015	—	486,015	5.80
Leprosy control	139,000	18,029	—	—	79,000	—	236,029	2.83
VD control	—	26,000	32,000	—	—	—	58,000	0.69
Trachoma control	42,000	182,200	—	—	—	—	224,200	2.68
Other ^a	—	154,598	51,000	—	1,733	—	207,351	2.47
Nutrition	20,000	1,390,000	134,500	239,000	161,000	50,000	1,994,500	23.80
Nutrition education and related activities	20,000	—	—	39,000	161,000	50,000	270,000	3.22
Milk conservation	—	1,150,000	134,500	200,000	—	—	1,484,500	17.71
Other high-protein food developments	—	240,000	—	—	—	—	240,000	2.87
Aid for project preparation ^c	—	—	—	—	—	25,000	25,000	0.30
Training survey ^c	—	—	—	—	—	18,000	18,000	0.21
TOTAL FOR LONG-RANGE AID	857,500	3,179,756	1,498,821	299,000	2,348,799	93,000	8,276,876	98.75
Emergency aid ^b	—	—	—	—	—	—	105,109	1.25
GRAND TOTAL...							8,381,985	100.00

^a Includes: bilharziasis control, \$51,000; typhus control, \$20,000; vaccine production, \$121,351; and penicillin production, \$12,000.

^b Includes mail poll allocation of \$50,000 for emergency earthquake

relief to Morocco; also \$55,000 for emergency cyclone relief to Mauritius (see paragraph 127).

^c Approved by Executive Board without prior consideration by the Programme Committee.

dations a number of considerations were discussed in connexion with certain individual projects or groups of projects. These are summarized in the Programme Committee's report (E/ICEF/L.1239). Reference is made to the main considerations in the sections of this report dealing with the various categories of aid.

14. In 1959 allocations totalled \$28.2 million. This was \$5.6 million higher than in 1958, and constituted the highest annual amount allocated since the major emphasis of UNICEF shifted from emergency to long-range programmes. A table showing annual allocations by geographical area and programmes for the years 1957-1959 is given in annex II. In 1960 allocations are expected to be around \$29 million.

Income

15. UNICEF income from all sources in 1959 amounted to \$23.8 million. As can be seen from table 2, this income exceeded that of 1958 by over \$800,000.

Table 2
UNICEF INCOME 1957-1959
(In thousands of US dollars)

	1957	1958	1959
Governmental contributions to UNICEF Central Fund ...	17,900	19,966	20,547
Private contributions	1,303	1,268	1,526
Miscellaneous	1,512	1,773	1,747
	20,715	23,007	23,820

16. A total of eighty-seven Governments contributed to the UNICEF Central Fund for 1959. This constituted a considerable increase over 1951, when only thirty-five Governments contributed. In recent years, however, the number of Governments contributing has become relatively stable. (A total of eighty Governments contributed in 1956 and 1957, and eighty-seven in 1958.) While there were still some Governments of States Members of the United Nations or members of specialized agencies not contributing to UNICEF which it was hoped would soon be added to the list of regular contributors, it was clear that the main reliance for additional income from Governments had to be placed on increases from present contributors. It was therefore gratifying to note that eighteen Governments had increased their support in 1959 over 1958 (annex III shows Government contributions to UNICEF for the years 1958 and 1959, and for 1960 to the end of the March Board session).

17. For 1960, the largest Government donor, the United States of America, had pledged \$12 million, an increase of \$1 million over 1959, subject to the condition that the United States contribution should not exceed 48 per cent of total Government contributions. To match this amount an increase in total contributions from other Governments will be required in 1960.

18. Throughout the Board's session, there was considerable reference to the need for increased contribu-

tions from Governments. A special statement adopted by the Board in this connexion is given in paragraph 40.

19. The Executive Director reminded the Board that although, basically, UNICEF was financed by voluntary contributions from Governments, there had also been support for UNICEF work by private organizations and individuals. During the thirteen years of UNICEF's existence, approximately 7 per cent of the funds raised had come from private sources. The Executive Director believed that this was a movement that should be given every encouragement, and he foresaw that in 1961 UNICEF could successfully encourage campaigns for the benefit of children in a number of countries. In the process of raising funds, even in modest amounts from individuals, there was simultaneously an opportunity for citizen education in UNICEF work. The importance of contributions from private sources is also discussed in the special statement adopted by the Board (para. 40).

Relationship of 1959 income to allocations

20. The allocations during 1959 of \$28.2 million exceeded the income of \$23.8 million by \$4.4 million. As table 3 below shows, this was made possible by reducing the unallocated funds of UNICEF by \$3 million and by using unrequired balances of \$1.4 million returned from previous allocations.

Table 3
FLOW OF INCOME AND ALLOCATIONS, 1959
(In millions of US dollars)

Funds unallocated 1 January 1959	5.2
Income during 1959	23.8
Return of unused balances of previous allocations	1.4
Total funds available for allocation	30.4
Less: Allocations - Aid to projects	24.1
Operational services.	2.3
Administrative costs	1.8
Funds unallocated 31 December 1959	2.2

Expenditures in 1959

21. Expenditures reflect allocations made earlier, mainly in the preceding year, but also in earlier years. In 1959 expenditures amounted to \$23.8 million. The greater use of the annual allocations procedure authorized by the Executive Board in September 1959 and the new allocation procedures approved by the Board in March 1960 (see para. 23) is expected to reduce the time lag between allocations and expenditures. Data on expenditures in 1959 for main types of programme and main supply groups and services is given in the Executive Director's general progress report, part I (E/ICEF/397, paras. 41-49).

Changes in allocation procedure

22. The Advisory Committee on Administrative and Budgetary Questions of the General Assembly, in review-

ing the 1958 financial report of UNICEF, expressed the opinion that actual funds set aside by UNICEF for unfulfilled allocations appeared to be on the high side in relation to the pace at which projects were implemented (A/4154, 31 July 1959). The Executive Board took some steps in September 1959 to put UNICEF resources into somewhat more rapid use by authorizing the Executive Director to recommend to the Board allocation requests which would cover only expenditures required for one year for health services and milk conservation projects (as was already the case with projects for malaria eradication) rather than, as hitherto, covering a period of two, three, or more years (E/ICEF/391, paras. 26-34). The projects, however, would be approved in principle for the whole period, thus creating formal commitments for future allocations. (For the formal commitments existing at the end of the March 1960 session see paragraph 11.)

23. At the March 1960 session the Executive Director proposed two additional changes in allocation procedure (E/ICEF/391 Rev.1, paras. 31-34). This had the same objective as the Board action in September 1959—namely, that of meeting more requests for project allocations during the next several years from funds which would otherwise be earmarked to meet allocations made for longer periods of time. These changes, which were approved by the Board, provide:

(a) That the Executive Director be authorized to present requests to the Board which, if approved, would allocate all unallocated funds by the end of each year.⁸ (Previously the Board had decided that an unallocated balance of \$2 million to \$2.5 million at 31 December of each year would be desirable.)

⁸ Because of uncertainty about both income and allocation requests the amount would not be reduced literally to zero; usually several hundred thousand dollars would remain allocated on 31 December. Moreover, a number of governmental contributions for the following year, habitually announced before 1 January, are taken into UNICEF accounts on that date. This would be sufficient to meet emergency requests.

(b) That the Board allocate as of 31 December only half the funds required for operational services and administrative expenses for the following year, leaving the second half to be allocated in June. (This would leave about \$2.25 million more for programme allocations at the end of the year.)

24. These changes, together with those approved by the Board in September 1959, were expected ultimately to reduce unspent allocations of the Fund at the end of each year to a level sufficient to provide for programme expenditures for the next 12 months (as against 14 months at the beginning of 1959). This final result would constitute a decrease of unspent allocations by approximately 15 per cent below the usual level maintained under the previous practice.

25. When the Board considered this change, it was pointed out by the Executive Director that in view of the regular annual contributions to UNICEF by many Governments, experience might show that the 12-month level for reserves could be reduced further. He also pointed out that an additional step in this direction could be taken by allocating funds for overseas freight only in amounts sufficient to meet payments falling due before the next Board session (rather than as at present for the period of the total project allocation). This would leave about \$2.5 million more for projects at the session at which this change was introduced. He suggested that the desirability of such additional changes in allocation procedure could be considered by the Board at its June 1961 session.

26. Although the use of allocation procedures to put UNICEF resources into more rapid use met with the general approval of the Board, several representatives called attention to the fact that in the long run current income had to be equal to allocations, and cautioned against the reduction of reserves and the accumulation of commitments for future allocations to the point where severe cut-backs in UNICEF activities might be required if income expectations were not fulfilled.

III. PROGRAMME POLICY AND TRENDS

General debate

27. The Board engaged in an extensive exchange of views in the course of its general debate. While there was general recognition of the achievements of international co-operation organized through UNICEF in encouraging and stimulating national efforts on behalf of children, the Board's major interest was in examining how the resources held at the disposal of UNICEF might be directed towards even more effective results in the future. This examination applied to the Board's review of progress in the various regions, of progress in the various major types of programme aided by UNICEF, and of the orientation of UNICEF activities as a whole. The large disparity existing between the number of children in need and those reached by UNICEF-aided programmes, and the growing needs in

the future due to increases in child population, rapid urbanization, and the emergence of new States were matters of considerable concern. The Board made a number of decisions as a result of some of the ideas expressed in the debate in which there was a large measure of agreement. Other ideas and opinions were presented by Board members for reflection by their colleagues with a view to possible further examination when the Board met again in June 1961.

28. A major point of agreement in the debate was the necessity for increased emphasis on aid for training of national personnel. The Board decided on a comprehensive survey of possibilities to increase the effectiveness of its aid in this field (paras. 41-46). Another point of major agreement was the desirability of finding more ways for UNICEF to help the least developed countries and those going through difficult

transitional stages, particularly the new and emerging States of Africa. In this connexion the Board agreed on more flexibility in the interpretation of its local matching policy (paras. 52-54); on allowing the Executive Director to bring forward projects providing for UNICEF assumption of new types of local costs in certain urgent situations; and on examination of the policy of local costs at its next main session (paras. 55-60); and on additional aid to Governments to prepare project requests (paras. 61-62). The general agreement in the Board on the need to put available resources to faster use was reflected in the Board's decision to revise allocation procedures (para. 23).

29. In the course of the Board's debate, considerable stress was laid upon the economic impact of UNICEF aid, and its important role in international efforts to strengthen the capacity of developing countries for economic and social progress. Some representatives emphasized the value of aid for local production, such as milk conservation projects, the development of high-protein foods other than milk, and vaccine production plants, because of their contribution to the economic development of countries. Attention was also directed to the economic significance of campaigns such as malaria eradication in opening up vast areas of previously uninhabitable fertile lands in some countries. As a result of these campaigns, permanent health services could be established in rural areas where previously this would not have been possible. The view was expressed by a number of representatives that present efforts to provide UNICEF aid within the framework of the economic and social development programmes of the countries should be intensified wherever possible.

30. The expansion of permanent maternal and child health services and the improvement of their quality as a matter of high-priority interest to UNICEF was reiterated, and the Board adopted the recommendations of the UNICEF/WHO Joint Committee on Health Policy in this connexion (para. 67). General support for increased aid to environmental sanitation programmes because of their educational effect on the population and the opportunities they provided for active participation of the people was reflected in the Board's adoption of the recommendations of the UNICEF/WHO Joint Committee on Health Policy on future work in this field (paras. 71-75). Additional aid for tuberculosis control was urged by some representatives; this will be reviewed by the UNICEF/WHO Joint Policy Committee before it is considered by the Executive Board in June 1961 (para. 96). Attention was drawn to the value of pilot projects as an effective form of UNICEF aid. Aid in the new field of social services for children was generally welcomed; it extended the scope of UNICEF activities beyond the health and physical growth of the child (paras. 80-88).

31. The curtailment of supplies of donated skim milk powder for child feeding programmes (paras. 101-106) was generally felt by the Board to place a responsibility upon UNICEF for intensified efforts to find a more permanent solution of nutritional problems. Evidence of opportunities in this respect for UNICEF

aid was welcomed (paras. 107-126). Attention was directed to the close relationship between child nutrition and child health and the need, therefore, for greater aid in the nutrition field.

32. The hope was expressed that specific projects would be forthcoming for UNICEF aid for health, nutrition, and home economics education carried on through primary schools, as approved in principle by the Board in March 1959. Several representatives expressed the hope that the Board would adopt a policy of broader aid for primary education and suggested that this matter, which had been discussed by the Board in March 1959, might perhaps be reconsidered in June 1961.

33. Questions of co-ordination among the various international agencies, including provision of technical approval and support from the various agencies concerned without delaying project development, were given some attention (paras. 78-79, 84-86, 90, 94, 109-110, 114, 124-126, 139-142).

34. In the exchange of views on broader aspects of UNICEF policy, opinion was divided into several main groups, each with varying shades of emphasis. One group generally believed that UNICEF at present had a sufficiently broad field of action in view of its modest resources, and should be cautious in adding new categories of aid lest present endeavours lose their potential impact. While some members of this group believed that the balance between various types of programme aided was about right, others felt that this required more attention, and expressed the view that less resources should be devoted to large-scale disease control programmes.

35. Another group stressed the responsibility of the assisted countries for the ultimate choice of the best means of improving the lot of their children, and believed, therefore, that the range of opportunities offered to the countries by UNICEF should be wider than the existing categories of aid. It was suggested that the range be sufficiently wide to enable the countries to select and develop the programmes which they considered should receive high priority in the light of their own circumstances and the most pressing needs of their children.

36. Related to this view was the emphasis a number of representatives placed upon aid for multi-purpose programmes which recognized the interrelationship of children's needs and the desirability of specific measures for children as an integral part of comprehensive and balanced plans for the improvement of family and community levels of living.

37. Another related view advanced was that UNICEF, the organization created to promote the general welfare of children and mothers, should be in a position to help countries plan, and carry out, an over-all child welfare policy in relation to their general development programmes. It ought to be possible for a country to apply to UNICEF for such help, and UNICEF should be equipped to give it, even if this should require some redistribution of UNICEF's financial and administrative resources.

38. The Executive Director suggested that the evolution of policy might effect a synthesis of the various points of view expressed in the Board. It was necessary, in any case, for UNICEF to continue to assist going projects, and others in the planning stage, along present lines. At the same time, once the needs of children were defined more precisely by beneficiary countries, UNICEF could plan ahead on a longer-term basis, and, if necessary, with changed emphases.

39. It was clear that the various opinions referred to in the paragraphs above would need reflection by members. In order to help Board members better to consider the future orientation and scope of UNICEF activities at its June 1961 session, the Board agreed that an analysis regarding a survey of children's needs should be undertaken by the Executive Director (paras. 41-46).

Responsibilities in relation to Declaration of the Rights of the Child

40. One of the major preoccupations of the Board was with the responsibilities of the Fund in connexion with the Declaration of the Rights of the Child, adopted by the General Assembly in November 1959. Because of the great importance of these responsibilities, the Board drew up a statement setting forth its views on them, and on the need for further resources to help in their fulfilment. This statement, which was unanimously adopted by the Board, is as follows:

(1) At its fourteenth session the General Assembly of the United Nations adopted the Declaration of the Rights of the Child (resolution 1386 (XIV)).^a In its principles the Declaration states that the child should grow and develop in health and have the right to adequate nutrition, housing, recreation, medical services, education, moral and material security. This Declaration brings within a wider framework the practical responsibilities entrusted to UNICEF. UNICEF will plan its programme in full accord with the high principles of the Declaration in developing its service to the children of the world.

(2) In the same session the United Nations Assembly (in resolution 1391 (XIV)) recognized that the United Nations Children's Fund constituted a practical way of international co-operation to help countries to carry out the aims proclaimed in the Declaration of the Rights of the Child, and expressed the hope, in view of the magnitude of the many needs as yet unfulfilled, that all Governments of States Members of the United Nations or of the specialized agencies would contribute to UNICEF as generously as possible.

(3) Children in the less developed countries share the needs of children the world over. But inadequate nutrition, lack of education, substandard clothing and housing, and debilitated health often impair their enjoyment of a happy childhood and their capacity, as adults, to contribute to their communities' living standards.

(4) An added urgency is foreshadowed by the prospect of nearly 2,000,000,000 babies being born into the world during the next sixteen years (i.e., by 1975), and of these over 80 per cent in the less developed countries.

(5) When UNICEF was established in 1947 it was given the initial task of helping children suffering from the aftermath of war. In 1950 the task of reconstruction having been completed, the General Assembly re-stated UNICEF's task as one of providing long-term benefit for children, particularly in the less developed countries.

(6) Millions of children have benefited and are benefiting from UNICEF's help in ensuring a healthy start in life and continued protection against disease and hunger. UNICEF is now moving into the wider field of the social needs of children. But for every child assisted there are at least ten more needing help, and some being helped in one aspect need assistance in others.

(7) UNICEF's help is dependent on the requests made by, and the co-operation of, the beneficiary countries. More and more does the orientation of this help call for a fuller understanding by Governments, organizations and individuals of the needs of children. Unremitting investigation and study are called for to understand and meet these needs.

(8) In this changing and expanding field of responsibility, UNICEF develops its programme as one member of the United Nations family. Maintaining close links with interested Departments of the United Nations and the specialized agencies concerned, UNICEF combines its efforts with theirs to direct skill and material support towards improving the lot of humanity.

(9) During recent years UNICEF has allocated \$25 million on the average each year to the help it is supplying to beneficiary countries. Of this sum contributing Governments have donated \$19.5 million, whilst \$3 million have been received from other sources, the balance being provided from returns and reserves. These contributions do not take into account the value of donations in kind (mainly dry skim milk) supplied by certain Governments to the peoples of the less developed countries. At the same time beneficiary Governments have themselves spent, on the average, \$58 million a year as their "matching" share of implementing UNICEF-assisted projects.

(10) It is the contributions of Governments, organizations and private individuals which are the means whereby UNICEF can meet its growing responsibilities and opportunities in the further service of the increasing number of needy children in a peaceful world.

(11) With the growing realization of children's needs, and the rising resources of the contributing countries it is believed that Governments will be mindful of the challenging appeal of the United Nations General Assembly at its Fourteenth Session, in responding to so great a humanitarian cause, as well as to so compelling an assurance of the far-reaching economic benefits which investment in human welfare represents.

^a The text is given in full in annex VI.

Survey of children's needs

41. The future orientation and scope of UNICEF activities was a matter of major interest at the session. It was recognized that ten years had elapsed since UNICEF shifted its major emphasis from emergency relief to aid for programmes of long-range benefit to children in developing countries. While the pragmatic approach of the Fund had resulted in remarkable achievements, the question was raised as to whether a systematic survey of children's needs would not be useful at the present time. This question was discussed at some length by the Board.

Some representatives were not convinced that a special survey was necessary since in their view existing machinery (including joint policy committees with WHO and FAO) was adequate to assure a flexible evolution of UNICEF activities in the light of emerging needs. A larger group of representatives, however, favoured a survey of needs, but there was a difference of emphasis within this group on the scope of the survey and how it might best be undertaken.

43. Some representatives believed it desirable to have a broad study concerned with all the basic needs of children as a means of determining the most important areas requiring additional national efforts and international aid. The suggestion was made that this be undertaken by a small group of independent and impartial experts who would visit a number of representative countries in various regions. Other representatives, believing that such a study would be unnecessary, or premature, or even fruitless, preferred a more limited study.

44. There was a large measure of agreement that any study should include an approach to recipient countries to ascertain their views on the extent to which UNICEF was effectively helping them fulfil their most urgent children's needs, and as to what other forms and methods of aid might be desirable.

45. A number of representatives believed that considerable emphasis should be placed on the responsibility of each country for undertaking a process of evaluating its own priority needs of children, and for developing its own long-range plans and methods best suited for improving the conditions of its children. The suggestion was made that UNICEF, upon request of the Governments concerned, might well encourage such national inquiries and assessments through various forms of aid. Such surveys would have the additional value of providing guidance for international assistance.

46. As a result of its deliberations on this question the Board unanimously took the following decision:

"The Executive Board requests the Executive Director:

"(a) To undertake consultations with beneficiary countries and the technical agencies concerned for the purpose of ascertaining the priority needs of the children of these countries and identifying the fields in which UNICEF might assist in order to contribute to the greatest possible extent to their present and future welfare;

"(b) To take into account any views which other participating countries may wish to offer on these questions;

"(c) To submit his findings for the consideration of the Board at its session in 1961; and

"(d) To advise as to the desirability and methods of any wider survey into the basic needs of children."

Survey of training

47. The drastic shortage of trained staff is a major obstacle to the extension and the improvement of the quality of services with which UNICEF is concerned. Particularly in countries most in need of UNICEF aid, there are practical limitations on the aid which can be given because of lack of trained personnel to plan and administer the projects. The problem involves not only training of staff, but also the closely related questions of staff recruitment, use, and remuneration. While this problem has been receiving increasing attention in the UNICEF Board in recent years, and some steps had been taken to permit UNICEF to give more emphasis to aid for training, the Executive Director believed that the time had come for the Board to undertake a thorough review of UNICEF's present aid in this field as a basis for future policy. The Board decided to undertake this review at its next main session, in June 1961.

48. In the health field, the last session of the UNICEF/WHO Joint Committee on Health Policy recommended a "WHO/UNICEF study of jointly assisted training for permanent health services benefiting mothers and children" (E/ICEF/356, para. 8) and the Board approved UNICEF participation in such a study. In this connexion the Board was glad to hear that WHO had already made arrangements to engage a special consultant with outstanding experience. In addition to reporting to the Director-General of WHO on the technical aspects of the subject, the special consultant would also report to the Executive Director of UNICEF on non-technical aspects, including the financial provisions necessary for various forms of aid and such problems as the social and educational obstacles to the recruitment of trainees and the possibilities of subsequent employment (E/ICEF/R.887/Add.1).

49. In the nutrition field, the need for greater attention to the training of staff in both milk distribution and milk conservation programmes had received considerable emphasis at the September 1959 Executive Board session (E/ICEF/391/Rev.1, paras. 97, 113 (e), 115 (e), 127-130, 138 (h) and (i)). The FAO/UNICEF Joint Policy Committee at its last session, in June 1959, had discussed the possibilities of further international support for training in nutrition. This would include not only training of leaders who could influence food policy and the organization of nutrition programmes on a national scale, but also of workers in various fields (such as public health workers, school teachers, social workers, home economists, and agricultural extension workers) who could make practical contributions to various aspects of

nutrition activities. The FAO/UNICEF Joint Policy Committee had asked for a report on possibilities along these lines for consideration at its next session (E/ICEF/R.720, paras. 66-67).

50. In the field of social services for children, likewise, lack of trained personnel was a great obstacle to effective progress. The United Nations Bureau of Social Affairs engaged in regular surveys of social work training every four years and the Director of the Bureau stated that it would co-operate as fully as possible with UNICEF so that the Board would have before it, at its June 1961 review, a clear picture of the ways in which UNICEF might provide greater training help in this field.

51. The Board recognized that the Executive Director needed to collaborate closely with the technical agencies concerned in studies of training in health, nutrition, and social services, and that it would also be necessary for him to prepare an over-all analysis as a basis for future policy, which could be discussed by the Board in June 1961. Upon the recommendation of the Executive Director (E/ICEF/R.887) the Board allocated \$18,000 to be used by the Executive Director for consultant services. This would provide, together with travel costs, for 12 consultant-months. The Executive Director foresaw the possibility that this might not be sufficient to provide for the various consultants needed, and that he might need to request the Executive Board at its session in December 1960 for a supplemental allocation.

Policy on local matching

52. As used in UNICEF, the term "local matching" refers to the commitment and expenditure of national resources necessary for implementing a UNICEF-aided project. Matching is not an end in itself, but an effort to assure that a project is firmly rooted in the country as a basic responsibility of the Government. In addition to making it possible for UNICEF resources to be extended to more countries and more projects, matching generates expenditure of more funds for child care within each country.

53. The Executive Director pointed out to the Board that in most cases no problem existed in carrying out the matching requirement because the local costs, which are those normally borne by the Government, were usually considerably in excess of the aid requested from UNICEF. In a few instances, however, its application has created difficulties. This is because in practice matching has been interpreted as requiring from the country *new* expenditures at least equal in amount to that provided by UNICEF and, moreover, that these expenditures be made over the same period of time as the aid provided by UNICEF (E/ICEF/R.840). Instances in which difficulties have occurred are as follows:

Functional matching: In certain projects the cost of the supplies provided by UNICEF might exceed the amount of local money required to put them to full use. In 1954 the Board decided that for skim milk distribution, it would require only the matching expen-

diture needed to make the project work effectively (E/ICEF 276, para. 233).¹⁰ This was called "functional matching". It reflected the desirability of encouraging the most economical and effective organization of projects, and its application needed to be extended to the other types of UNICEF-aided projects.

Increasing coverage: In some instances a Government might have already made substantial efforts to deal with a problem and UNICEF aid was sought to extend the coverage of its programme (e.g. in some leprosy projects personnel had been provided, but imported drugs requested from UNICEF were in short supply).

Improving quality: In some instances the first step might be to improve the quality of the existing programme rather than to expand it. The Government expenditure might well be far in excess of the aid it was requesting from UNICEF, but it would not be employing new funds at the time of asking for UNICEF aid. The experience in developing the first social services projects bore this out.¹¹

Early phases of project: Sometimes greater assistance in the early phases of a project might be needed, though a substantial increase in Government expenditure could be expected at a later stage. Under certain circumstances this would enable useful projects to be started. Newly independent countries with limited resources but with pressing needs might particularly profit from aid in which the international contribution would, in the first stages, be larger than that of the Government. The planning in such cases would be for the Government share to increase progressively and for the international aid to be reduced.

54. In view of the situation outlined above, the Executive Board agreed:

(1) That while present matching criteria should continue to apply to the bulk of UNICEF-assisted projects, some flexibility might be permitted in particular cases where:

(a) Functional matching provided all necessary local costs even though these costs were not equal in amount to the UNICEF allocation;

(b) The Governments had previously provided funds for the project and needed help to improve the coverage or quality of the services; or

(c) The UNICEF aid would introduce a project in which Government expenditures were expected to increase progressively even though in the first instance they are less than the UNICEF allocation; and

(2) That in each such case the Executive Director should clearly indicate in the project recommendation submitted to the Board that the case was an exception introduced under this particular Board decision.

¹⁰ For one project in another field, trachoma control in Taiwan, the Board had also previously applied the functional matching criteria (see E/ICEF/R.840, para. 4).

¹¹ This was particularly the case for the project in Guatemala, E/ICEF/R.850, where, although considerable expenditures were being provided from both Government and voluntary sources, few funds could qualify as new expenditures.

Policy on local costs

55. The Executive Director recommended to the Board an increased flexibility in UNICEF coverage of local costs under certain circumstances in order to make some projects aided by UNICEF more effective, or to eliminate initial handicaps in the start of certain desirable projects (E/ICEF/R.891). He pointed out that while the main contribution of UNICEF aid was in the provision of imported supplies, it had become apparent over the years that there were some local costs which it was difficult for the various levels of government to meet from their own budgets. The UNICEF Board had previously decided that certain of these might be met by UNICEF, the most important of them being for stipends for trainees and aid in sharing the costs of teaching personnel.

56. The Executive Director recommended that he be accorded greater flexibility in including aid for additional local costs in project recommendations, on the understanding that this discretion would not be used in such a way as to interfere with the basic UNICEF principle that the requesting Governments should, in general, assume the local costs, and that UNICEF would not aid large local expenditures, such as construction costs.

57. The Executive Director cited two areas where this discretion appeared most important at present. The curtailment of donated supplies of skim milk powder would particularly affect school feeding programmes and therefore made it urgent to incorporate high-protein foods other than milk into school meals. While UNICEF was able to make local purchases of industrially processed high-protein foods, approved by the Protein Advisory Group, to introduce them in school meals, it was not able to do so for local natural foods (such as various beans and pulses incorporated into soups and stews). In order to help school lunch programmes, in instances where milk supplies at the beginning of the next school year in September would be drastically reduced, it would be desirable for the Executive Director to have authority to provide local natural foods as well.

58. The other main area for flexibility cited by the Executive Director was the need in some instances to provide salaries for a limited period of time for local supervisory and managerial personnel. In some countries, especially newly independent ones, there were sometimes difficulties in including provision for such personnel in budgets in the initial stages of otherwise worthwhile projects.

59. In the Board's discussion some representatives supported the Executive Director's recommendations. Others, however, held that an important question of principle was involved which warranted a more thorough examination than the Board was able to give to it during the course of the session. The possible effects of any change in UNICEF policy on practices of other United Nations agencies would need to be carefully considered.

60. As a result of the views referred to above, the Board decided firstly, to have a full discussion at its

June 1961 session on the principles pertaining to the payment of local costs, and secondly, without prejudice to these discussions, to authorize the Executive Director in the interim to bring forward project recommendations in line with his proposals as set forth to the Board (E/ICEF/R.891), on the understanding that this was outside present Board policy. The Executive Director was also authorized, in the interim, to support out of existing skim milk freight allocations, measures to introduce locally available foods into school meals beginning with the school year opening in September 1960.

Aid for the preparation of project requests

61. In the course of the Board's deliberations attention was directed to the fact that there was a tendency for UNICEF aid to go to those economically underdeveloped countries most ready to use it, even though these were not necessarily countries where children's needs were the greatest. Considerable help was already available from UNICEF field staff and international technical personnel to help countries prepare project requests, and the Board approval of an allocation for nutrition surveys (see para. 122) was a further step in this direction. Nevertheless, some Governments needed additional help in the early stages of project planning, including help in collecting the information required as a sound basis for planning.

62. In recognition of this need the Board approved an allocation of \$25,000 to be used by the Executive Director to aid Governments in the preparation of project requests. The Executive Director could use this allocation to reimburse the specialized agencies or the United Nations Bureau of Social Affairs for the services of experts to help Governments prepare project requests, if the agencies were unable to provide these services from their own budgets. He could also use this allocation to make small grants to countries for local personnel (such as, for example, experts from universities) and for such costs as field inquiries and assembling of data. It was understood that this allocation, which would be available for all regions, would be used on an experimental basis by the Executive Director until June 1961. At that time the Board, on the basis of the experience gained, would review this type of UNICEF aid.

63. The Executive Director called attention to the fact that the OPEX Programme offered possibilities for help to countries facing administrative problems and that the Board might, at a future session, wish to explore whether this could be used to help some of the projects receiving UNICEF aid.

Classification of UNICEF-aided programmes

64. A revision was made at the session in the classification of UNICEF-aided programmes to take into account aid for social services for children and the increasing numbers of projects anticipated for the deve-

lopment of protein-rich foods other than milk. The classification is as follows:

Major categories of UNICEF aid for maternal and child welfare

Health services

- Basic health/maternal and child health
- Environmental sanitation
- Handicapped children
- Care of premature babies

Family and child welfare services

- Social services for children
- Mothercraft and homecraft

Disease control

- Malaria eradication and control
- Tuberculosis control including BCG
- Yaws VD control
- Trachoma control
- Leprosy control
- Other

Nutrition

- Child feeding
- Nutrition education and related activities
- Milk conservation
- Other high-protein food development

65. While the new classification is convenient for administrative purposes it was recognized that in many cases the categories could not be completely dissociated from each other, and so any classification of existing projects will be somewhat arbitrary. As projects increasingly provided for a more comprehensive and integrated approach towards the improvement of living conditions of children, UNICEF aid would include elements from two or more of the categories (for example, a combination of basic health/MCH, nutrition education and related activities, and social services for children). Moreover, as is noted elsewhere in this report (paras. 84, 86, 90), some types of project, such as social services for children and mothercraft and homecraft, generally contain important health and nutrition aspects.

Health services

BASIC HEALTH/MATERNAL AND CHILD HEALTH

66. At the last session of the UNICEF/WHO Joint Committee on Health Policy (JCHP) held in December 1959 the Committee had before it a study on child care and nutrition education in maternal and child health centres (JC12, UNICEF-WHO, 2 and Corr.1, Rev.1 and Corr.1/Add.1). The last general review of maternal and child health activities had been made by the Committee in 1957 (E/ICEF/347; E/ICEF/353, Rev.1, paras. 49-59).

67. The Committee expressed its satisfaction with the progress made and the results already obtained and recommended that support from both Governments and international organizations for these programmes be intensified as far as possible (E/ICEF/396, para. 6.4). The Committee's conclusions, which were accepted by

the Executive Board as a guide for emphasis in aid to maternal and child health programmes, are given below:

Integration of MCH into general health services

Interdependence between child health and community health and the over-all environment calls for integrated services. Despite a tendency in this direction in certain countries, there are still areas where the maternal and child services function in relative isolation. It is recommended that this tendency to integration be strongly encouraged and stimulated.

Supervision

More and better supervision services should be provided in country programmes. Special emphasis should be laid in supervision on technical guidance rather than administrative control.

Training

More national tutorial personnel capable of giving instruction appropriate to the conditions of the country and introducing elements of health education in the schools must be trained.

Paediatric training should be strengthened at all levels. The creation of paediatric departments in medical schools and the upgrading of those already in existence would greatly contribute to the improvement of child health services, by improving the general competence of the practitioner. It will be particularly important to ensure close liaison between paediatric departments of medical schools and local health services.

The training of all categories of health personnel in the field of nutrition needs improvement. For this purpose, it is desirable for health personnel to be instructed in the nutritional problems of mothers and young and older children. In addition, the study of local nutritional problems, of methods of solving them, and of the most effective means of health education adapted to local needs should be aided and encouraged.

Combining midwifery and child care

Since the category of health worker most represented on the staff of MCH centres is the midwife, and, on the other hand, there are needs in child care which are not being met, one solution could be to broaden the scope of the midwife's activity to include basic elements of child care at least up to school age. Her training would have to be adjusted accordingly and the number of midwives increased. Alternatively, the creation of a new type of MCH worker could be envisaged.

Immunization

Immunization programmes which should normally form an integral part of the routine services for infants and young children are often inadequate. The maternal and child centres should be encouraged to continue and improve this work. UNICEF should intensify its assistance in this respect.

68. At the Board session, as at previous sessions, the crucial need for a strong system of general health services, comprising both preventive and curative services and a sound maternal and child health component, was stressed. The organization of such a system, however, was a slow process because of the need for trained personnel and for financing. While UNICEF was providing some aid for training, and might, as a result of the training survey (paras. 47-51), increase this aid in the future, one of the major financing problems for Governments involved the creation of new posts and continuing personnel costs. In the light of the demands on their health budgets for other programmes, many Governments could not achieve the rapid expansion in this field which was desired.

69. At the session, allocations were approved for twenty projects (some also including aid for environmental sanitation) totalling \$1.6 million, bringing to seventy-two the number of countries and territories receiving UNICEF aid for basic health/maternal and child health projects. By the end of 1959 UNICEF had provided technical equipment for some 5,600 main health centres and 9,500 village sub-centres, and in addition, for 535 districts and urban centres and maternity and paediatric wards of hospitals.

ENVIRONMENTAL SANITATION

70. In 1953 the UNICEF/WHO Joint Committee on Health Policy (JCHP) established principles which were subsequently adopted by the UNICEF Executive Board as the basis for UNICEF aid to environmental sanitation. Aid from UNICEF has taken the forms of drilling and digging equipment for wells and latrines; piping for tube wells and for bringing water from nearby adjacent sources into public standpipes of villages and the health centres of schools; equipment for workshops for fabricating latrine components; health education materials; transport; and stipends for training of sanitarians. In recent years, UNICEF allocations for environmental sanitation have averaged about \$300,000 a year.

71. At its twelfth session, in December 1959 (E/ICEF/396), the JCHP reviewed progress in aid for environmental sanitation on the basis of reports presented by the Director-General of WHO and the Executive Director of UNICEF (JC12/UNICEF-WHO 3; JC12/UNICEF-WHO/4). The Committee reiterated the view that environmental sanitation was basic to all maternal and child health work. It shared the belief of WHO that sanitation in general, and water supply in particular, had a direct bearing on morbidity and mortality of children and on the economic and social welfare of the community.

72. The recommendations of the JCHP envisaged some increase in UNICEF aid for environmental sanitation along the following lines: (a) greater emphasis on aid for environmental sanitation as an integral part of the expansion of integrated rural health services; (b) aid for training of more sanitarians (including supervisory staff) as well as more training of other health personnel in techniques of health education;

(c) more aid for improving sanitation in schools, health centres, and community centres; (d) an increase of aid to permit UNICEF to contribute to a greater volume of safe water, and easier access to water, by providing for more fountains and standpipes at public places in villages and small towns.

73. The recommendation in (d) above is in line with the policy of WHO adopted in 1959 of greater emphasis on safe and ample community water supplies as a spearhead for promoting environmental sanitation. It does not, however, envisage a change from previous UNICEF policy of not aiding large-scale public works for supplying water, or piping it to individual homes — a policy adopted because UNICEF resources were not considered sufficient to be effective in such schemes.

74. While it was recognized in the JCHP that urban areas had urgent sanitation problems, it was not clear how UNICEF could help solve them without entering the field of public works, which was beyond its means. The JCHP believed, however, that if practical ways of rendering useful assistance could be found, pilot projects might be presented to the Board for aid.

75. The criteria laid down by the JCHP along the lines discussed above, as well as other guide-lines for future aid to projects, were adopted by the Board as follows:

I. (i) The programme must conform to the national health policy.

(ii) Environmental sanitation, related to maternal and child health, is an integral component of health services and should continue to be closely integrated with them. In the future, emphasis need no longer be laid on the selection of sanitation projects set up as part of MCH schemes, but rather on sanitation programmes integrated with general health services or with programmes of community development assisted or to be assisted by UNICEF.

(iii) Assistance by UNICEF for the execution, maintenance and expansion of a successful environmental sanitation programme in a country should be based on:

(a) An organized health service which includes a basic MCH service and at least a nucleus of a sanitation service.

(b) The organization of a well-planned and intensive health education programme to be carried out through every staff member working in the health programme.

(c) The availability of an adequate sanitation staff and of supervisory sanitation personnel, to ensure in particular the purity of water supplies and the proper disposal of sewage.

(iv) Community participation and self-help should be insisted upon at all stages of the programme.

II. Programmes should be planned with a view to continuous expansion through the mutual co-operation of the central government, local government and communities concerned. The goal should be the development of country-wide environmental sanitation programmes.

III. In rural communities, programmes should include specific provision for water supplies, excreta disposal, health education of the population and training of all staff in both sanitation and health education methods and procedures.

IV. In all programmes special attention should be directed to the improvement of sanitation in schools, health centres and community centres.

V. Adequate numbers of competent sanitation personnel should be trained to facilitate supervision and maintenance of the original project and the expansion of projects.

VI. The Joint Committee recommended increased emphasis on UNICEF aid for training in environmental sanitation along the following lines:

Provision of stipends, in local currency, for within-country training of various levels of staff;

Provision of teaching materials, educational aids and books;

Transport of students for field practice especially adapted to the circumstances of the particular project.

VII. In all communities, a system of water distribution to public fountains or standpipes readily accessible to the home, should have preference over the provision of community wells. In communities where piped water supply is in existence or planned, supplementary assistance might be given by UNICEF for extension of water distribution to public fountains, schools, health centres and community centres.

VIII. As far as the question of sanitation in urban and, more particularly, in fringe areas is concerned, it was not clear how UNICEF could aid. However, it has been suggested that if there are some practical ways for UNICEF of giving significant assistance to such types of programme, pilot projects might be presented to the Executive Board of UNICEF for preliminary consideration.

IX. Special attention should be paid to the general problem of water and environmental sanitation in the control of bilharziasis. This grave and widespread disease, especially in children, needs further scientific study and the promotion of pilot projects.

X. Attention to the two problems of water and environmental sanitation is equally important in connexion with diseases spread by contaminated water or food and with communicable diseases of the eye.

XI. Evaluation of the results of a programme must be made with the collaboration of competent medical personnel.

Family and child welfare services

COLLABORATION WITH THE UNITED NATIONS BUREAU OF SOCIAL AFFAIRS

76. As is set forth in paragraph 64, the term "family and child welfare services" constitutes a new category of UNICEF aid comprising "social services for children" and "mothercraft and homecraft", the latter generally being closely associated with community development programmes. In both of these types of aid UNICEF relies primarily upon the United Nations Bureau of Social Affairs for technical advice.

77. In view of the increasing collaboration between UNICEF and the Bureau of Social Affairs, the Board noted with interest that the General Assembly, at its fourteenth session, in 1959, had approved an increase of \$275,000 for Advisory Social Welfare Services, bringing the total available for technical assistance under this regular programme to \$1.2 million. The increase was directly related to the urgent need for additional assistance to the newly independent nations in Africa and to the increasing requirements for supporting technical services for UNICEF-aided family and child welfare programmes.

78. The Director of the Bureau of Social Affairs informed the Board that this increase had enabled the Bureau to meet the requests from Governments for technical assistance to implement the four social services projects approved by the Board. The situation in the future would obviously depend upon the expansion of UNICEF aid for family and child welfare and community development programmes, as well as the priorities given by Governments to such programmes within their requests for technical assistance (both under the regular programme and the Expanded Programme of Technical Assistance).

79. The Director of the Bureau of Social Affairs called the Board's attention to the fact that in addition to assuming the salary and travel costs in 1960 of a special consultant on child welfare to help countries develop project requests for UNICEF aid in the field of social services for children, the Bureau stationed field staff in New Delhi and Mexico City during 1959 with the specific objective of giving technical support to UNICEF aid for social services and community development projects. She assured the Board of the Bureau's readiness to seek the necessary budgetary provisions required to provide supporting technical services for the further development of UNICEF-aided projects in these fields (E/ICEF/60-A CRP 13).

SOCIAL SERVICES FOR CHILDREN

80. The Board approved aid for four projects in the field of social services for children (Guatemala, E/ICEF/R.850; Turkey, E/ICEF/R.861; Uganda, E/ICEF/R.873; and United Arab Republic, Egypt, E/ICEF/R.879). These projects were the first results of a policy decision taken by the Board in March 1959. The projects and the general approach foreseen in this new field of UNICEF aid were discussed in some detail in Programme Committee (E/ICEF/L.1239, paras. 30-38) as well as in the Executive Board. The paragraphs below summarize the main points emerging from the discussion.

81. A common problem in most countries is that Government responsibility for social services is not as well developed as in other fields such as health, education and nutrition. Basic legislation is often lacking, and necessary budgetary appropriations difficult to obtain. Although activity by voluntary agencies is extensive in the field of social services and constitutes a resource of great strength, it also makes the question of co-ordination of effort a more difficult one. The shortage of trained personnel is an important problem, as is a tendency to be more concerned with remedial than with preventive work.

82. The projects approved by UNICEF were modest both in scope and cost, and the approach was experimental with no set pattern. The major emphasis in the projects was on training at various levels and on efforts to strengthen planning and co-ordinating bodies — priorities which had been laid down by the UNICEF Board. As a result of the possibility of UNICEF aid, various governmental departments and voluntary agencies were brought together, in some cases for the first

time. An attempt had been made in each of the projects to start at the point of greatest readiness by the country; to establish standards which would up-grade existing services; and to plan some form of surveys of needs. Even though limited in scope, the projects were all related to a broader concept for the development of national social services, and the Director of the Bureau of Social Affairs pointed out that future requests from the countries concerned, as well as from a number of other countries, would be more broadly conceived.

83. The Executive Board noted that all the projects had been prepared with the help of a special consultant on child welfare engaged by the United Nations Bureau of Social Affairs for a period of one year beginning in July 1959. UNICEF had reimbursed the Bureau for the consultant's services and travel in 1959, after which the costs were assumed by the Bureau. The special consultant was visiting a number of countries in Asia during the first half of 1960, and it appeared likely that recommendations for aid in social services from some of the countries visited would be submitted to the Board at a future session. The method of having a highly qualified consultant on child welfare to help countries prepare project proposals was generally commended.

84. The representative of WHO called attention to the basic importance of, and the need for greater attention to, the health aspects of social service projects in both their planning and their implementation. This view was generally endorsed by the Board. The representative of WHO stated that his organization had an important interest in helping ensure the full success of projects in this field, from the planning stage onwards, and it would welcome further consultations as to the extent of its participation.

85. In the course of the Board's discussion of the question of co-ordination between the various international agencies in this field, the view was expressed that a single agency should have authority to give technical approval to projects. Maximum participation of all the other agencies concerned should be assured in such a way that the development of projects would not be hampered. (For similar views in connexion with mothercraft and homecraft projects, see para. 90.)

86. The Director of the Bureau of Social Affairs pointed out that while the Bureau had primary technical responsibility for project development in this field, it believed in a comprehensive and co-ordinated approach and would welcome further consultation with the specialized agencies to this end. The special child welfare consultant of the Bureau has been in close contact with the specialized agencies concerned before approaching the Governments of the countries requesting aid, including wherever possible their regional offices. The provision by the relevant agencies of advisers at the country level at the time when they were needed was of great practical importance. The Administrative Committee on Co-ordination was reviewing its machinery and procedures at its April meeting, and, if necessary, might be asked to consider the question of flexible arrangements for collaboration among

the agencies in this field. The Executive Director pointed out that in these projects, as in others, the usual UNICEF practice would be followed of advising the specialized agencies at an early stage of Government requests for aid.

87. In addition to the points summarized in the paragraphs above, a number of other views were expressed by various representatives along the following lines:

A balance should be struck between social services concerned with family and child welfare generally, and specialized services for children in need of special care;

Care should be taken to fit social service projects into the traditional background of the country;

Health services, particularly maternal and child health, should, wherever possible, be co-ordinated with social services for children, and could often be used to stimulate their development;

Well-prepared studies within the country were necessary if projects were to be effectively adapted to local conditions;

Evaluation of projects at an appropriate time was of great importance;

Caution should be exercised against too rapid a venture in a new field such as social services, the scope of which was somewhat difficult to define;

Relations with voluntary agencies required care, lest, on the one hand, private initiative be discouraged or, on the other hand, standards be set too low;

Aid for social services could have a significant catalytic effect on child care programmes generally, and therefore merited a high priority;

Aid for suitable play materials should be encouraged because of their importance in the social and emotional development of children;

The costs of maintaining children in residential institutions and day-care centres should be studied in relation to the costs of enabling families to keep their children at home.

88. The Board heard statements from representatives of four international non-governmental organizations, all endorsing the progress thus far made in aid for social services for children.¹²

MOTHERCRAFT AND HOMECRAFT

89. With the approval of three projects for mothercraft and homecraft, UNICEF is now helping four

¹² The representatives of two of the organizations — the International Conference of Social Work and the International Social Service — expressed the hope that the Bureau of Social Affairs would be in a position to continue to provide the necessary qualified staff to help countries prepare projects, and that funds and well-qualified candidates would also be available for international advisers to help countries carry out the projects (see paras. 78-79). The representative of the International Union for Child Welfare (IUCW) called attention to the importance of encouraging inter-action between governmental and voluntary efforts, and to the role which some voluntary agencies, such as the IUCW, could play in training. The representative of the Pan Pacific and Southeast Asia Women's Organization called special attention to the need for UNICEF aid for social services in Asia.

countries in Africa with projects of this type. The mothercraft and homecraft project approved for Morocco was the first one of this type aided by UNICEF in North Africa. This kind of activity, which had begun in East Africa as an integral part of national community development programmes, was gradually being extended elsewhere in Africa. An interesting feature of these projects was that the training of professional and semi-professional workers enabled them, in turn, to train large numbers of voluntary workers. The mothers' clubs, which were a key element in the projects, in addition to preparing women for greater participation in community life, provided a most effective means of educating mothers in child care, home economics and hygiene, and generally in improving the home atmosphere.

90. In the Board's discussion it was pointed out that while the United Nations Bureau of Social Affairs was the technical agency upon which UNICEF primarily relied in these programmes, the specialized agencies were also interested in them from the point of view of nutrition, health, home economics and education. Attention was directed to the importance of securing all the elements of international consultation and advice required without duplication or delaying project development.

Disease control

MALARIA

91. When in September 1959 the Executive Board reviewed in detail the progress in UNICEF-aided malaria campaigns, a number of campaigns had been under way for several years and their progress was encouraging. It was clear, however, that the eradication effort would take longer and the costs would be higher than originally estimated. In order to allow sufficient funds to be available for other programmes of aid, the Board reaffirmed its ceiling of annual allocations of \$10 million for malaria. The Board also decided at its September 1959 session to review the scope of its aid for malaria campaigns again at its June 1961 session in the light of the resources then available to UNICEF and the progress in the campaigns then apparent (E/ICEF/391/Rev.1, paras. 51-74).

92. As it planned to make an extended review in June 1961, the Board did not discuss in detail progress in malaria campaigns at its March 1960 session. From the information presented to the Board, however, it was clear that the continuation of spraying until interruption was achieved involved the Governments in continued expenditures. At the same time, they were also being faced with the considerable costs required for well-organized surveillance systems. Many of the campaigns being assisted by UNICEF were thus at their maximum-cost phase and UNICEF would not be able, under its \$10 million ceiling, to meet all the needs of these campaigns for imported supplies; a number of Governments were obliged themselves to shoulder

the costs of some of the increased requirements for insecticides and transport.

93. At the session, the Board approved allocations totalling \$3.1 million for anti-malaria campaigns (see annex I). Of this amount \$938,000 was for use in 1960 operations, with the remainder primarily for use in 1961.¹³ The comments of the Programme Committee in reviewing the projects are summarized in E/ICEF/L.1239, paras. 45-52. The suggestion was made that in future requests for allocations the Board be informed as to whether the projects conformed to the criteria established by the Board in September 1959 (E/ICEF/391/Rev.1, para. 70).

94. For the June 1961 review of its policy concerning anti-malaria campaigns the Board expected to have available adequate documentation from the Executive Director and from WHO well in advance of the session. The suggestion was made that it would be useful for WHO to provide to the Board not only an over-all factual report about trends in malaria eradication work, but also information for each country assisted by UNICEF on the results thus far achieved and the prospects for the future.

OTHER DISEASES

Tuberculosis

95. The Board approved allocations for the continuation of four BCG vaccination campaigns and for two tuberculosis surveys which would provide the basis for planning future tuberculosis control activities (see annex I; for a summary of Programme Committee comments, see E/ICEF/L.1239, paras. 53-54). In 1960, BCG vaccination campaigns will be continued in thirteen countries with a goal of testing 38.4 million children and vaccinating close to 14 million. At the same time teams of WHO experts or national teams will be undertaking surveys in a number of the countries in order that tuberculosis programmes can be organized to meet local conditions. In some countries Governments were moving in the direction of consolidating BCG activities into permanent health services; such consolidation was not feasible, however, where no permanent health services existed.

96. It was pointed out in the Board discussion that tuberculosis was a growing problem in a number of developing countries where it was aggravated by industrialization, and the hope was expressed that UNICEF would be able to increase its aid in this field. The Board noted that the UNICEF/WHO Joint Committee on Health Policy had decided to review, at its next session, on the basis of a substantive report by WHO, general policy for tuberculosis control programmes, including vaccination campaigns, chemotherapy, and chemo-prophylaxis (E/ICEF/396, para. 9). The Board looked forward with considerable interest

¹³ The allocations for 1960 operations would normally have been made in 1959, but were deferred for various reasons. If the \$938,000 had been allocated in 1959 the total malaria allocations in 1959 would have amounted to approximately \$9.3 million.

to this review and the recommendations of the JCHP that would result.¹⁴

Yaws control

97. The progress of yaws control campaigns had slowed down somewhat in 1959 in some of the countries in Africa because of administrative changes, and in Indonesia because of a shortage in local funds. Nevertheless, because of an anticipated start-up in 1960 of campaigns in Africa in four republics of the Community and expansions planned in most of the other African campaigns, the number of children and mothers to be treated in 1960 is expected to reach 2.1 million, an increase of 500,000 over 1959. In some campaigns it has been necessary to increase the number of case-finding and treatment surveys in order to reduce the disease incidence to a level at which consolidation will be feasible. It now appears that, in general, the consolidation stages will not be reached in campaigns as soon as had been expected. In Asia it is expected that intensive campaign activities will probably have to continue in several countries for 8 to 10 years. One of the important problems for the future lies in maintaining the results of the campaigns through consolidation into regular health services. In Africa there is encouraging evidence that the success of yaws campaigns has awakened interest among village people in additional health services. In Haiti it was expected that full nation-wide eradication would be achieved in the first half of 1960, with the entire country then entering the surveillance stage; UNICEF gave its first assistance to Haiti in 1949, at which time yaws afflicted more than half the population in many rural areas.

Leprosy control

98. The greatest efforts against leprosy are being made in Africa south of the Sahara, where nineteen campaigns are being assisted by UNICEF. However, the 700,000 cases under treatment in these campaigns (half of them mothers and children) constituted only one-third of the total known cases in the region and less than half of the planned target in the countries concerned. Because of the prolonged treatment required, the ensuring of regular and continued treatment of patients was a major problem everywhere. Little was so far being done for mass treatment in the large endemic areas of Asia. Of the five campaigns being aided in Asia an estimated 120,000 persons were expected to be under treatment in 1960, while in India alone there were an estimated one and one-half million persons suffering from leprosy.

Trachoma and related eye diseases

99. In eleven UNICEF-aided campaigns in 1960 over 2.2 million persons are expected to be treated,

¹⁴ The forthcoming review was welcomed by the representative of the International Union against Tuberculosis, who called attention to the value of concerted action by both medical and lay workers, official and voluntary, and pledged co-operation, wherever possible, in the sixty-five countries in which the Union had member associations and services.

of whom 1.7 million will be children. In the search for simple and cheap methods of control, several types of treatment schedule had been used. Countries in North Africa had organized large and successful campaigns based upon an economical "intermittent" treatment schedule. Trials are under way to determine the applicability of this method in other countries. The need to continue and intensify planning, epidemiological research and field surveys was emphasized. In some instances insufficient funds in health budgets have held back initiation of large-scale campaigns.

Bilharziasis

100. The first UNICEF aid for bilharziasis control was approved at the session. This constituted aid for the first two years of a pilot project in the Egypt Region of the United Arab Republic as part of a plan for a five-year project. The first period was expected to be of a preparatory and fact-finding nature, and the second would constitute the actual attack phase, based upon the findings of the first period (E/ICEF/R.870; see annex I). UNICEF aid in principle for pilot projects in bilharziasis control was approved by the Board in March 1959 (E/ICEF/380, paras. 117-118). Bilharziasis, prevalent in Africa, the eastern Mediterranean, and some countries in the Americas and the western Pacific, is second only to malaria as a parasitic disease and is especially widespread among children.

Nutrition

DISTRIBUTION OF SKIM MILK

101. The curtailment in the availability of skim milk powder for distribution through UNICEF continued to be a matter of considerable concern to the Board. At a special Board session in December 1959 the Executive Board authorized the Executive Director, if donated supplies proved insufficient, to use money normally allocated for ocean freight on milk to purchase and ship up to 15 million pounds of skim milk powder a year (E/ICEF/393). At that time the Executive Director hoped that an annual amount of 15 million pounds over a period of several years might be sufficient to enable Governments to make distribution at reduced levels to the most vulnerable groups. However, subsequent reports from the field and a further study of the situation revealed that this amount would be insufficient to make satisfactory adjustments, and that countries needed assurance of a regular annual minimum supply of milk powder totalling in the neighbourhood of three times this amount for a period of several years.

102. Upon the advice of FAO and WHO it had been agreed for some time that the nutritional needs of pre-school children and nursing and pregnant mothers were greater than those of school-age children and that they should receive priority in milk distribution schemes. The representative of WHO also pointed out that the individual ration of dry skim milk should be at least 40 grammes (14 grammes protein). A general recommendation along these lines had been made in the report to the Board in September 1959 on "UNI-

CEF-assisted programmes of dry skim milk distribution" (E/ICEF/385 and Corr.1) and had been adopted by the Board (E/ICEF/391/Rev. 1., para. 101). The following more detailed priorities for pre-school children and mothers recommended by FAO and WHO were called to the Board's attention at the March 1960 session (E/ICEF/R.896):

- (a) Sick children, especially those suffering from protein deficiency;
- (b) Infants totally or partially deprived of mothers' milk;
- (c) Children in the weaning and post-weaning period (1 to 3 years);
- (d) Pregnant and nursing women.

103. It was recognized that there were certain projects for pre-school children located in countries or areas where malnutrition was greater than in others, and some account needed to be taken of this in carrying out the priorities. Also there were some school feeding projects in which milk distribution would be justified, even if supplies available were at a minimum, because it was an essential part of a nutrition education plan and there was a present or potential milk production in the country.

104. In 1959 consumption of milk shipped by UNICEF was about 100 million pounds, reaching some 5.2 million children and mothers. In 1960 consumption of milk shipped by UNICEF is estimated at about 70 million pounds, reaching about 3.5 million beneficiaries. The United States Government has advised UNICEF that some donated milk will be available for consumption in 1961; at the time of the Board session it appeared that the amount available for consumption in 1961 might be about half that of 1959.

105. The Board recognized the possibility that the needs of certain projects of high priority, according to the criteria recommended by FAO and WHO, might not be met from the donated milk available, and it was understood that the Executive Director would, if necessary, use the authority given at the December Board session to use the freight allocations previously made for milk to purchase and ship milk.

106. Members of the Board welcomed the possibility that the amount of donated skim milk powder available from the United States for 1961 consumption would likely be greater than had been hoped earlier, and the generosity of the United States Government was appreciated. Appreciation was likewise expressed for a donation announced by Switzerland of 345 tons of whole milk powder for distribution to especially high-priority groups.

MILK CONSERVATION

107. In September 1959 the Board, on the basis of a special report (E/ICEF/384), reviewed in some detail progress and policy regarding UNICEF aid for milk conservation (E/ICEF/391/Rev.1, paras. 114-138). The Board was interested to hear that in view of the decreased supplies available for skim milk distribution, Government requests for aid to milk conservation could

be expected to increase; some sixteen new projects were being planned for presentation to the Executive Board in 1961 and 1962. It was hoped that in certain countries where completion of UNICEF-aided milk conservation plants was lagging owing to insufficiency of local funds, the curtailment in the supply of donated skim milk powder would serve to induce the Governments to give the necessary priority to plant completion.

108. A number of delegations expressed their strong support for a greater emphasis on aid for milk conservation because it encouraged permanent and better use of local resources to attack the nutrition problems of children and because of its valuable economic side-effects. The necessity to lower the price of the milk for people with low incomes was stressed. "Toning" (mixing high-fat milk with reliquefied dry skim milk), "standardization" of milk (by removing part of the butter fat which was subsequently made into higher-priced products), bulk distribution at fixed times and places, and subsidizing milk to the neediest groups were methods which could be used for this purpose. They were already being successfully employed in India and would be tried increasingly in UNICEF-assisted schemes elsewhere.

109. The representative of FAO informed the Board that some nineteen FAO experts were employed to provide technical support for jointly assisted milk conservation projects and twelve fellows were under training outside their countries, or about to begin such training. In 1960 some \$375,000 was being used for experts and fellows, of which about \$135,000 was being made available through the UNICEF allocation for reimbursement to FAO for project personnel. The FAO and UNICEF secretariats had engaged in consultations to establish the technical assistance requirements for 1961 and 1962.

110. In this connexion one delegation stressed that the concept of joint assistance required FAO and UNICEF each to provide the resources for which they had special competence. Assisted Governments, for their part, must be prepared to make full use of the services offered under the Expanded Programme of Technical Assistance. At the same time UNICEF, by careful prior consultation with the co-operating agencies, should see that it did not outrun the capacity of the agencies to play their part. In the event that urgent projects were hampered by lack of technical support, UNICEF would need to review its priorities; it might, in some circumstances, be forced to reconsider the extent of its traditional reliance on the co-operating agency for technical advice.

111. The need was emphasized for more and better-trained national staff to develop and operate milk plants, and for the development of schemes which would train local personnel.

112. Allocations were made at the Board session for six milk conservation projects (see annex I). In two of these projects (India-Andhra Pradesh, E/ICEF/R.857, and Yugoslavia, E/ICEF/R.834) the Board employed the practice for the first time in milk conservation projects of approving a whole project but leaving for allo-

cation at a later time provision for expenditure to be undertaken in the later years of the project.

OTHER HIGH-PROTEIN FOOD DEVELOPMENT

113. In view of the curtailment in the availability of donated supplies of skim milk powder the Board was especially interested in the recent progress being made in the programme of research and development of protein foods for children to which FAO, WHO UNICEF, the Rockefeller Foundation and various institutions and nutritionists around the world had been contributing. At its session in September 1959, the Board had reviewed a detailed report summarizing the progress which had been made to that time E/ICEF/389; E/ICEF/391/Rev.1, paras. 139-152). Two project allocations resulting from this programme were approved at the March 1960 session (India, peanut flour production, E/ICEF/R.884, and Indonesia, sari-dele production, E/ICEF/R.858; see annex I for a summary of these projects).

114. The Board was informed that the Protein Advisory Group (PAG) which had been established by the Director-General of WHO in 1955 to advise FAO and UNICEF on the safety and usefulness for human consumption of new types of protein-rich foods was being reorganized to reflect the broader tasks regarding research and development of new foods which it had been obliged to undertake. In the future it will act as an FAO/WHO/UNICEF Group consisting of eight members jointly selected by the executive heads of the three organizations. It would advise the Directors-General of FAO and WHO and the Executive Director of UNICEF on appropriate technical and ancillary aspects of the joint programme for the improvement of protein nutrition which concern them, and on related questions. The costs of the Group's meetings will be shared by the three organizations. The Board expressed its appreciation to WHO and to the members of the PAG for the important services they had rendered in the joint programme.

115. The Acting Chairman of PAG reported to the Board on developments (E/ICEF/60-A/CRP/23), which were considered at its meeting in New York on 2, 3 and 4 March, 1960. Of all the processed protein-rich foods with which work had been done in the last five years, peanut flour had reached the most advanced stage of development and would soon be undergoing large scale acceptability tests as a child feeding supplement in a number of countries. The PAG believed that UNICEF aid in increasing commercial production of this type, and promoting their use by the groups who were in need of them, was to be encouraged. Not only peanut flour, but other oil seed press-cake meals, and protein concentrates prepared from them, offered encouraging possibilities. For instance, cottonseed flour, sesame flour and sunflower seed flour were in the final stages of preliminary testing. Some commercial firms were continuing to work on processes for producing high-quality coconut flour. Raw materials for these products were available in quantity in many countries where under-nutrition was a major problem. The PAG

encouraged further work on these products because of the large available supplies of suitable raw material and the relatively high nutritive value of the protein foods that could be derived from them. In Central American countries (especially in Guatemala and El Salvador) there was a product consisting of a mixture of cottonseed flour, corn flour, sorghum flour and dry yeast which had been tested scientifically and then tried in acceptability and marketing tests by the Institute of Nutrition of Central America and Panama (INCAP) in Guatemala.

116. The soya bean had long been used as human food, but there was still much to be done in developing acceptable formulations for the young infant. Infant feeding experiments with a product prepared from fermented soya beans had given encouraging results. UNICEF had also been in touch with several groups in various countries which were developing commercial processing of fish flour. The technical problems involved in attaining a reproducible production of acceptable fish flour had not yet been completely solved. A UNICEF-aided fish flour plant in Chile was scheduled to be tested in June 1960.

117. As the programme on development of new protein-rich food came closer to fruition, the PAG would give increasing encouragement to the use of traditional protein-rich foods such as pulses, meat and eggs. Work was needed on proper formulation of pulses, so that they could be used as supplements for the young infant. In India some promising work along this line was in progress. It seemed likely also that quantities of meat could become available in Africa and certain other areas through improved animal husbandry and provision of adequate slaughtering, processing and preservation facilities. Procedures for making a dehydrated meat meal, without damaging the highly nutritive meat protein, were being investigated. Meat meal might find a place as a future protein supplement for infants and children. The PAG was following with great interest the technical development on so-called protein "isolates" from legumes, seeds and other vegetable sources. Members of the PAG were prepared to test these products in their laboratories and hospitals for their biological value, acceptability and effect on health of infants and children.

118. The PAG looked with favour on UNICEF support of development and acceptability and marketing trials of mixtures — e.g., peanut flour and skim milk powder, or maize flour and skim milk powder. By use of such combinations, supplies of skim milk powder protein could be extended. The addition of skim milk powder to certain food products would balance and make more nutritious the proteins of these foods. Studies were needed on mixtures which would be suitable for the infant under one year of age, and in this connexion more information was needed on infant feeding practices throughout the world.

119. The PAG believed that the promotion of protein-rich foods, both processed and home-cooked, would have to be increasingly emphasized in order to introduce the foods into local child feeding habits. The

decision of the Board to permit greater flexibility in the provision by UNICEF of local costs (see para. 57) was expected to help introduce local foods into children's diets.

120. The PAG supported the addition of vitamin A and vitamin D to skim milk and therefore awaited the results of the field trials of fortified milk powder which had been started by UNICEF. In many countries, especially in Asia, vitamin A deficiency caused great harm to the eyes and a large percentage of complete blindness, in infants. Since skim milk was deprived of fat which contains vitamin A, vitamin A should be added. The possibility of adding vitamin A to other protein-rich foods to be used by infants would also be considered by the PAG.

NUTRITION EDUCATION AND RELATED ACTIVITIES

121. The Board approved allocations to four new projects for the first time in the field of nutrition education and related activities (see annex I), bringing to seventeen the number of country projects aided by UNICEF since the Board approved in principle aid in this field in 1957. In general the projects attempt to educate villagers, especially mothers and children, in simple, practical measures directed towards nutrition practices most in need of change, and to give them an opportunity, through such activities as gardens, fish culture, and small animal and poultry raising, to put into practice what they are learning from nutrition education. Since a number of projects involve several governmental services (agricultural extension, home economics, community development, education, health), they are having the effect of stimulating the co-ordination of a wide range of local resources. Aid for training is an important feature of each of the projects.¹⁵

122. In addition to the country projects, the Board also approved an interregional block allocation of \$50,000 to permit the Executive Director to help Governments undertake nutrition surveys as a basis for planning projects for which UNICEF aid might be requested (E/ICEF/R.895). Such surveys would provide the facts to develop realistic plans of action. While a special problem arose in 1960 because of the nine-month interval between Board sessions, the Executive Director pointed out that the procedure of a block allocation for this purpose would also appear to offer a desirable flexibility in normal circumstances in initiating expanded nutrition projects, and that he might propose that this procedure be continued with renewed allocations from time to time. Several representatives expressed some reservations in principle to the use of block allocations in normal circumstances.

¹⁵ The Non-governmental Organizations Committee on UNICEF directed the Board's attention to the mutually beneficial results from attendance of several member organizations of the Committee as Observers at nutrition education seminars organized with the co-operation of FAO and UNICEF. Since the organizations are engaged in various nutrition education activities, their attendance at seminars would be helpful in orientating their work. The hope was expressed that the practice of inviting non-governmental organizations to seminars would be continued.

123. The Board was informed that an FAO Regional Office for Africa had been established in Ghana in September 1959. The existence of this office, which included a regional nutrition adviser, was expected to facilitate project development in Africa.

CO-OPERATION IN FREEDOM-FROM-HUNGER CAMPAIGN

124. The representative of FAO informed the Board that the Freedom-from-Hunger Campaign sponsored by FAO would be launched on July 1st, 1960, and would extend through 1965, reaching a climax in a World Food Congress in 1963, the 20th anniversary of the United Nations Conference in Hot Springs, Virginia, which led to the establishment of FAO. The Campaign called for the participation of Governments, the United Nations and the specialized agencies, non-governmental organizations, and individuals. Tentative arrangement for co-operation with the United Nations, the specialized agencies and other related international organizations had already been made, and these would be co-ordinated through the Administrative Committee on Co-ordination.

125. The Executive Director informed the Board that in recent consultations with the Director-General of FAO he had expressed the readiness of UNICEF to work in close co-operation with FAO in the Freedom-from-Hunger campaign. In 1960 UNICEF had stood aside in fund raising efforts from private sources wherever an active campaign was under way for the Refugee Year. However, the Executive Director did not believe that UNICEF could be expected also to stand aside for the full five-year period designated by FAO. He believed that because of the availability of UNICEF national committees and the established UNICEF relations with non-governmental organizations in a number of countries, UNICEF co-operation could be helpful to FAO.

126. It was pointed out in the Board discussion that UNICEF assistance to projects for the improvement of child nutrition, many of which were also assisted by FAO, constituted an important part of the action of the United Nations family of agencies in achieving freedom from hunger. If the campaign was fully to serve its purposes it should bring about a substantial increase, as part of its practical action phase, in aid for child nutrition.

Emergency aid

127. On the day before the opening of the Programme Committee's session (7 March), the Board approved by mail poll a recommendation of the Executive Director for an allocation of \$50,000 for emergency aid to Morocco in connexion with the earthquake which struck the town of Agadir on 1 March. Camp beds and supplies of sweetened tinned milk were expected to be available in Morocco while the Board was still in session (E/ICEF/L.1239, para. 6). On the first day of its session (14 March), the Board approved an emergency relief allocation of \$55,000 to Mauritius for blankets for mothers and children rendered homeless as a result of cyclones which struck the island in January and February (E/ICEF/R.899). For the year 1959

emergency allocations totalled \$1.2 million, or 5.2 per cent of all programme allocations; in each of the two previous years allocations for emergencies had totalled somewhat under \$400,000, or 1.9 per cent of all programme allocations (see annex II).

128. The Board engaged in a general discussion of UNICEF practice in providing aid in emergency situations. It was pointed out that certain disasters occurred in parts of the world which were not much in the public eye and that in such instances UNICEF obviously had an important role to play right from the start. A question was raised, however, concerning aid in instances where considerable assistance was available from other sources, mainly voluntary agencies. An opinion was expressed that in such cases it would be more desirable for UNICEF to defer giving immediate help in favour of aid at a later stage, when other outside assistance had come to an end and the possibilities would be clearer as to the type of aid required to meet the long-range aftermath of the situation and to encourage a return to normal living. One suggestion made was that UNICEF should discuss with the Government concerned as to whether UNICEF aid at a later stage might not be more useful than immediate aid. However, if the Government confirmed that it needed immediate aid, UNICEF would normally provide it.

129. A large number of Board members took the position that UNICEF could not change its basic policy regarding provision of emergency aid. They cited the humanitarian character of the Fund and its moral obligation as the only United Nations organization exclusively for children and mothers to help alleviate their suffering in times of disaster. Also, UNICEF was often able to provide certain types of aid more quickly than other agencies, a matter of great importance in emergency situations. Immediate aid did not preclude subsequent aid of a more far-reaching nature, and initial participation by UNICEF might provide a better basis for ascertaining what long-range aid could be most effective at a later stage. Moreover, it was pointed out, the resources of UNICEF devoted to emergencies accounted for only a small proportion of total aid and therefore raised no serious questions regarding resources available for other types of aid.

130. The discussion confirmed general Board support of the present practice of the Executive Director in bringing forward recommendations for emergency aid. In the light of the views expressed, however, it was agreed that the Executive Director would, in each case, pay particular attention to the timing and scale of the aid recommended, and would continue to do his best to ensure that the UNICEF aid recommended would not duplicate that available from other sources and would be distributed in co-ordination with such aid.

Advance delivery of supplies for certain projects

131. Because of the change in the Executive Board's meeting schedule there will be a nine-month period between two Board sessions in 1960 (March and December), instead of the normal six-month period (June

and December in future years). Where feasible, the Executive Director had advanced to the March 1960 session allocation recommendations which could not await the additional three months without jeopardizing the continuation of operations. In the case of seventeen projects, however, this had not been possible. For these projects supplies costing an estimated \$1,658,000 (exclusive of freight costs) had to be delivered before the December 1960 Board session. All the projects were ones for which allocations had previously been made by the Board, with the exception of a new request which might be presented for malaria eradication in the Egypt region of the United Arab Republic, the possibility of which had previously been foreseen by the Board.

132. After having been informed of this situation by the Executive Director (E/ICEF/R.890) the Executive Board gave him authority to make the advance procurement and delivery of supplies required prior to the December 1960 Board session for those projects which had been previously assisted. The Executive Director would be free to consult the Chairman of the Executive Board and the Chairman of the Programme Committee in this regard. In the case of malaria eradication in the Egypt region, the Board decided that, because it involved aid for a new project, the Executive Director, if he were recommending assistance to it, should submit a mail poll recommendation to the Programme Committee to be followed by a mail poll of the Executive Board, for approval of the supplies which were required to be in place before December 1960.

Model agreement with Governments

133. The Board noted the revised text of the model agreement which the Executive Director intended to use as the basis for negotiating any new country agreements (E/ICEF/60A/CRP/5). Several Board members reserved their positions and stated that they might wish to comment on this text at later sessions.

134. The changes in the text, which had been worked out in consultation with the United Nations Office of Legal Affairs, reflect more fully than did the previous model agreement the changed character of aid given by UNICEF, including the greater detail of respective commitments now provided in the plans of operations for individual projects. They also simplify the wording of some of the clauses in the previous model agreement. The Executive Director pointed out that prior agreements would remain in force; they might, if necessary, be amended by an exchange of letters, but Governments with which agreements had already been concluded would not be obliged to conclude new agreements to conform to the new texts.

Beneficiaries and currently assisted countries and projects

135. During 1960 some 55 million children and expectant and nursing mothers are expected to benefit from the principal large-scale disease control campaigns and supplementary feeding projects assisted by UNI-

Table 4

BENEFICIARIES OF UNICEF-AIDED PROGRAMMES 1959 AND TARGETS FOR 1960

	Estimate accomplished 1959	Target 1960
<i>Anti-malaria campaigns</i>		
Children and mothers protected with UNICEF insecticides.....	31,244,000	33,018,000
<i>BCG-anti-tuberculosis vaccination</i>		
Children vaccinated	14,196,000	14,975,000
<i>Yaws control</i>		
Children and mothers treated.....	1,539,000	2,099,000
<i>Control of trachoma and related eye diseases</i>		
Children treated	1,532,000	1,721,000
<i>Leprosy control</i>		
Children and mothers under treatment	406,000	497,000
<i>Supplementary feeding</i>		
Average number of children and mothers receiving daily milk rations	3,210,000	3,500,000

CEF.¹⁶ This is the same number as benefited in 1959. (As compared with 1959 a reduction of about 1.5 million beneficiaries in supplementary feeding projects is expected in 1960; however, the total number of beneficiaries in 1960 is about the same as 1959 because of increases in other types of programme.) A breakdown of beneficiaries for 1959 and targets for 1960

¹⁶ The figures are for children and expectant and nursing mothers receiving direct benefits: i.e., vaccinated rather than tested in BCG campaigns; treated rather than examined in yaws and trachoma campaigns. Not included in the total are the many children and mothers who receive benefits (other than milk) from health centres, clinics and children's and maternity hospitals aided by UNICEF. By the end of 1959, UNICEF had provided technical equipment for some 5,600 main health centres and 9,500 village and sub-centres and for 535 districts and urban centres and maternity and paediatric wards of hospitals. When all the projected milk conservation plants are in full operation, it is estimated that they will provide free or low-cost milk to well over 5 million children and mothers; many more will benefit from the availability of safe milk.

by geographic region and type of programme is given in E/ICEF/397, annex II.

136. Table 4 shows the number of children and mothers who benefited during 1959 and the goals for 1960 of the principal UNICEF-aided programmes (excluding permanent health services).¹⁷

137. As a result of allocations approved by the Board at the session, UNICEF is currently providing aid to 386 projects in 106 countries and territories and to five interregional projects. Table 5 shows these projects by major classification.

138. In addition, a total of 235 projects in twenty-one countries and territories were previously assisted by UNICEF. A complete list of currently and previously assisted countries and projects is given in E/ICEF/399.

¹⁷ In some cases, children benefit from more than one type of project so that a total of the columns would contain some duplication.

Table 5

PROJECTS CURRENTLY ASSISTED

Area	Health services	Family and child welfare services	Disease control	Nutrition	Emergency	Total
<i>Africa</i>						
Thirty-two countries and territories ...	22	3	49	18	2	96
<i>Asia</i>						
Twenty countries and territories	30	1	43	19	1	94
<i>Eastern Mediterranean</i>						
Thirteen countries and territories	16	2	28	18	2	66
<i>Europe</i>						
Six countries and territories	11	—	3	4	—	18
<i>The Americas</i>						
Thirty-five countries and territories ...	37	1	33	41	—	112
<i>Interregional</i>	2	—	—	3	—	5
TOTAL ALL AREAS...	118	9	156	103	5	391

IV. JOINT POLICY COMMITTEES

UNICEF representation

UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY (JCHP)

139. The Executive Board designated the following persons to represent it at the next session of the UNICEF/WHO Joint Committee on Health Policy: the Chairman of the Executive Board and the Chairman of the Programme Committee (by virtue of their office), Dr. K. Bain (United States of America), Dr. R. Debré (France) and Dr. W. Germer (Federal Republic of Germany). As alternates the Board designated: Dr. M. Dalfari (Iran), Dr. I. Dogramaci (Turkey) and Dr. B. Kozusznik (Poland).

FAO/UNICEF JOINT POLICY COMMITTEE

140. The Board selected the following UNICEF representation for the next session of the FAO/UNICEF Joint Policy Committee: the Chairman of the Executive Board, the Chairman of the Programme Committee (by virtue of their office), and representatives to be selected by the Governments of Bulgaria, Indonesia, and Tunisia. The Board also decided that alternate representatives would be selected by the Governments of Belgium, India, Italy and Mexico.¹⁸

Report of UNICEF/WHO Joint Committee on Health Policy

141. The report of the twelfth session of the UNICEF/WHO Joint Committee on Health Policy (JCHP) held in December 1959 (E/ICEF/396) was noted by the

¹⁸ The individuals to be selected by the Governments as representatives and alternates are to be persons, in so far as possible, who are, or have been, members of their Governments' delegations to UNICEF.

Executive Board. References are contained elsewhere in this report to the Board's adoption of JCHP recommendations relating to maternal and child health (paragraphs 66-67), environmental sanitation (paragraphs 70-75), aid to training (paragraph 48) and review of tuberculosis campaigns (paragraph 96).

142. The Executive Board approved the new terms of reference of the JCHP as they had been approved by the WHO Executive Board at its twenty-fifth session in January 1960 (EB25/R.30). This constituted the last stage in the adoption of the terms of reference, which read as follows:

"(1) To review from time to time the over-all needs of mothers and children in the health field and to recommend to the UNICEF Executive Board the types of health programmes having as their objectives the improvement of the health of mothers and children which could appropriately receive UNICEF support;

"(2) To receive and review progress and assessment reports presented either by the Director-General of WHO or the Executive Director of UNICEF on different types of jointly assisted health activities and to recommend to the UNICEF Executive Board any reorientation of health activities that may be necessary;

"(3) To consider any other matters of joint interest to WHO and UNICEF which the Executive Board or the secretariats of the two organizations may refer to this Committee, and to recommend subsequent action to UNICEF and, when appropriate, on non-technical matters to the World Health Organization; and

"(4) To report to UNICEF and WHO Executive Boards on the foregoing matters."

V. RELATIONS WITH NATIONAL UNICEF COMMITTEES AND VOLUNTARY AGENCIES

143. The Board was appreciative of the growing value of the work of National UNICEF Committees. Programmes of an educational nature each year reach more people. Especially successful over the years has been the "Trick or Treat" Halloween Programme in the United States and the "Shell Out" Programme in Canada, which this year will together represent a contribution to the Fund of at least \$1.5 million from children in North America. The Board was especially glad to hear a statement by the President of the United States Committee for UNICEF on its programme of activities (E/ICEF/SR.255). The Board noted that the criteria for the endorsement of National UNICEF Committees which it had requested the Executive Director to prepare for the guidance of Committees have been distributed to all existing Committees.

144. In the course of its deliberations the Board was also made aware of the substantial involvement of voluntary efforts, in which non-governmental agencies played an important part in the projects receiving UNICEF aid. At the March 1960 session non-governmental agen-

cies were involved in well over one-third of the projects for which UNICEF aid was approved. Reference to the growing role of voluntary effort is made at a number of points in this report (paras. 81, 87, 89, 113, 128 and 130). In addition to the statements made to the Board on substantive points by representatives of several international non-governmental organizations (see footnotes to paras. 88, 96, 121), a statement was made by the Chairman of the UNICEF Non-governmental Organizations Committee describing the areas of activity in which member agencies offered their co-operation.¹⁹

145. The role which voluntary agencies might play in fund-raising and in relation to child nutrition as part of the Freedom-from-Hunger campaign is set forth elsewhere in this report (paras. 19, 40, 125-126).

¹⁹ A statement was also made by the representative of Junior Chamber International describing the activities of national affiliates in promoting the sales of UNICEF greeting cards and offering the services of affiliates in community development activities, public education efforts and nutrition education programmes.

ANNEXES

ANNEX I

Description of projects approved, March 1960

AFRICA — \$857,500

Basutoland

Basic health/MCH and nutrition (first allocation) \$28,000 (E/ICEF/R.841)

to assist in the first phase (mid-1960 to mid-1962) of a plan to strengthen rural health and nutritional services for mothers and children. UNICEF will provide equipment for thirteen district hospitals and eight health centres; and vitamin capsules for distribution through Government, mission and Red Cross medical units to 5,000 children and mothers. It is expected that further assistance will be requested later.

Six republics in the Community

Leprosy control

<i>Dahomey, Republic of</i>	\$18,000 (E/ICEF/R.826)
<i>Ivory Coast, Republic of the</i> ..	\$31,000 (E/ICEF/R.828)
<i>Niger, Republic of the</i>	\$13,000 (E/ICEF/R.829)
<i>Senegal, Republic of</i>	\$28,000 (E/ICEF/R.825)
<i>Sudanese Republic</i>	\$15,000 (E/ICEF/R.824)
<i>Upper Volta, Republic of the</i> ..	\$34,000 (E/ICEF/R.827)

A separate allocation is recommended for each of the Republics to continue these campaigns, which were begun under allocations to French West Africa. UNICEF will provide vehicles, Mobyettes, motor-bicycles, bicycles and sulfone drugs to continue and intensify leprosy control during 1960 and 1961 through more effective case-finding methods and greater regularity of treatment. An outboard motor is asked for the Republic of the Niger and one for the Republic of the Ivory Coast to facilitate boat travel of teams in certain areas. Mass publicity campaigns will be developed to aid health personnel in their work by stimulating public confidence, inducing the people to present themselves for medical examination and encouraging patients to follow treatment regularly. In spite of political changes and staff difficulties during the past two years, leprosy control has been extended throughout each of the Republics. Allocations previously approved by the Board for leprosy control in French West Africa have now been assigned to the respective Republics. Mass screening by mobile units and at fixed health centres will be accelerated in each of the Republics, especially in areas where the incidence of leprosy is not known. The number of motorized bicycle circuits is to be increased and existing circuits reorganized to utilize personnel and equipment more effectively and to bring treatment points as close as possible to the patients. The campaigns will be under the direction of a National Mobile Service for Mass Disease Control which has been established in each of the Republics in place of the former Federal Mobile Health Service. Technical co-ordination of the six leprosy control campaigns will be carried out through a newly established organization

for co-operative action against mass diseases with a leprosy section headed by the Director of the Marchoux Institute. Work of the treatment teams will be more closely supervised in future by selected sanitarians or registered nurses who, after a course of study at the Marchoux Leprosy Institute at Bamake, will function as leprosy inspectors and will be responsible for regular on-the-spot examinations of patients and assessment of the results of treatment.

Kenya

Basic health/MCH \$175,000 (E/ICEF/R.836)

for equipment, supplies and transport to be provided in 1960 and 1961 for expansion of rural maternal and child welfare, including the training of auxiliary personnel, and to assist in related nutritional services. UNICEF will provide:

(a) Teaching and training equipment for twenty-one centres for training para-medical personnel; stipends to provide special three months' training courses for twenty-four auxiliary workers (assistant health visitors, health assistants, midwives); stipends for special training of 100 assistant health visitors for twelve months in the field following basic nursing training; and stipends for 310 home visitors for two to four weeks' courses;

(b) Supplementary printing equipment to extend health education activities;

(c) Supplementary equipment for twenty-eight main rural health centres, sixteen existing and fifty-eight new locational health centres, and fifty-five MCH sub-centres;

(d) Fish-liver oil for distribution to from 14,000 to 22,450 mothers and children under medical supervision; and

(e) Vehicles and bicycles for supervision and training and for five mobile units.

Liberia

Malaria control: pilot project .. \$110,000 (E/ICEF/R.842)

for insecticides and three vehicles to continue the existing pilot malaria control project for the period January 1960 to mid-1961, affording protection to an estimated 302,000 persons. The Board will not be asked to consider further aid to this project until its first session in 1961 by which time the report of the Third African Malaria Conference should be available.

Morocco

Mothercraft and homecraft (first allocation)

\$29,000 (E/ICEF/R.876)

to assist in the first phase (mid-1960 to September 1961) of development of urban and rural services for the teaching or homecraft and mothercraft. UNICEF will provide basic equipment for a national training centre and four regional training centres; transport for liaison and supervision; materials for twenty rural education centres; honoraria for

fifteen instructors, and half the cost of stipends for 400 trainees, the Government paying the balance. The training equipment to be provided by UNICEF will include demonstration equipment for cooking, sewing, baby care, gardening and simple homecraft. At the national training centre three-month courses will be held for 120 *monitrices* who will act as supervisors in the regions and provinces. The courses at the regional training centres will be mainly of a "refresher" type during the first phase of the project and will better equip the 320 candidates to teach women and girls in urban and rural centres.

Nutrition education and related activities (first allocation)
\$20,000 (E/ICEF/R.889)

for assistance in launching a nation-wide nutrition education campaign which would emphasize particularly the value of fish and fish products as a source of protein-rich food. UNICEF will provide: demonstration equipment and one vehicle for a nutrition training centre at Douar Doum; equipment and vehicle for one promotion team; and stipend for 200 school teachers and twenty agents to operate in mobile teams expounding good nutrition practices and promoting the increased consumption of fish. Training courses will be organized and nutrition education advanced through mass techniques in schools and health centres under the direction of the nutrition section of the Ministry of Health. The Ministry of Education has recommended that fish flour be added to the menus of the school canteens catering to 140,000 children, and technical investigations are now under way with FAO help to determine whether this product will be acceptable and whether its production might require UNICEF assistance in the future. The fish flour is manufactured in a privately owned plant at Safi on the Atlantic coast; it is retailed through about 300 pharmacies, and small amounts are furnished for demonstration purposes to MCH centres or for inclusion in hospital diets.

Nigeria, Federation of

Basic health/MCH (northern region)
\$28,000 (E/ICEF/R.864)

for assistance through 1961 to a project for the training of community nurses and sanitation personnel and for health education activities. This would be the initial phase of a long-term rural health services plan to be implemented in stages over the next ten years. In order to consolidate gains achieved in mass disease control in certain areas, the plan will be applied first in the Igala and Idoma Divisions of the Provinces of Kabba and Benue. UNICEF aid will be applied to upgrade and enlarge a school for community nurses in Kaduna; to upgrade and expand a school of hygiene in Kano for training and practical demonstration work for health inspectors, health assistants and sanitary inspectors; and to establish a health education unit which would eventually serve the entire Region.

Tanganyika (under British administration)

Mothercraft and homecraft \$90,000 (E/ICEF/R.882)
to expand training for the two-year period, July 1960 to June 1962, in connexion with mothercraft and homecraft activities through community development channels. UNICEF has helped to establish the first central training school for women social development leaders, additional district training centres for women's club leaders and additional women's clubs. The plan for the next two years calls for the strengthening of the successful Territorial Training School; extension of training through district mobile training units to the village level; continued fostering of women's clubs throughout the Territory; the inclusion

in the project of mothers' classes in urban and small town community centres; and the intensification of community education, following up mass literacy campaigns with specific projects in nutrition, hygiene and child care. UNICEF will provide:

(a) Stipends for 80 women's club supervisors and social development assistants for training in 6-month courses at the territorial training centre, and for 30 demonstrators/instructresses for training in 6-month courses at Dar-es-Salaam;

(b) Utility vehicles for the mobilization of five training teams;

(c) Equipment for 50 rural and 18 urban community centres for use in local homecraft training;

(d) Equipment for an additional 180 women's and girls' clubs for training of mothers and girls of marriageable age in child care, hygiene, nutrition and other homecrafts;

(e) 150 sets of simple equipment to encourage formation of clubs among women attending mass literacy classes;

(f) Twenty auto-cycles and sixty bicycles for mobilization of field staff; and

(g) Audio-visual equipment particularly for the mobile training teams.

Tunisia

Trachoma control \$42,000 (E/ICEF/R.844)
to provide antibiotic ointment and three vehicles for expansion and continuation of this campaign in 1960 and 1961. It was previously thought that 1960 and 1961 would be the final years of this campaign requiring UNICEF aid, but it now appears that additional help may be required for a subsequent period. The campaign is in two parts:

School campaign: On advice of WHO, a new approach will be implemented as from 1960/61. All once-trachomatous children from the second grade on will now have been treated for periods varying from one to five years, under either blanket or selective treatment. The only important reservoirs of infection in schools are therefore the new first-year pupils. All first-graders will be examined and those infected will be given treatment for two years. A "control examination" will be carried out at the beginning of the third year and reinfections or relapses treated again. During the school year 1960/61, 80,000 first-year pupils are expected to require treatment. It is expected that this method will rapidly eliminate trachoma as a public health problem in the entire school population.

Mass campaign: Self-treatment operations from the onset will be extended northward in 1960 to the central provinces of Kasserine and Kairouan and in 1961 to the northern provinces of Cap Bon and Le Kef, leaving only the four northernmost provinces to be dealt with subsequently. The aim is to reach 364,000 new beneficiaries in 1960 and 480,000 in 1961. All areas previously protected will be covered automatically by self-treatment. A total of 1.4 million persons will be reached in 1960 and 1.9 million in 1961, protecting more than half of the total population.

Uganda

Basic health/MCH \$130,000 (E/ICEF/R.839)
for expansion during 1960 and 1961 of the basic maternal and child welfare project for which UNICEF will provide the following:

(a) Equipment and expendables for eight main health centres, thirty-six rural health centres and sixty-three mission centres;

(b) Equipment for four government and four mission training schools for nurses and midwives where about

580 students will be under training; equipment for seven mission hospitals training 130 assistant nurses; and equipment for a demonstration centre to be used mainly for extension training of social paediatrics students;

(c) Additional equipment and visual aids to expand health education activities;

(d) Fish-liver oil to be used as a nutrition supplement distributed under medical supervision through health centres to 28,000 mothers and children; and

(e) Eleven motor vehicles and eighty-eight bicycles for supervision of rural health activities, one for health education work and one for field training in the demonstration area.

The objectives of the project are to develop rural health services by upgrading dispensaries to become health centres and by expanding training; to establish national standards of care for MCH work throughout the Territory; also to improve health education and child nutrition.

Social services for children (first allocation)

\$22,500 (E/ICEF/R.873)

to aid in the improvement of social services for children as part of the Government's recently approved programme for fostering a comprehensive scheme of social betterment to be developed initially in areas of rapid urban growth. The project will concentrate on improving and extending the training of local welfare staff through: in-service training and refresher courses for staff in governmental and voluntary family and child welfare agencies, and short-term theoretical and practical training of staff members of day-care play centres and residential nurseries in urban fringe areas. Six centres will be upgraded to be used for training and demonstration purposes, and of these three day-care centres will begin to provide services for families through family clubs. A survey of youth needs will be made to identify the main problems and recommend effective remedies. UNICEF will provide training materials and teaching aids for two training centres; stipends for trainees; honoraria for teachers; and for a qualified worker to carry out the survey on youth needs; tools for a workshop to make play materials; equipment for the three play centres and for three residential nurseries which are to be used for demonstration and training purposes; equipment for family clubs to be organized in the play centres, sewing machines, garden tools and seeds, carpentry tools; and two motor vehicles for supervision and training. The United Nations Bureau of Social Affairs will provide an adviser on training for the project if none is available from other sources.

Mothercraft and homecraft \$44,000 (E/ICEF/R.818)

for continuation and expansion through 1960 and 1961 of a project of mothercraft and homecraft activities conducted through the Women's Section of a community development programme and to facilitate further consolidation of training at the territorial and district levels and increase effective supervision of field work during continued expansion of women's clubs. There are at present more than 2,000 women's clubs, of which approximately half are associated with voluntary agency groups. Over 36,000 women are members of the clubs. It is expected that 600 additional clubs will be organized in the next two years, and that total membership will increase to include about 50,000 women. UNICEF will provide:

(a) Teaching and training equipment for a new district training centre to train 600 club leaders in 1960 and 1961; which would also give one- to three-week refresher courses

in simple home and child care, home nursing, hygiene and first aid to 1,500 trainees a year;

(b) Teaching and demonstration equipment for district officers, including 150 fields kits;

(c) Equipment for 200 women's clubs to train mothers in homecraft and mothercraft;

(d) Two vehicles, sixty motorcycles and ten bicycles for supervision and training; and

(e) Stipends for training of auxiliary personnel.

The UNICEF-assisted Territorial Training Centre will continue to provide training for community development workers and community leaders.

ASIA — \$3,158,700

Afghanistan

Basic health MCH, including environmental sanitation and nutrition \$92,000 (E/ICEF/R. 823)

to expand and continue for two years (1960/61 and 1961/62) a basic MCH project assisted by UNICEF since 1950 by providing for the following:

(a) *Seven rural health units* to be developed in seven community development blocks; equipment for 7 main health centres and 21 sub-centres; midwifery kits; drugs; a light vehicle for each health unit; vitamin A and D capsules and soap;

(b) *Environmental sanitation*: pumps, pipes, cement, reinforcement iron and tools for the construction of wells and latrines in seven blocks; also 4 pick-up trucks and 14 bicycles;

(c) *Nurses' Training School* in Kabul: teaching aids;

(d) *National Rural Training Institute at Gulzar*: teaching aids and practical equipment to improve the training facilities for village workers, project officers and extension workers, with particular emphasis on production and home consumption of protective foods, and the development of a modest school and domestic garden project.

The project is an especially good example of co-ordination among the UN agencies. FAO, ILO, WHO and UNESCO personnel have helped to develop the project and will continue to work closely with it.

Anti-malaria campaign \$380,000 (E/ICEF/R.853)

for DDT, transport, anti-malaria drugs and sprayers to continue and intensify the national anti-malaria campaign for the sixth year, 1961, with the aim of protecting 2,800,000 persons by DDT spraying and 435,000 persons by larval control measures in addition to 250,000 persons expected to be placed under surveillance after withdrawal of spraying. Present indications are that 1961 will represent the fullest coverage by spraying, and that cessation of spraying can be effected gradually over the following four years. The allocation requested includes provision for additional DDT required for an increased spraying target in 1960. Five national teams have been engaged with the help of WHO personnel, since September 1959, in carrying out pre-eradication surveys in order to define the boundaries of the malarious areas. It is hoped that a malaria map of the entire country will be completed by the end of 1960, and recently reorganized administration of the campaign is expected to increase its efficiency.

Typhus control \$20,000 (E/ICEF/R.812)

for insecticides and dust guns to continue the typhus control project over the next two-year period, protecting an esti-

mated 4,277,000 persons. The Government will provide insecticides to protect 2,277,000 persons, the same number as were protected in the past year, while UNICEF aid will be for the protection of approximately 2 million people living in mountainous regions in the seven provinces where louse infestation is common. Although the control campaign has progressively reduced the incidence of typhus from the appalling epidemics described in 1949 to 33 notified cases in 1957, louse-borne typhus is still a serious threat. A WHO expert who visited the area in the latter part of 1958 reported that the organization of the dusting operations is satisfactory, but that body-louse infestation is present in at least 25 per cent of the population and that the danger of further epidemics exists. UNICEF is also helping a typhus control project in Pakistan so that the campaign is carried out on both sides of the Afghanistan-Pakistan border.

Burma

Basic health/MCH \$59,000 (E/ICEF/R.849)

for continued assistance for the year 1961. Vitamins, drugs and soap will be provided for distribution through the 530 centres, which are expected to report regularly. The Government has begun to supply several basic drug items, but cannot at this stage take over the entire responsibility. UNICEF has provided 1,094 kits for field midwives in MCH centres and rural health centres. A total of 1,250 midwives will be appointed by 1961, and an additional 250 kits will be provided for those to be posted in 1960/61. UNICEF will also provide an additional 100 bicycles for field midwives and field training and replacement for nine outworn vehicles. The allocation includes \$4,000 for stipends for 20 health visitors to be given refresher courses in 1961.

Cambodia

Basic health/MCH \$11,500 (E/ICEF/R.830)

to continue assistance through 1961, by providing clinic and maternity ward equipment, supplies for rural midwives, and drugs, vitamin capsules and soap for distribution through MCH centres. An MCH out-patient clinic will be set up in each of the provincial hospitals and maternity wards of the hospitals will be upgraded to support these clinics. UNICEF has previously helped to equip five such clinics and will now equip five more.

China

Basic health/MCH (in Taiwan) \$110,000 (E/ICEF/R.852)

UNICEF will provide supplementary equipment for fourteen health stations and twenty-two health centres; transport for supervision and training; and supplementary training equipment and stipends. Under the direction of the newly established Institute of Maternal and Child Health in Taichung, twelve mobile supervisory-training teams will be established. UNICEF will provide six small vehicles for the mobile teams, the creation of which is expected to be a major step forward in streamlining and strengthening the health services of the Province. UNICEF will provide stipends for doctors and nurses receiving MCH training at Taichung, and fees for lecturers.

Veneral disease control (in Taiwan)

Allocations \$26,000

Formal commitment .. \$46,000 (E/ICEF/R.855)

to provide equipment and supplies the first two years (1961-1962) of a five-year extension of this campaign. The

Board gave its approval in principle for the entire five-year extension of the campaign, during which UNICEF will provide expendables on a descending scale. Starting in 1966 the Government will assume full responsibility to continue the project as a part of its permanent health services. The project's primary objectives have been achieved and VD control is now integrated as a permanent feature of the public health services. An estimated 80,000 persons were treated up to the end of 1959. About 85 per cent of all cases found by the health stations and health centres to require treatment are being treated; this compares favourably with similar VD projects elsewhere in the world. Progress has been particularly satisfactory in the treatment of pre-natal cases.

Trachoma control (in Taiwan) \$150,000 (E/ICEF/R.856)

for continued assistance to the trachoma control project in Taiwan for one year, September 1960 - August 1961. UNICEF will provide antibiotic ointment to treat an estimated 290,000 cases in schools during September 1960 - August 1961, plus 300,000 contacts, bringing the total of treatments since 1954 to approximately 2,200,000 school children and 1,600,000 family contacts. Although a WHO appraisal was scheduled at the end of 1959, the amended plan of action cannot be made for another year when certain trials and surveys will have been completed. The allocation approved at this session is to continue the project for another year, after which additional UNICEF aid will be requested to continue the project under a revised plan.

India

Basic health/MCH: paediatric training (Agra)

\$25,000 (E/ICEF/R.853 & Corr. 1)

to expand and improve paediatric training at the Sarojini Naidu Medical College at Agra in the State of Uttar Pradesh. UNICEF will provide technical and teaching equipment for the paediatrics department of the medical college hospital and for three health centres and transport for supervisory personnel and students. WHO will provide the services of a professor of paediatrics for a period of two years. The aim of the project is to provide better teaching and experience in paediatrics for medical undergraduates, for post-graduates taking doctorates in medicine or diplomas in child health, for pre-registration graduates during internship and for students of paediatric nursing.

BCG vaccination campaign ... \$222,000 (E/ICEF/R.819)

to continue assistance to the BCG vaccination campaign to the end of 1961, UNICEF providing field equipment and supplies, publicity equipment and vehicles for replacement of approximately 30 per cent of the vehicle fleet in 1960 and 1961. All States in India are participating in this campaign, which is the largest of its kind in the world. From its inception in 1949 to the end of 1959, a total of 139 million tests had been accomplished against a primary campaign target of 170 million which is expected to be reached by the end of 1961. For the next five years the goal is to test 30 million persons a year and vaccinate the negative reactors. The campaign will continue to be concentrated in populous areas, both urban and rural; every effort will be made to reach children not previously tested in areas covered once by the campaign; and emphasis on testing and vaccination of children in the younger age groups will be increased. Teams in operation in 1959 numbered 166 and will be increased to 172 in 1960/61. All possible steps are being taken to apply the findings of tuberculosis control

surveys now going on to the conduct of the mass vaccination campaign.

Trachoma control: pilot project \$32,200 (E/ICEF/R.884)

to provide drugs and equipment to maintain and expand this pilot project during 1960 and 1961. A survey of the geographical distribution of trachoma has been made in all except three states of India. In those three states treatment trials are under way. Trachoma exists in almost every district surveyed. The prevalence rate appears to be high in the northern part of Bombay state and in certain districts of Madhya Pradesh. In the remaining districts surveyed the incidence is general, but prevalence ranges from moderate to low. Assessment of the results of the pilot project will not be available before April 1960. It is proposed meanwhile to continue the trials with a modest extension to one Community Development Block in each of the following states: Rajasthan, Punjab, Uttar Pradesh, Madhya Pradesh and Bihar. Further UNICEF aid may be requested later in the light of developments in this pilot phase of the project.

Vaccine production (whooping cough, tetanus, diphtheria) (first allocation) \$30,000 (E/ICEF/R.885)

for equipment for the production of vaccines to combat whooping cough, tetanus and diphtheria. Production will be organized at the Central Research Institute, Kasauli, Punjab, where existing facilities will be improved and adapted to meet the requirements of new production techniques. The annual production target will be 4 million cubic centimetres, rising in three years to 7 million cubic centimetres. Distribution of vaccines will commence about June 1961 in an organized immunization programme. The aim of the project is to develop the techniques of manufacture by the most suitable and economic method under Indian conditions. Single, double and triple vaccines will be produced as suitable techniques are developed, and knowledge of the processes will be shared freely with other governmental and private laboratories in the country so that production may be expanded to meet the national requirements.

Production of freeze-dried smallpox vaccine (first allocation) \$47,000 (E/ICEF/R.886)

to provide equipment to produce freeze-dried smallpox vaccine for use in remote rural areas where difficulties of transport prevent the use of wet vaccine, and 30,000 doses of imported freeze-dried vaccine for use in the training of vaccinators. The equipment will be installed in Guindy, Madras, and Patwandangar, Uttar Pradesh, where existing facilities will be improved and adapted to the new technique. The laboratories are to be ready by February 1961 and distribution of freeze-dried vaccine will commence before the end of 1961. The two laboratories will produce about 3 million doses of vaccine in the first year of successful operation, and with more experience this production can be doubled. Vaccine will be distributed free of cost with high priority given to vaccination of infants, pre-school and school children. Every effort will be made to undertake primary vaccination in infancy and to re-vaccinate at intervals of not more than five years. The Government is considering the possibility of a national smallpox eradication campaign to be preceded in each state by a pilot project to test methods and evolve a practical organization.

Milk conservation (Andhra Pradesh) (first allocation)

Allocation \$ 500,000

Formal commitment \$1,600,000 (E/ICEF/R.857)

to assist in starting an integrated milk supply scheme in the cities of Hyderabad-Secunderabad and Vijayawada by provision of equipment for milk collecting and chilling centres, refrigeration, processing and bottling milk, cans for collecting and distributing milk, milk drying and engineering fellowships. The Board also gave its approval in principle for assistance to the plants to a total of \$1,600,000, the balance of \$1,100,000 to be requested at a later session of the Board. The plan is based on the report and recommendations of the FAO/UNICEF survey team which visited India in May 1959, and on a milk production survey carried out by the Government of the state of Andhra Pradesh in September and October 1959. The cost to the Government is estimated at the equivalent of US \$7,400,000, including US \$2,400,000 to subsidize the price of liquid or dried milk for low-income families over a period of ten years. The plan is to collect the cheaper milk produced in the fertile Krishna Delta around Vijayawada and to distribute it not only in Vijayawada and nearby Guntur, but also nearly 200 miles away in the city of Hyderabad-Secunderabad. The plant at Hyderabad-Secunderabad will have a capacity to handle 50,000 litres a day. For Vijayawada, the dairy will handle 125,000 litres of milk daily, sending 25,000 litres by rail to Hyderabad, heat-treating another 25,000 litres for distribution in the Vijayawada area, and drying the balance. About 1,100 metric tons of milk powder a year will be produced. This plant will also be equipped to make clarified butterfat known in India as "ghee" and some casein. Co-operative milk production societies, which are encouraged by the Government under the Second Five-year Plan, are expected to be an important factor in the success of the new integrated milk scheme.

Milk conservation (Calcutta) ... \$600,000 (E/ICEF/R.821)

to help equip the Central Dairy in Calcutta, which will have a capacity to process 200,000 litres of milk daily in the first phase and later be increased to a capacity of 300,000 litres. UNICEF will provide refrigeration equipment for the main plant, homogenizers for low-fat milk, laboratory equipment, equipment for chilling centres, cans for collecting and distributing milk and special service materials. UNICEF aid supplements equipment being provided through the Colombo Plan and bilateral aid from the Governments of the United States, Canada and the Netherlands. Local milk will at first supply about one-half of the dairy's capacity, the balance to be made up by reconstituting skim milk powder, most of it imported. Distribution of milk from the new dairy is scheduled to begin in May 1961. Low-fat (1.5 per cent butterfat) toned milk will be available at 36 naya paisa or 7.5 US cents per litre, with priority for its purchase given to hospitals and welfare institutions. Within three months of the start of the dairy, ten per cent of the total throughput of the plant will be sold at a subsidized price of 30 naya paisa (6.3 US cents) per litre to low-income families in the poorer sections of the city on the basis of one litre daily to each family. Milk distributing booths in the city and its suburbs will be increased to a total of 1,000. As additional supplies become available, distribution to school children will be increased from 4,000 children now receiving milk to 20,000 children.

Production of edible peanut flour (first allocation)

\$120,000 (E/ICEF/R.894)

to provide supplementary equipment to produce edible

peanut (groundnut) cake and flour. UNICEF will provide two integrated units, each suitable for operating in conjunction with an existing expeller plant, producing approximately 4,000 tons of peanut cake or flour a year. The aim of the Government is to stimulate and expand the use of this protein-rich product as a means of improving the diet of low-income groups. India produces 5 million tons of peanuts per annum, geared to oil extracting with the residual peanut cake used mainly as fertilizer. Peanut cake contains 50 per cent protein and much of this could be salvaged for human consumption. This project is a trial to begin introducing peanut protein into the common diet. The peanut meal will be mixed with common Indian staples or other low-cost foods and distributed as inexpensively as possible through Government or normal trade channels, and will also be introduced in suitable forms into child feeding programmes.

Indonesia

Leprosy control \$18,000 (E/ICEF/R.883)

to provide drugs, field equipment and transport to continue and expand the UNICEF-aided leprosy control project in 1960 and 1961. With UNICEF and WHO assistance, a pilot project in modern methods of leprosy control has been in operation for more than three years and has afforded sufficient experience for expansion to begin in 1960. The expanded project has been planned realistically to employ case-finding and treatment methods suited to the varying degrees of prevalence, to keep within the limited economic resources of the Government and to take full advantage of existing local resources of trained leprosy personnel. An estimated 2.3 million examinations are to be accomplished in 1960 and 1961 and the number of cases under treatment is expected to increase from 3,100 at the end of 1959 to approximately 13,000 by the end of 1961. Drugs will be provided for the regular treatment of approximately 17,000 registered cases outside the project areas.

Production of freeze-dried smallpox vaccine (first allocation) \$44,000 (E/ICEF/R.872)

for equipment to produce freeze-dried smallpox vaccine for use in a national vaccination campaign. UNICEF will also provide ampoules for the first two years of production, and 30,000 doses of imported vaccine for training purposes. The production laboratory will be established in the Pasteur Institute in Bandung during April 1961; preliminary production trials will be made in May, and full production at the rate of at least five million doses a year will be achieved before the end of the first year of operation. The vaccine will be used in the more remote rural areas, initially among a population estimated at 15 million. The Pasteur Institute will assign the necessary professional staff, including a trained bacteriologist, laboratory technicians and a refrigeration mechanic. The bacteriologist and the senior laboratory technician will be sent to the Lister Institute in England in 1960 on WHO fellowships for training in the installation and maintenance of the equipment and the production of freeze-dried vaccine. Vaccinators and other health personnel throughout the country will be trained in the technique of reconstitution and use of the vaccine and senior vaccinators will then instruct the other vaccinators and health personnel in their provinces.

Milk conservation (first allocation) \$50,000 (E/ICEF/R.888)

for milk collecting and cooling equipment and vehicles for the stimulation of milk production and the improvement

of its distribution in Central Java and in West Java. This will be an exploratory phase in the development of dairying in Java. UNICEF equipment will facilitate the collection, cooling and transport of approximately 12,000 litres of whole milk daily in the two districts. It is generally agreed that the long-term possibilities of dairy development in Indonesia must be the subject of a careful study by the Government with international advice, particularly from FAO. Meanwhile, in the light of the substantial increase in milk production in recent years in the Bojolali and Pasar Minggu districts, it is considered that UNICEF help will be useful as a first step to improve milk distribution and stimulate further production.

"Saridele" (vegetable milk) production \$120,000 (E/ICEF/R.858)

for equipment to expand the production capacity of the Saridele plant to 1,000 tons per annum, to provide engineering services in this connexion and a training grant for the study of plant management and operations abroad. UNICEF has given support to Indonesia for the production of Saridele since the start of the project in 1953. Saridele, produced mainly from soya beans, is a soluble powder easily reconstituted with water to produce a milk-like drink. Its high-protein content makes it a satisfactory substitute for milk, of which very little is produced in Indonesia. Saridele has been approved for children over one year of age, and its suitability for infants under one year old is now being tested in controlled experiments being conducted in Indonesia, the United States, and the Belgian Congo.

Malaya, Federation of

Basic health/MCH \$9,000 (E/ICEF/R.867)

to continue UNICEF assistance to the end of 1961. UNICEF will provide supplies and equipment for the upgrading of 30 health centres and additional supplies for the health inspectors' school.

Pakistan

Basic health/MCH: rural health \$139,000 (E/ICEF/R.831)

to assist in the establishment during 1960/1961 of twenty rural training, orientation and demonstration units and the first phase of development of a comprehensive rural health project. UNICEF will provide basic equipment for 20 main centres and 60 sub-centres; stipends for training of health technicians; drugs, soap and vitamin capsules and simple diagnostic laboratory equipment for each of the twenty units; and transport for supervisory services and for emergency hospitalization. Ten light buses and health education equipment are to be provided for training of health personnel in ten of the main centres. The rural health units will provide curative and preventive services and training courses for health technicians. The Government proposes to establish additional training facilities for lady health visitors, midwives, and traditional-birth attendants and for "health technicians", a new category of personnel to do both curative and preventive health work, including sanitation.

Basic health/MCH: nurses' training \$10,000 (E/ICEF/R.848)

to provide equipment and transport for a nurses' training school to be opened in Karachi during the latter half of 1960. UNICEF will provide basic equipment and supplies for the training school; midwifery training equipment; and transport to move the students around Karachi and into

the adjoining rural areas for field training which forms 70 per cent of the curriculum.

BCG vaccination \$105,000 (E/ICEF/R.851)

for the provision of transport, campaign equipment, imported BCG vaccine and tuberculin testing solution to continue the UNICEF-assisted BCG anti-tuberculosis vaccination campaign for one year to the end of 1961 bringing the total accomplishment of the campaign to 40 million tests and 15 million vaccinations by that time. Approximately 4.5 million tests and 1.5 million vaccinations are expected to be accomplished in 1961. A tuberculosis prevalence survey, initiated in Pakistan in the latter part of 1959 with UNICEF and WHO help, is being assisted by the National Director of the BCG campaign and its statistician who recently completed a six-month training course in the WHO Tuberculosis Research Office in Copenhagen. WHO is assigning four international personnel to assist in the survey. A national epidemiological and statistical centre is being established in Karachi which will have overall responsibility for the planning and co-ordination of tuberculosis work in the country as well as for the processing and analysis of field data collected by the retesting teams and the tuberculosis prevalence survey.

Philippines

Basic health/MCH \$189,000 (E/ICEF/R.843)

to assist up to the end of 1961 in the further development and expansion of integrated and co-ordinated maternal and child health services. UNICEF will provide five out-board motors for rural health services in areas which are accessible only by water transport; selected drugs and vitamins for distribution through health centres during the six-month period ending December 1961; 1,800 bicycles for the use of nurses, midwives, and sanitary inspectors; ambulance equipment for "flying squad" units in six selected localities where domiciliary obstetrical services are fully developed; six small cars for supervision of rural health workers; refrigerators for storing biologicals at regional health offices; midwifery kits for private midwives; and stipends and midwifery kits for training of traditional-birth attendants. Eight regional health offices have been established and seminars and conferences held in each region to co-ordinate and integrate all health services under the direction and control of the regional health directors. Five regional training centres have been placed in charge of regional health directors and will be strengthened and an additional 1,000 barrio health stations will be integrated with UNICEF-aided MCH services by mid-1960.

BCG vaccination: consolidation \$27,000 (E/ICEF/R.854)

for supplies and equipment to continue the BCG campaign in its consolidation phase to the end of 1961. The present twenty teams will continue tuberculin testing and vaccination of the most vulnerable groups, and at the same time complete the training of personnel of 1,155 rural health units, 560 puericulture centres, and 27 chartered cities by the end of 1961 in order to integrate BCG testing and vaccination into the regular health services. Along with China (Taiwan), the Philippines is one of the first countries in the region to attempt the consolidation of BCG work into the regular health services. Over 10 million tests and almost 4.5 million vaccinations have been accomplished since the beginning of the mass campaign. A thorough assessment of the campaign was carried out by WHO in the latter part of 1959 with the aim of accelerating the training of rural health staff by improving national direction, better co-ordination with

provincial health officers and more careful advance planning. Approximately 5,000 health personnel will have received BCG training by the end of 1961 and will be able to integrate BCG testing and vaccination into their regular duties.

Thailand

BCG vaccination campaign \$23,000 (E/ICEF/R.822)

for supplies, equipment and transport to continue assistance to the BCG vaccination campaign in 1961 and 1962. Since completion of the mass phase of this campaign in 1956, vaccination work has continued on a "maintenance" basis with the aim of continuing tests of the young population in areas of greatest risk, the main urban areas and the densely populated rural areas surrounding them. By the end of 1959 a total of 10,350,000 tests and 3,525,000 vaccinations had been completed. High priority is given to testing and vaccination work in Bangkok and Thonburi where a high prevalence rate is suspected. With UNICEF and WHO assistance a pilot project in community case finding, treatment and prevention of tuberculosis is scheduled to start early this year in Bangkok, to provide experience for planning a national tuberculosis control project.

EASTERN MEDITERRANEAN — \$1,496,500

Aden Protectorate

Basic health/MCH \$59,000 (E/ICEF/R.871)

for continued assistance during 1961 and 1962 in the development of basic maternal and child health services. UNICEF will provide equipment for a third training centre and base hospital at Saïm and supplementary equipment for the previously aided training centres and base hospitals at Makhzan and Mukalla; standard equipment and supplementary supplies for four rural district hospitals, 16 new rural health units and 97 health sub-units, MCH centres, base hospitals, training centres and rural district hospitals; transport to facilitate training, supervision and environmental sanitation; and stipends for a two-year period for 30 trainees. Further assistance may be asked at a later time to help complete the planned medical establishment.

Ethiopia

Venereal disease control \$32,000 (E/ICEF/R.897)

to provide penicillin and antigens during 1960 and 1961 during which an estimated 130,000 persons will be treated. The long-term objective is to achieve gradual control of venereal diseases through the growing framework of public health services, especially through the rural health centres. Gains made in the Dessie and Lékempti areas in the past two years will be consolidated and the mass campaign will be extended to Godjam Province. In the Gondar region where a network of health centres has been established VD control will be co-ordinated with the UNICEF-aided training project at the Public Health College.

Milk conservation: pilot project (first allocation)

\$19,500 (E/ICEF/R.859)

to provide milk cooling equipment, a milk quality control laboratory, a vehicle, and training and demonstration equipment for the pilot phase of a project to collect milk from outside Addis Ababa, to institute a system of milk quality control, to train extension service workers in better milk production techniques and to channel a portion of the supply to children most in need of milk. At a later stage the

Government intends to establish a modern dairy to serve Addis Ababa. The Ministry of Agriculture, with the assistance of the United States International Cooperation Administration, will establish three small farm-type milk collecting centres this year with a combined capacity of 3,000 to 4,000 litres of milk daily. UNICEF will provide refrigerating equipment for one of these centres and for the Shola Ber dairy. UNICEF aid to the milk control laboratory will enable the Government to help producers improve milk hygiene. The collecting centres will sell the milk to the dairy for processing and commercial distribution at a price which will offset their operational costs. One-fourth of the total output of the dairy is to be provided at cost to schools, institutions and hospitals for a period of five years. Children and pregnant and nursing mothers will be the primary recipients of this low-priced milk.

Iran

Milk conservation ... \$115,000 (E/ICEF/R.866 & Corr.1)

to provide supplementary equipment for a milk plant to be established at Shiraz and for the services of a dairy engineer to assist in the development of the dairy industry. UNICEF will provide about 50 per cent of the imported equipment for the plant, a local corporation providing the balance. The plant will have the capacity to process upwards of 10,000 litres of milk daily, for distribution in the city of Shiraz and surrounding areas. The Government will guarantee free distribution of \$15,000 worth of milk annually to children and pregnant and nursing mothers for ten years; the Municipality will undertake to provide low-cost milk to low-income families to a value of \$15,000 annually for the same period. The plant will also serve as a training centre for Shiraz Agricultural College students, dairy workers and milk plant technicians. Plans are under way for a second training project to be established at Karaj Agricultural College, and equipment for a small dairy plant at this college may be requested from UNICEF at a later time.

Iraq

Malaria eradication \$104,000 (E/ICEF/R.845)

to provide 167 metric tons of DDT to supplement provision made by the Board in September 1959 for the second spraying period in 1960. Over 4.5 million persons will be protected this year, including 2.7 million by spraying and surveillance, 1,660,000 by surveillance only and 164,600 by spraying only. Except for insecticides provided by UNICEF, the Government provides all imported items including additional quantities of DDT and dieldrin for the operations this year. Since the last report to the Board on this project technical evaluation of the 1959 operations has shown the necessity to make drastic revisions in the plan for 1960. Adequate surveillance has been retarded by budgetary and administrative difficulties with the result that epidemiological data are lacking which are needed to determine the interruption of transmission. WHO has advised that it will be necessary to repeat in 1960 the plan devised for 1959 as it would be unsafe to discontinue spraying operations until interruption of transmission has been proven. The Minister of Health has made arrangements to rectify the personnel situation, and training and recruitment have been started. The Minister of Health has also set up an executive group with the necessary authority to execute the project and with budgetary autonomy.

Jordan

Malaria eradication \$19,000 (E/ICEF/R.832)

to help continue the malaria eradication campaign to the end of 1960, giving protection to all inhabitants at risk, an

estimated 790,000 out of a total population of 1.5 million. UNICEF will provide four vehicles, spare parts, batteries and tires, microscopes and a fellowship to help train the project's chief mechanic in preventive transport maintenance. WHO will assist in planning and execution of the project and in regular evaluation of the campaign.

Somaliland under Italian Administration

Malaria : pilot project \$29,000 (E/ICEF/R.860)

to provide insecticides, microscopes, sprayers and transport for continuation for one more year (1960). Spraying operations in 1960 will maintain the same level of coverage as in 1959, to give direct protection to the 237,000 settled inhabitants of the malarious areas. As recommended by WHO, operations will be decentralized, with five centres directing spraying operations, epidemiological and entomological surveys and surveillance operations, including intensified and continuous malariometric surveys, notification of all fever cases and distribution of drugs to fever cases. WHO experts believe that considerably more must be learned before a pre-eradication survey will be possible, and will provide a full-time malariologist during 1960.

Turkey

Social services for children (first allocation)

\$23,000 (E/ICEF/R.861)

to aid in the first year of a project for improving the quality, standards, and effectiveness of present programmes for the care of children as part of a larger new national programme for the development of social services. The key element in the plan is the systematic training of government and private agency child care workers (administrators, supervisors, and workers with children's groups). UNICEF will assist a one-month refresher course to be held in 1960 for experienced staff from day nurseries, residential children's institutions, health centres, and children's clubs and camps; and in-service training of recently recruited staff of these agencies (consisting of a one-month introductory course and supervised practical work interspersed with periodic short courses or additional classes during the year). UNICEF will share equally with the Government the costs of local stipends and travel expenses for 240 students to attend the short courses, and honoraria and travel expenses for five teachers for each course and will provide special teaching aids and pay for the translation of training material. Subject to the availability of funds, the Bureau of Social Affairs will provide in 1960 six fellowships and the services of one general social welfare adviser, one family and child welfare expert and one expert in social work education.

Malaria eradication \$985,000 (E/ICEF/R.877)

for insecticides, drugs, transport, sprayers and other campaign equipment to supplement provisions previously made for 1960 operations and to provide for continuing operations through 1961. Protection will be afforded by spraying to over 7.5 million persons in 1960 and to over 6.6 million in 1961. Surveillance operations will protect 12.2 million and 12.6 million in 1960 and 1961 respectively, and about 10 per cent of those in the surveillance areas will receive chemoprophylactic drugs. In a pilot experimental scheme about 70,000 nomads will receive intermittent doses of pyrimethamine over a five-months period. A WHO report to the UNICEF Board in September 1959 cited as the main problems retarding the campaign, shortage of personnel, unsatisfactory spraying schedules, the need for legislation and for health education, and the appearance of DDT

resistance in the Adana area necessitating a change to dieldrin. The necessary legislation was passed by the Turkish Grand National Assembly in January of this year. A new WHO team arrived in Turkey last summer and the revised plan follows its fresh study of the problem. The consultant malariologists have conducted two reorientation training courses for regional and zonal doctors. WHO technical approval is given to the total project outlined in this paper. In view of the fact that the UNICEF contribution does not meet the total supply requirements of the revised 1961 plan and that implementation necessitates the provision by WHO and/or the Government of additional insecticides which cannot yet be guaranteed, WHO makes the reservation that if it becomes impossible to provide these additional supplies, it may be necessary to prepare a new technical plan within the available financial ceilings.

Tuberculosis survey (first allocation)

\$38,000 (E/ICEF/R.820)

to provide x-ray equipment, vehicles, field laboratory equipment, tuberculin testing equipment and supplies for a survey team which would examine approximately 50,000 persons in two provinces of the Anatolian Plateau where the tuberculosis infection risk is relatively high in one case and relatively low in the other. A national survey team, aided by a WHO advisory team, will make detailed tuberculosis surveys among selected population groups representing different geographic climatic and socio-economic conditions. WHO has provided fellowships for members of the proposed national survey team to be trained in the WHO Tuberculosis Research Office in Copenhagen for four months in 1959. The team will examine a stratified random sample of population in each area by x-ray photography, and in case of abnormal shadows, by sputum examination as well. Children under seven years of age will be tuberculin-tested with the technique used in the BCG campaign. The proposed survey will provide the factual basis for planning a national pilot area project to train staff and to develop experience in the organization and administration of control methods recommended by WHO. It is expected that UNICEF aid will be requested later for the national pilot area project.

United Arab Republic

Social services for children (Egypt) (first allocation)

\$22,000 (E/ICEF/R.879)

for a project to strengthen social services for children including the training of family and child welfare workers. One of the objectives of the project is to undertake a national survey to determine the social needs of families and children and to determine whether existing services meet these needs. A secondary objective is to attempt to provide better and more efficient services by strengthening co-ordination among the large number of governmental and non-governmental agencies now providing such services. Over a two-year period, training will be provided for 900 professional, auxiliary and voluntary workers of family and child welfare agencies, day-care centres, and children's institutions. UNICEF will provide: training and demonstration materials for four training centres; equipment for the production of teaching materials, and (for twelve agencies to be used for field work practice) child care demonstration materials and prototype playground equipment, games, and tools; and four motor vehicles for use in training and supervision. The United Nations Bureau of Social Affairs will provide a family and child welfare adviser for the period of one year and three fellowships for the training of supervisory staff related to the project.

Bilharziasis control : pilot project (Egypt) (first allocation)

\$51,000 (E/ICEF/R.870)

to provide molluscicides, laboratory supplies, field equipment and transport for the first two years (mid-1960 to mid-1962) of a five-year pilot project, including the establishment of a training centre in Beheira Province. The project area includes a population of 250,000, 42 per cent of whom are estimated to be infected with the disease. WHO will provide the services of three experts. A concentrated effort will be made to determine the most economical and effective means by which the disease can be brought under adequate control under the conditions that prevail in Egypt. The Government hopes that the project will serve as a field demonstration and training base for other countries in the Eastern Mediterranean region. Project headquarters and several advanced field bases will be established in mid-1960. A thorough study will be made in the first two years of the important factors in bilharziasis control, including surveys to obtain base line data for future evaluation. Professional and auxiliary personnel will be trained in all phases of the work and various methods of control will be tried out, including the use of molluscicides.

EUROPE — \$299,000

Italy

Nutrition education and related activities (first allocation)

\$39,000 (E/ICEF/R.813)

The long-term objective of this project is the improvement of family feeding habits by intensified nutrition education for children and parents, through schools, health and welfare organizations, agricultural services and community groups. Aside from establishing the necessary organization for the project, the immediate objectives are: to create and train a corps of national nutrition educators who will then be employed at the national or regional level; to train 4,050 school teachers and local officials who will in turn introduce nutrition education systematically into elementary schools, kindergartens and day-care institutions; and to produce and test effective teaching aids for nutrition education. UNICEF will provide funds to cover stipends of 600 lire daily for twenty-day courses, the equivalent of US\$19 each, for 2,025 teachers who must live away from home to attend the courses. The Government will provide stipends for an equal number of teachers who will attend courses in their own localities.

Poland

Basic health/MCH : school dental health

\$60,000 (E/ICEF/R.878)

to provide 22 vehicles and 44 sets of dental equipment for mobile dental clinics to serve rural primary schools in all 22 provinces. These units, and 132 to be equipped by the Government, will be set up in the 1960-61 school year. In the next three years, the Government hopes to establish a total of 676 mobile units to operate in conjunction with school health services. The 676 mobile clinics will serve 75,000 to 100,000 young children, safeguarding their permanent teeth. The circumstances in Poland are recognized as exceptional and require emergency action. The assistance approved is a one-time maximum allocation and will not be considered as a precedent for further extension into this field of activity.

Yugoslavia

Milk conservation Allocation : \$200,000

Formal commitment : \$398,000 (E/ICEF/R.834)

to provide equipment for new dairies at Mostar and Tito-grad; supplementary equipment for the Milk Industry In-

stitute's central laboratory to help standardize milk-bottle making; six trucks; consultant services and a fellowship. The proposed dairies, when in full operation, will have the capacity to process 20,000 litres per day each. About 16,000 children will receive free milk rations in the two communities. The Board gave its approval in principle to the entire plan outlined in this document for which the cost to UNICEF will total \$398,000. The allocation of \$200,000 now approved will be expended during 1960, the balance of \$198,000 will be requested at a later session of the Board. Completion of plan construction in both cities and the delivery of UNICEF equipment are foreseen by the third quarter of 1961. Both plants are scheduled to go into operation by mid-1962. FAO will provide two fellowships for Yugoslav personnel to be trained abroad before taking up assignments in the dairy plants.

THE AMERICAS — \$2,315,400

Argentina

Basic health/MCH \$91,000 (E/ICEF/R.838)

to provide equipment for six regional training centres in the capitals of the most populated provinces to improve standards and strengthen the training of nurses and auxiliary personnel to be appointed to the public health services. Special courses will be given in the nursing schools of Buenos Aires, La Plata, Santa Fe, Cordoba, Tucuman and Mendoza from 1960 to 1963 to train 150 supervisory nurses, 295 graduate nurses and 450 nursing auxiliaries. This project aims to regulate the nursing profession to avoid abuse of the title of nurse and to improve the status and morale of the nursing profession. UNICEF will provide demonstration and training equipment, vehicles for supervision and field practice, standard nursing kits for health services and for demonstration purposes; and stipends for six months, training for 250 nursing auxiliaries, the Government and UNICEF sharing the cost of stipends.

Malaria eradication \$80,000 (E/ICEF/R.814)

to provide insecticides and supplies for the second year (August 1960/July 1961) of total-coverage spraying. An estimated 82,600 houses will be sprayed. The total population at risk, 2,210,000, is being protected in this campaign. Of these 384,000 are directly protected by total-coverage spraying operations; the remainder are in areas where transmission has been interrupted and are indirectly protected through organized epidemiological surveillance.

Leprosy control (first allocation) \$79,000 (E/ICEF/R.892)

for the first two years (mid-1960 to mid-1962) of a five-year leprosy control campaign to be carried out in the eleven provinces with the highest incidence of leprosy in the northeastern part of the country. National and provincial health services, the Ministries of Education and National Defence and private agencies will co-operate in detection of cases and in extensive health education work to combat ignorance and prejudice concerning leprosy and to obtain community collaboration. In areas of high and medium incidence, the staff of dispensaries operating under the technical supervision of the Leprosy Division of the Ministry of Health and in close collaboration with other health services will do intensive case-finding and survey work and will make regular examinations of all contacts in order to detect incipient cases. Treatment will be mainly on an ambulatory basis with oral administration of drugs. In areas of low incidence, detection and treatment of cases will be done through the general health services. UNICEF will provide 25 vehicles, a motor for a river launch, microscopes,

laboratory and field supplies, and sulfone drugs for the treatment of 10,000 cases.

Brazil

Basic health/MCH including environmental sanitation
\$18,000 (E/ICEF/R.815)

for further assistance to the integrated rural health programme in the State of Rio Grande do Norte, UNICEF will provide equipment for 6 health centres and 3 maternity homes to be established in 1960, laboratory equipment, hand pumps and well-drilling accessories. Though the environmental sanitation programme has been relatively slow in developing, sanitary inspectors have been trained and appointed to health centres and health education activities have been introduced. Development of latrines started in 1958 and personnel have been trained to operate the well-drilling equipment provided by UNICEF.

Nutrition education and related activities (first allocation)
\$79,000 (E/ICEF/R.880)

for an expanded nutrition demonstration project to be carried out in seventy primary schools and fifteen mothers' clubs of selected rural communities in the State of Rio Grande do Norte. UNICEF will provide equipment for nutrition education and training, seeds and tools for eighty-five gardens and for poultry raising, transportation for supervisors and stipends for personnel attached to the project. It is the intention of the Government to expand the project at a later stage by including additional States in the North East in accordance with the progress of the project. The project involves the co-ordinated action of the Federal Government and the State Government to improve the nutrition status of infants, pre-school children, school children and mothers through long-term intensive nutrition education. With the aim of increasing the production of local protein-rich foods, the project will provide horticultural and avicultural education through school and other gardens. Training of supervisors or teaching personnel assigned to the project is also envisaged.

British Guiana

Malaria eradication (first allocation)
\$8,000 (E/ICEF/R.837)

for the provision of transport, laboratory equipment, insecticides and mixing equipment to chloroquinize salt for the first year (mid-1960 to mid-1961) of a three-year campaign of malaria eradication in the interior areas of the country. Because of the extreme difficulty of reaching the interior areas, the nomadic habits of the people and a vector which breeds and bites in the open, the campaign would undertake distribution to the entire population of chloroquinized salt, with systematized control to ensure that only treated salt reaches the interior. Approximately 19,500 persons are to be protected over an area of 30,000 square miles. Barrier spraying would be continued along the middle reaches of the rivers to avoid reinfestation of the densely populated coastal areas from which malaria has been eradicated for some years.

Costa Rica

Malaria eradication \$57,000 (E/ICEF/R.874)

to provide insecticides, spare parts and laboratory supplies for the fourth year of total coverage (October 1960 to September 1961). Nearly 64,000 houses will be sprayed in the fourth year of the campaign, protecting 308,000 people.

Nutrition education and related activities (first allocation)

\$82,000 (E/ICEF/R.833)

for a two-year expanded nutrition project in forty-five communities as the first stage in a long-term intensive nutrition education programme to improve the nutritional status of pre-school children, school children and mothers. Nutrition education will be intensified through the activities of health centres, schools, extension services and community groups. The Ministries of Health, Education and Agriculture will co-ordinate their activities to increase local production of protein-rich foods, and to increase horticultural and avicultural education through the development of school and other gardens. One aspect of the project will be the training of supervisors and teaching personnel. UNICEF will provide equipment for nutrition education and training; tools, seeds, insecticides, and fertilizer for gardens in forty-five communities, irrigation equipment, equipment for poultry raising; demonstration equipment for forty-five schools and four health and nutrition centres (*centros de nutrición*), 3 utility vehicles for supervisors and stipends for 710 supervisors, teachers, auxiliary nurses and community leaders to be trained during the two-year period. Following the first demonstration stage, the Government intends to extend the project to additional communities.

Cuba

Basic health/MCH and environmental sanitation (first allocation) Allocation :

\$132,000

Formal commitment : \$170,000 (E/ICEF/R.847)

to provide supplies and equipment for a rural pilot health project including maternal and child health, training and sanitation in the Province of Pinar del Rio with a view to extension of this type of project to other provinces. WHO will provide a public health administrator, a sanitary engineer and two nurses, and fellowships for key professional personnel. In the first stage (1960/1961) UNICEF will ultimately provide equipment for development of the first two of the four health zones into which the province is divided, as follows:

- (a) A provincial health centre in Pinar del Rio and main centres in Vinales, Consolacion Norte and Consolacion Sur, including dental and x-ray services and for a network of 19 sub-centres;
- (b) A public health laboratory in Pinar del Rio;
- (c) Health education;
- (d) A training school for nurses and auxiliaries;
- (e) Transport for supervision and field practice of nursing students;
- (f) Equipment for environmental sanitation including well-drilling and workshop equipment, pumps and transport to improve water supplies and excreta disposal facilities in rural communities.

Dominican Republic

Malaria eradication \$109,000 (E/ICEF/R.893)

to provide insecticides and spare parts for the third year, July 1960/June 1961, of total coverage. Approximately 400,800 houses will be sprayed in the third year protecting some 2,204,000 persons. Susceptibility tests have shown developing resistance to dieldrin by the vector *A. albimanus* in some areas. Tests also show that the vector is still susceptible to DDT in these areas and to both DDT and dieldrin in others. Following these indications that some change in the type of insecticide used in the campaign would be necessary, the problem has been studied by the evaluation service and WHO.

Guatemala

Social services for children (first allocation)

\$13,400 (E/ICEF/R.850)

to aid in the development of a national plan for the improvement of social services for children and families. The key elements in the plan are: strengthening of co-ordination and planning of social services; development of both in-service and special training courses; upgrading of existing day care and community centres; formulation of standards for child care agencies; surveys of social needs; and strengthened protective legislation. UNICEF will provide:

- (a) Stipends for 40 nursery nurses in special three months' training courses, and for twenty auxiliary social workers in special six months' courses;
- (b) Honoraria for teachers at the courses;
- (c) Teaching materials for the training centres;
- (d) Training equipment and transport for supervision of the field practice of the students;
- (e) Selected equipment for twelve day care centres, three community centres and eight residential institutions accepting the standards developed by the Council on Social Welfare; and
- (f) Salary costs of a project director and director of training on the staff of the Council for the first fifteen months of the project.

The United Nations Bureau of Social Affairs will provide a general social welfare adviser; a child welfare adviser, and, subject to availability of funds, fellowships for the training abroad of key personnel in the field of child welfare.

Mexico

Basic health/MCH and environmental sanitation

Allocation : \$162,000

Formal commitment : \$261,000 (E/ICEF/R.846)

for the first year of a three-year expansion of integrated health services new being developed with special emphasis on maternal and child health services, training of auxiliary personnel for health services and environmental sanitation. UNICEF will ultimately provide the following:

- (a) *For basic MCH services:* equipment, drugs and vitamins for 3 main centres and 11 sub-centres in Oaxaca; for 5 sub-centres in Yucatan; for a district hospital and 3 maternity homes in Oaxaca; for a maternity home in Yucatan; for public health laboratories in Oaxaca and Tabasco; and 4 vehicles for supervision of MCH services and for doctors' visits to sub-centres in Oaxaca and Yucatan.
- (b) *For training:* equipment for a training centre in Oaxaca and a vehicle for transport of trainees to field practice. Stipends for training courses for 15 doctors, 50 auxiliary nurses, 40 community development workers and 5 sanitarians.
- (c) *For environmental sanitation:* well-drilling equipment for Oaxaca and Tabasco, and workshop equipment, pumps and some piping for safe water installations in Oaxaca, Tabasco and Yucatan.

Malaria eradication \$500,000 (E/ICEF/R.863)

to provide part of the additional insecticides required for the fourth year (1960) of total-coverage spraying of the malaria eradication campaign. This allocation is beyond the original commitment figure since the cost of the campaign has greatly exceeded planning estimates made in 1955. Detailed

epidemiological studies have been made throughout the malarious area and the data obtained have been used to prepare the operational plan for 1960. The findings have shown that it is possible to make certain changes in the previous spraying plan in eleven of the fourteen zones of the country involving the cessation of spraying in certain areas where transmission has been interrupted for some time or where transmission has always been marginal and a reduction to one spraying cycle per year in areas where the period of transmission is limited. The budget for 1960 foresees an increase of staff for the evaluation and vigilance services as a result of the reduction of spraying cycles in certain areas and the conversion of other areas to the vigilance phase of the project.

Tuberculosis survey (first allocation)

\$71,000 (E/ICEF/R.875)

to assist in a tuberculosis prevalence survey, to begin in five states where the incidence of tuberculosis is believed to be the highest, and then progress to other states. The survey will be carried out in accordance with standard WHO procedures. During the first stage, 1960/1961, the survey will cover an area with a population of approximately 4 million. On the basis of the findings of this survey it is the intention of the Government to plan a tuberculosis control project beginning with a pilot control project in one State and gradually expanding. UNICEF will provide transportable photofluoroscopic equipment, health education equipment, transport and supplies for two survey teams and laboratory equipment for the teams and for a central laboratory.

Nicaragua

Malaria eradication \$180,000 (E/ICEF/R.868)

to provide insecticides, spare parts for transport and sprayers and laboratory supplies for the fourth and fifth cycles (July 1960 through June 1961) of total-coverage spraying. An estimated 458,890 house sprayings will be effected affording direct protection to 1,270,000 people. Early difficulties of the campaign, which arose chiefly from inadequate administration complicated by the discovery of vector resistance to dieldrin, have been overcome. The malaria service has been thoroughly re-organized; SCISP has taken over the administration of the project and contributed substantially to its cost; and the budget and the organizational set-up has been revised to meet the requirements of two cycles per year of DDT spraying. All spraying personnel were given refresher training before the start of the third cycle in January 1960. In certain small areas where tests have shown resistance of the vector *A. albimanus* to both dieldrin and DDT, domiciliary sprayings continue along with epidemiological investigations to determine the real effectiveness of the sprayings.

Panama

Malaria eradication \$100,000 (E/ICEF/R.865)

to provide insecticides, vehicle and sprayer spares, outboard motors for boats and laboratory supplies for the fourth year of total coverage (September 1960 to September 1961). An estimated 169,561 houses will be sprayed by the Government in the fourth year of total coverage, protecting approximately 700,000 persons. (The Chiriqui Land Company sprays its own estates, protecting some 24,000 people.) Since August 1958, some 80 susceptibility tests have been carried out. The results obtained were normal and nothing has been found to indicate a possible vector resistance to dieldrin. Panama continues as the only country in Central America to use dieldrin.

Paraguay

Basic health/MCH \$115,000 (E/ICEF/R.817)

to provide equipment and stipends for the second stage (1960-61) of a five-year comprehensive programme of integrated rural health services throughout the country. UNICEF will provide:

- (a) Equipment for four departmental health centres and maternity and paediatric services in the attached hospitals;
- (b) Equipment for twenty-one main health centres and seventy sub-centres;
- (c) Supplementary equipment for central and regional public health laboratory services;
- (d) Kits for midwives and public health nurses attached to the centres and kits for traditional birth attendants (*empiricas*) after training;
- (e) Training equipment for courses for auxiliary nurses;
- (f) Transport for supervision of the project and a bus to facilitate field practice of trainees;
- (g) Training stipends for sixty-five auxiliary nurses and thirty midwives.

Malaria eradication \$125,000 (E/ICEF/R.881)

to provide insecticides, vehicles, spares and laboratory supplies for the fourth year (November 1960 to October 1961) of total-coverage spraying. About 969,000 inhabitants are directly protected by total-coverage spraying operations. Studies of vector resistance to insecticides have confirmed that the vectors are susceptible to dieldrin. Surveys are being carried out in selected communities to study the persistence of residual action of insecticides on the walls. The evaluation service as originally planned proved inadequate and is being enlarged. UNICEF will provide ten vehicles to give the necessary mobility for the increased staff.

Peru

Malaria eradication \$314,000 (E/ICEF/R.869)

to provide insecticides, spare parts and laboratory supplies for 1960/1961 operations. The total population at risk, 3,500,000, is protected including approximately 2,492,000 persons directly protected by total-coverage spraying operations. Total-coverage spraying operations which began in the lower areas of the Amazon River and tributaries in December 1959 now cover the entire malarious area. The evaluation service has been organized more effectively since September 1958 and has greatly improved since May 1959, particularly in the West and Selva regions. Spraying operations have been greatly improved in the past year. The output in houses sprayed per man-day has improved, and only a small percentage of houses were left unsprayed during the regular team visits and required return visits.

INTERREGIONAL — \$68,000

Nutrition surveys \$50,000 (E/ICEF/R.895)

for aid to nutrition surveys to be undertaken as a preliminary to planning a nutrition project. Any survey assisted will conform to established policy: a survey will be requested by a government and the plan technically approved by the appropriate specialized agency (FAO or WHO). The assistance provided by UNICEF will take the approved forms of equipment, transport, and, where necessary, payment for national personnel, including stipends for training in survey methods.

Survey on UNICEF aid for training

\$18,000 (E/ICEF/R.887)

to pay salary and travel costs of a special consultant over a period of nine to twelve months to make a broad survey of the need for UNICEF assistance in all types of training with respect to child care. The survey will encompass the need for training in permanent health services, nutrition (including milk conservation), homecraft and mothercraft and social services for children. Close collaboration of the technical agencies concerned would be sought. Plans for the study would be co-ordinated with that proposed by the JCIIP for training in the health field to which WHO has indicated its readiness to contribute, and with the report to be prepared for the FAO UNICEF Joint Policy Committee. The report of the survey will be presented to the Board at its June 1961 session.

Aid for project preparation \$25,000 (see paragraphs 61-63)

EMERGENCY AID — \$105,000

AFRICA

Mauritius

Cyclone relief \$55,000 (E/ICEF/R.899)

for the provision of about 20,000 blankets for the relief of mothers and children who have been rendered homeless by the disastrous cyclones which struck the island of Mauritius in January and again in February. The UNICEF aid will be fully co-ordinated with other emergency assistance. The British Government is making arrangements to provide corrugated iron, power lines, tents, clothing, blankets and field kitchens to help those whose homes have been destroyed. Several voluntary agencies have provided limited amounts of clothing and food supplies which have been flown to the island.

Morocco

Earthquake relief \$50,000 * (E/ICEF/R.898)

for the provision of hospital camp beds and emergency food supplies for the relief of mothers and children who are victims of the earthquakes and tidal wave which struck the

city of Agadir on 1 March. The camp beds are for injured cases since hospital facilities in the area are crowded with paralysis victims for whom the Board made an emergency relief allocation in November 1959 (E/ICEF/R.816) following food poisoning which affected eight to ten thousand persons. The emergency food supplies will consist mainly of milk. Because of water supply difficulties, sweetened tinned milk will be provided. The UNICEF aid will be fully co-ordinated with other emergency aid from voluntary societies.

DEFICIT ALLOCATION

\$26,885 (E/ICEF/R.862)

For projects previously approved, the Board at this session approved the following allocations:

<i>Asia</i>	<i>\$US</i>
Afghanistan (vaccine production)	1,598
India (DDT production)	4,484
Korea (emergency [typhoon])	109
Pakistan (DDT production)	2,015
(penicillin production)	12,000
Solomon Islands (leprosy)	929

TOTAL ASIA... 21,165

Eastern Mediterranean

Lebanon (Basic health MCH [training])	625
(Basic health MCH [handicapped])	1,696

TOTAL EASTERN MEDITERRANEAN... 2,321

The Americas

Colombia (smallpox vaccine production)	1,753
Ecuador (BCG vaccination)	15
French Guiana (Basic health MCH)	13
Peru (Basic health MCH [Oriente])	104
(Basic health MCH [Callejouda])	603
(environmental sanitation)	911

TOTAL : THE AMERICAS... 3,399

TOTAL : OVER-EXPENDITURES... 26,885

ANNEX II

Allocations approved by Executive Board by year, 1957-1959

(In US dollars)

	1957		1958		1959	
	Amount	Per cent	Amount	Per cent	Amount	Per cent
<i>Health services</i>	6,323,900	31.0	5,441,700	29.0	4,668,911	19.4
<i>Family and child welfare services</i>	92,000	0.4	50,000	0.3	126,000	0.5
<i>Disease control</i>	9,553,487	46.8	10,618,600	56.6	10,673,887	44.3
Malaria eradication and control	8,001,200	39.2	8,725,300	46.5	8,333,000	34.6
BCG vaccination	414,664	2.0	199,300	1.1	601,922	2.5
Other TB control	306,000	1.5	190,500	1.0	676,765	2.8
Yaws and VD control	386,202	1.9	771,000	4.1	255,000	1.0
Trachoma & related eye disease control	200,500	1.0	194,000	1.0	356,200	1.5
Leprosy control	176,500	0.9	472,500	2.5	427,000	1.8
Other	68,421	0.3	66,000	0.4	24,000	0.1
<i>Nutrition</i>	4,059,000	19.9	2,295,000	12.2	7,376,018	30.6
Child feeding	2,775,500	13.6	1,602,500	8.5	2,903,248	12.0
Milk conservation	1,267,000	6.2	167,000	0.9	3,411,500	14.2
Nutrition education and related activities	—	—	417,000	2.2	821,300	3.4
Other high-protein food development ...	—	—	81,000	0.4	215,000	0.9
Other nutrition projects	16,500	0.1	27,500	0.2	25,000	0.1
TOTAL LONG-RANGE AID	20,028,387	98.1	18,405,300	98.1	22,844,879	94.8

ANNEX II (continued)

	1957		1958		1959	
	Amount	Per cent	Amount	Per cent	Amount	Per cent
Emergency aid	386,404	1.9	353,000	1.9	1,246,000	5.2
GRAND TOTAL, PROGRAMME ALLOCATIONS	20,414,791	100.0	18,758,300	100.0	24,090,879	100.0
Operational services	1,962,095		2,078,580		2,294,940	
Administrative costs	1,769,875		1,769,900		1,845,170	
GRAND TOTAL, ALLOCATIONS APPROVED	24,146,761		22,606,780		28,230,989	

ANNEX III

Government contributions to UNICEF central fund for the years 1958, 1959, and 1960 (to 22 March)

(In US dollars)

Country	1958	1959	1960 (to 22 March)
Afghanistan	8,000	10,000	—
Argentina	123,810	18,072 ^a	—
Australia	501,760	501,760	—
Austria	38,462	38,462	46,154
Belgium	185,000	200,000	—
Brazil	982,364	998,541	265,556 *
British Honduras	—	350	—
Brunei	1,633	1,633	1,633
Bulgaria	2,650	2,206 ^c	7,353
Burma	56,000	56,000	—
Byelorussian Soviet Socialist Republic ..	37,500	37,500	37,500
Cambodia	2,500	2,500	3,000
Canada	669,063	670,073	—
Ceylon	14,726	14,726	14,726
Chile	80,000	80,000	—
China, Republic of	10,000	15,000	—
Colombia	255,587	255,297	952 *
Costa Rica	30,000	30,000	30,000
Czechoslovakia	34,722	34,722	—
Dahomey, Republic of	—	—	5,000
Denmark	72,400	72,400	—
Dominican Republic	20,000	20,000	—
Ecuador	9,478	10,000	10,000
El Salvador	—	20,000 ^b	20,000
Ethiopia	12,000	12,000	18,000
Finland	15,625	19,687	19,688
France	738,095	740,000	744,120
Germany, Federal Republic of	476,190	523,810	595,238
Ghana	28,000	14,000 ^d	—
Greece	51,737	10,000 ^e	—
Guatemala	40,000	—	—
Haiti	10,000	—	—
Honduras	20,000	20,000	—
Hong Kong	3,500	3,500	—
Hungary	—	12,876	—
Iceland	10,683	16,560	—
India	377,708	482,781	—
Indonesia	100,000	100,000	—
Iran	200,000	240,000	260,000
Iraq	56,000	56,000	—
Ireland	10,220	7,000	—
Israel	27,778	29,176	—
Italy	96,000	288,000	288,000

ANNEX III (continued)

Country	1958	1959	1960 (to 22 March)
Japan	130,000	130,000	—
Jordan	2,240	2,244	—
Korea	2,000	2,000	2,000
Laos	—	500	—
Lebanon	6,319	9,141	—
Liberia	5,000	5,000	—
Libya	3,500	—	—
Liechtenstein	468	702	702
Luxembourg	5,000	5,000	5,000
Malaya, Federation of	24,500	24,000	24,500
Mexico	300,000	300,000	—
Monaco	952	2,041	2,041
Morocco	17,760	17,887	17,887
Netherlands	78,947	78,947	—
New Zealand	210,000	210,000	—
Nicaragua	10,000	10,000	—
Niger, Republic of the	—	—	2,041
North Borneo	327	327	327
Norway	67,200	67,200	—
Pakistan	75,600	75,534	—
Panama	10,000	10,000	—
Paraguay	10,000	10,000	—
Peru	90,909	74,947 *	—
Philippines	95,500	102,462	—
Poland	50,000	50,000	—
Romania	25,000	25,000	—
Sarawak	8,167	3,267	3,267
Sierra Leone	280	280	—
Singapore	6,533	6,533	—
Spain	23,810	23,810	—
Sudan	9,989	10,000	—
Sweden	212,355	260,618	—
Switzerland	269,100	269,100	269,100
Thailand	154,500	150,000	150,000
Tunisia	4,000	8,160	—
Turkey	160,714	161,071	194,444
Ukrainian Soviet Socialist Republic	75,000	75,000	75,000
Union of Soviet Socialist Republics	500,000	500,000	500,000
Union of South Africa	—	—	23,000
United Arab Republic - Egypt	55,248	106,907	—
United Arab Republic - Syria	7,222	8,333	—
United Kingdom	658,000	658,000	938,000
United States of America	11,000,000	11,000,000	6,000,000 *
Vatican State	1,000	1,000	1,000
Venezuela	25,000	—	—
Viet-Nam	2,000	5,000	—
West Indies Federation :			
Antigua	117	117	—
Grenada	583	583	—
Jamaica	5,610	5,621	—
Trinidad and Tobago	7,000	7,000	7,000
Yugoslavia	200,000	200,000	200,000
	19,966,641	20,547,464	10,782,229

* Part of the 1960 contribution.

* The apparent decrease in the contribution is due to the fluctuation of the rate of exchange of the national currency towards the United States dollar; the 1959 contribution expressed in national currency is equal to or greater than the 1958 contribution.

* 1957, 1958 and 1959 contributions were \$20,000 in each year; 1957 accounts include two contributions, namely for 1957 and 1958.

* There was no decrease in 1959 in the regular amount of contribution; however, in 1959 a small supplementary contribution was made.

* The fiscal year of this Government does not coincide with the calendar year; two annual contributions of \$14,000 each are shown in 1959 accounts.

* Contributions for 1958 and 1959 were \$30,000 in each year; the original announcement by the Government for 1958 was for \$50,000 and was so recorded.

ANNEX IV

Allocations approved by the Executive Board (March session and mail poll) in March 1960 (In US dollars)

	Action taken by Board		Allocations returned *
	Allocations to cover		
	Long-range aid	Emergencies	
I. AFRICA.....	857,500	105,000	—
II. ASIA	3,179,756	109	189,278
III. EASTERN MEDITERRANEAN	1,498,821	—	25,220
IV. EUROPE	299,000	—	—
V. THE AMERICAS.....	2,348,799	—	76,875
VI. ASSISTANCE BENEFITING MORE THAN ONE REGION	93,000	—	—
TOTAL (I-VI)	8,276,876	105,109	291,373
VII. OTHER ASSISTANCE :			
Operational services	—	—	(5,211)
VIII. ADMINISTRATION	—	—	58,422
TOTAL (VII-VIII)	—	—	53,211
GRAND TOTAL	8,381,985		344,584
I. AFRICA			
Basutoland	28,000	—	—
The Community :			
Dahomey, Republic of.....	18,000	—	—
Ivory Coast, Republic of the	31,000	—	—
Niger, Republic of the ^b	13,000	—	—
Senegal, Republic of ^b	28,000	—	—
Sudanese Republic ^b	15,000	—	—
Upper Volta, Republic of the ^b	34,000	—	—
Kenya	175,000	—	—
Liberia	110,000	—	—
Mauritius.....	—	55,000	—
Morocco	49,000	50,000	—
Nigeria, Federation of	28,000	—	—
Tanganyika under British Administration.....	90,000	—	—
Tunisia	42,000	—	—
Uganda	196,500	—	—
AREA TOTAL	857,500	105,000	—
II. ASIA			
Afghanistan	493,598	—	—
Burma	59,000	—	2,794
Cambodia	11,500	—	1,072
China : Province of Taiwan	286,000	—	—
India	1,580,684	—	174,115
Indonesia	232,000	—	—
Korea.....	—	109	—
Malaya, Federation of	9,000	—	—
Pakistan	268,045	—	11,297
Philippines	216,000	—	—
Solomon Islands	929	—	—
Thailand	23,000	—	—
AREA TOTAL	3,179,756	109	189,278
III. EASTERN MEDITERRANEAN			
Aden	59,000	—	—
Ethiopia	51,500	—	—
Iran	115,000	—	—
Iraq	104,000	—	—
Jordan	19,000	—	—
Lebanon	2,321	—	—
Somaliland under Italian Administration	20,000	—	—
Turkey.....	1,046,000	—	—

ANNEX IV (continued)

	Action taken by Board		
	Allocations to cover		Allocations returned ^a
	Long-range aid	Emergencies	
United Arab Republic :			
Egypt	73,000	—	14,207
Syria	—	—	11,013
AREA TOTAL	1,498,821	—	25,220
IV. EUROPE			
Italy	39,000	—	—
Poland	60,000	—	—
Yugoslavia	200,000	—	—
AREA TOTAL	299,000	—	—
V. THE AMERICAS			
Argentina	250,000	—	—
Brazil	97,000	—	—
British Guiana	8,000	—	—
British Honduras	—	—	1,178
Chile	—	—	4,132
Colombia	1,753	—	8,670
Costa Rica	139,000	—	10,900
Cuba	132,000	—	—
Dominican Republic	109,000	—	—
Ecuador	15	—	17,006
El Salvador	—	—	19,344
French Guiana (Dept. of France)	13	—	—
Guatemala	43,400	—	558
Mexico	733,000	—	—
Nicaragua	180,000	—	—
Panama	100,000	—	—
Paraguay	240,000	—	—
Peru	315,618	—	14,992
West Indies Federation :	—	—	95
St. Kitts	—	—	—
AREA TOTAL	2,348,799	—	76,875
VI. ASSISTANCE BENEFITING MORE THAN ONE REGION			
Aid for project preparation	25,000	—	—
Nutrition surveys	50,000	—	—
Training survey	18,000	—	—
INTERREGIONAL TOTAL	93,000	—	—

^a Consists of returns from previous allocations (E/ICEF/R.862):

Unspent balances from previously approved allocations ...	291,373
Operational and administrative costs for 1959	53,211
	<u>\$344,584</u>

^b Allocations which were approved by the Executive Board in March and September 1958 (E/ICEF/368, Rev.1; E/ICEF/374), to French

West Africa for Basic Maternal and Child Welfare Services are now broken down in the UNICEF records for the relevant members of the Community as follows:

	\$
Republic of the Niger	6,000
Republic of Senegal	70,000
Sudanese Republic	74,000
Republic of the Upper Volta	34,000

ANNEX V

Allocations^a approved for long-range programmes in March 1960 by type of programme
(In US dollars)

	Family and child welfare services (1) ^b (2) ^c		Disease control				Nutrition				Freight (13)	Grand total (14)	
	Health services (1) ^b	Family and child welfare services (2) ^c	Malaria eradication and control (3) ^d	HC(1) vaccination and other TB control (4)	Trachoma control (5)	Leprosy control (6)	Other (7) ^e	Sub-total (8)	Milk concentration (9)	Other high-nutrition food, vitamins and related activities (10) ^f			Sub-total (12)
I. AFRICA													
Basutoland.....	25,500	—	—	—	—	—	—	—	—	—	—	2,500	28,000
The Community:													
Dahomey, Republic of	—	—	—	—	—	16,600	—	16,600	—	—	—	1,500	18,000
Ivory Coast, Republic of the ..	—	—	—	—	—	28,100	—	28,100	—	—	—	2,900	31,000
Niger, Republic of the	—	—	—	—	—	11,500	—	11,500	—	—	—	1,500	13,000
Senegal, Republic of	—	—	—	—	—	25,200	—	25,200	—	—	—	2,800	28,000
Sudanese Republic.....	—	—	—	—	—	13,300	—	13,300	—	—	—	1,700	15,000
Upper Volta, Republic of the ..	—	—	—	—	—	30,200	—	30,200	—	—	—	3,800	34,000
Kenya.....	161,100	—	—	—	—	—	—	—	—	—	—	13,900	175,000
Liberia.....	—	—	100,000	—	—	—	—	100,000	—	—	—	10,000	110,000
Morocco	—	27,000	—	—	—	—	—	—	—	18,800	18,800	2,000	49,000
Nigeria, Federation of	25,200	—	—	—	—	—	—	—	—	—	—	2,800	28,000
Tanganyika under British Admin.	—	83,000	—	—	—	—	—	—	—	—	—	7,000	90,000
Tunisia	—	—	—	—	38,200	—	—	38,200	—	—	—	3,800	42,000
Uganda.....	117,770	62,875	—	—	—	—	—	—	—	—	—	15,855	196,500
AREA TOTAL	329,570	173,475	100,000	—	38,200	124,800	—	263,000	—	—	18,800	72,655	857,500
II. ASIA													
Afghanistan	83,600	—	345,000	—	—	—	19,598	364,598	—	—	—	45,400	493,598
Burma	64,000	—	—	—	—	—	—	—	—	—	—	5,000	69,000
Cambodia	10,500	—	—	—	—	—	—	—	—	—	—	1,000	11,500
China : Province of Taiwan	101,000	—	—	—	136,400	—	23,800	160,200	—	—	—	24,800	286,000
India	22,800	—	4,484	201,500	29,700	—	69,500	305,184	990,000	109,000	1,099,000	153,700	1,680,684
Indonesia	—	—	—	—	—	16,300	40,000	56,300	45,000	110,000	165,000	20,700	232,000
Malaya, Federation of	8,000	—	—	97,500	—	—	12,000	111,545	—	—	—	1,000	9,000
Pakistan	136,000	—	2,045	25,000	—	—	—	25,000	—	—	—	20,500	268,045
Philippines	173,600	—	—	—	—	—	—	—	—	—	—	17,500	216,000
Solomon Islands	—	—	—	—	—	929	—	929	—	—	—	—	929
Thailand.....	—	—	—	20,900	—	—	—	20,900	—	—	—	2,100	23,000
AREA TOTAL	589,400	—	351,529	344,900	166,100	17,229	164,898	1,044,656	1,035,000	219,000	1,254,000	291,700	3,179,756
III. EASTERN MEDITERRANEAN													
Aden	54,300	—	—	—	—	—	—	—	—	—	—	4,700	59,000
Ethiopia	—	—	—	—	—	—	29,000	29,000	17,800	—	17,800	4,700	51,500
Iran.....	—	—	—	—	—	—	—	—	105,000	—	105,000	9,000	115,000
Iraq.....	—	—	94,000	—	—	—	—	94,000	—	—	—	9,400	104,000
Jordan	—	—	17,500	—	—	—	—	17,500	—	—	—	1,500	19,000
Lebanon	2,321	—	—	—	—	—	—	—	—	—	—	—	2,321
Somaliand under Italian Admin.	—	—	26,400	—	—	—	—	26,400	—	—	—	2,000	29,000
Turkey	—	22,600	895,000	34,500	—	—	—	929,500	—	—	—	93,900	1,046,000
United Arab Republic - Egypt...	—	20,000	—	—	—	—	46,360	46,360	—	—	—	6,640	73,000
AREA TOTAL	66,621	42,600	1,033,500	34,500	—	—	75,360	1,143,360	123,800	—	123,800	132,440	1,498,821

IV. EUROPE

Italy	—	—	—	—	—	—	—	—	—	39,000	—	39,000
Poland	54,500	—	—	—	—	—	—	—	—	—	5,500	60,000
Yugoslavia	—	—	—	—	—	—	—	—	182,000	—	182,000	200,000

AREA TOTAL	54,500	—	—	—	—	—	—	—	—	39,000	221,000	239,000
------------	--------	---	---	---	---	---	---	---	---	--------	---------	---------

V. THE AMERICAS

Argentina	84,450	—	73,000	—	—	—	—	—	—	—	—	20,550	250,000
Brazil	16,400	—	—	—	—	—	—	—	—	—	73,400	7,200	97,000
British Guiana	—	—	7,300	—	—	—	—	—	—	—	—	700	8,000
Colombia	—	—	—	—	—	—	—	—	—	—	—	—	1,753
Costa Rica	—	—	52,000	—	—	—	—	—	—	—	—	—	139,000
Cuba	120,000	—	—	—	—	—	—	—	—	—	—	—	12,000
Dominican Republic	—	—	99,500	—	—	—	—	—	—	—	—	—	9,500
Ecuador	—	—	—	—	—	—	—	—	—	—	—	—	15
French Guiana (Dept. of France)	13	—	—	—	—	—	—	—	—	—	—	—	13
Guatemala	—	40,900	—	—	—	—	—	—	—	—	—	—	2,500
Mexico	148,300	—	455,000	—	—	—	—	—	—	—	—	—	65,100
Nicaragua	—	—	163,700	—	—	—	—	—	—	—	—	—	16,300
Panama	—	—	91,000	—	—	—	—	—	—	—	—	—	9,000
Paraguay	105,700	—	113,700	—	—	—	—	—	—	—	—	—	20,000
Peru	1,618	—	285,700	—	—	—	—	—	—	—	—	—	28,300

AREA TOTAL	476,481	40,900	1,340,900	64,615	—	—	—	—	—	—	150,700	201,450	2,348,739
------------	---------	--------	-----------	--------	---	---	---	---	---	---	---------	---------	-----------

VI. ASSISTANCE BENEFITING MORE THAN ONE REGION

Nutrition survey	—	—	—	—	—	—	—	—	—	—	—	—	50,000
Aid for project preparation	—	—	—	—	—	—	—	—	—	—	—	—	25,000
Training survey	—	—	—	—	—	—	—	—	—	—	—	—	18,000

INTERREGIONAL TOTAL	—	—	—	—	—	—	—	—	—	—	—	—	93,000*
---------------------	---	---	---	---	---	---	---	---	---	---	---	---	---------

TOTAL PROJECT AID	1,506,572	256,976	2,825,929	444,015	204,300	214,029	242,011	3,930,284	1,340,800	219,000	258,500	1,818,300	721,745
FREIGHT DISTRIBUTION	139,880	16,925	280,600	42,000	19,900	22,900	23,340	388,740	143,700	21,000	11,500	176,200	(721,745)

GRAND TOTAL	1,646,452	273,900	3,106,529	486,015	224,200	236,929	265,351	4,319,024	1,484,500	240,000	270,000	1,994,500	8,276,876*
-------------	-----------	---------	-----------	---------	---------	---------	---------	-----------	-----------	---------	---------	-----------	------------

* All project allocations (columns 1-12 inclusive) exclude freight which is shown in column 13.
 * Includes environmental sanitation: Brazil \$8,500, Cuba \$78,700, Mexico \$111,500, Peru \$911.
 * Includes mothercraft and homecraft: Morocco \$27,600, Tanganyika \$43,000, Uganda \$41,975; Social services: Uganda \$21,000, Turkey \$22,600, United Arab Republic - Egypt \$20,000, Guatemala \$40,900.
 † Includes edible peanut flour production: India \$109,000; "Saridele" (vegetable milk) production: Indonesia \$110,000.
 * Includes aid for project preparation: \$25,000; training survey: \$18,000.

ANNEX VI

Declaration of the Rights of the Child

RESOLUTION ADOPTED UNANIMOUSLY BY THE GENERAL ASSEMBLY, 20 NOVEMBER 1959
RESOLUTION 1386 (XIV)

PREAMBLE

Whereas the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom,

Whereas the United Nations has, in the Universal Declaration of Human Rights, proclaimed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status,

Whereas the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth,

Whereas the need for such special safeguards has been stated in the Geneva Declaration of the Rights of the Child of 1924, and recognized in the Universal Declaration of Human Rights and in the statutes of specialized agencies and international organizations concerned with the welfare of children,

Whereas mankind owes to the child the best it has to give,
Now therefore,

The General Assembly

Proclaims this Declaration of the Rights of the Child to the end that he may have a happy childhood and enjoy for his own good and for the good of society the rights and freedoms herein set forth, and calls upon parents, upon men and women as individuals, and upon voluntary organizations, local authorities and national Governments to recognize these rights and strive for their observance by legislative and other measures progressively taken in accordance with the following principles:

PRINCIPLE 1

The child shall enjoy all the rights set forth in this Declaration. Every child, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of himself or of his family.

PRINCIPLE 2

The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.

PRINCIPLE 3

The child shall be entitled from his birth to a name and a nationality.

PRINCIPLE 4

The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end, special care and protection shall be provided both to him

and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

PRINCIPLE 5

The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

PRINCIPLE 6

The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of State and other assistance towards the maintenance of children of large families is desirable.

PRINCIPLE 7

The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture, and enable him, on a basis of equal opportunity, to develop his abilities, his individual judgement, and his sense of moral and social responsibility, and to become a useful member of society.

The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents.

The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities shall endeavour to promote the enjoyment of this right.

PRINCIPLE 8

The child shall in all circumstances be among the first to receive protection and relief.

PRINCIPLE 9

The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic, in any form.

The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.

PRINCIPLE 10

The child shall be protected from practices which may foster racial, religious and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood, and in full consciousness that his energy and talents should be devoted to the service of his fellow men.

CONTENTS *(continued)*

	Paragraphs	Page
III. PROGRAMME POLICY AND TRENDS <i>(continued)</i>		
Family and child welfare services	76-90	13
Collaboration with United Nations Bureau of Social Affairs	76-79	13
Social services for children	80-88	13
Mothercraft and homecraft	89-90	14
Disease control	91-100	15
Malaria	91-94	15
Other diseases	95-100	15
Nutrition	101-126	16
Distribution of skim milk	101-106	16
Milk conservation	107-112	17
Other high-protein food development	113-120	18
Nutrition education and related activities	121-123	19
Co-operation in Freedom-from-Hunger campaign	124-126	19
Emergency aid	127-130	19
Advance delivery of supplies for certain projects	131-132	20
Model agreement with Governments	133-134	20
Beneficiaries and currently assisted countries and projects	135-138	20
IV. JOINT POLICY COMMITTEES	139-142	22
UNICEF representation	139-140	22
Report of UNICEF/WHO Joint Committee on Health Policy	141-142	22
V. RELATIONS WITH NATIONAL UNICEF COMMITTEES AND VOLUNTARY AGENCIES.	143-145	22

ANNEXES

I. Description of projects approved March 1960	23
II. Allocations approved by Executive Board by year, 1957-1959	35
III. Government contributions to UNICEF central fund for the years 1958, 1959 and 1960 (to 22 March)	36
IV. Allocations approved by the Executive Board (March session and mail poll) in March 1960 ...	38
V. Allocations approved for long-range programmes in March 1960 by type of programme ...	40
VI. Declaration of the Rights of the Child adopted at the fourteenth session of the General Assembly (resolution 1386 (XIV))	42

SALES AGENTS FOR UNITED NATIONS PUBLICATIONS

ARGENTINA

Editorial Sudamericana, S.A., Alsina 500, Buenos Aires.

AUSTRALIA

Melbourne University Press, 369/71 Lonsdale Street, Melbourne C. 1.

AUSTRIA

Gerald & Co., Graben 31, Wien, 1.
B. Wallerstorf, Markus Sittikusstrasse 10, Salzburg.

BELGIUM

Agence et Messageries de la Presse, S.A., 14-22, rue du Persil, Bruxelles.

BOLIVIA

Libreria Selecciones, Casilla 972, La Paz.

BRAZIL

Livraria Agir, Rua Mexica 98-B, Caixa Postal 3291, Rio de Janeiro.

BURMA

Curator, Govt. Book Depot, Rangoon.

CAMBODIA

Entreprise khmère de librairie, Phnom-Penh.

CANADA

The Queen's Printer, Ottawa, Ontario.

CEYLON

Lake House Bookshop, Assoc. Newspapers of Ceylon, P.O. Box 244, Colombo.

CHILE

Editorial del Pacifico, Ahumada 57, Santiago.
Libreria Ivens, Casilla 205, Santiago.

CHINA

The World Book Co., Ltd., 99 Chung King Road, 1st Section, Taipei, Taiwan.
The Commercial Press, Ltd., 211 Nanan Rd., Shanghai.

COLOMBIA

Libreria Buchholz, Bogotá.
Libreria América, Medellín.
Libreria Nacional, Ltda., Barranquilla.

COSTA RICA

Imprenta y Libreria Trejos, Apartado 1313, San José.

CUBA

La Casa Belga, O'Reilly 455, La Habana.

CZECHOSLOVAKIA

Československý Spisovatel, Národní Tržda 9, Praha 1.

DENMARK

Einar Munksgaard, Ltd., Nørregade 6, København, K.

DOMINICAN REPUBLIC

Libreria Dominicana, Mercedes 49, Ciudad Trujillo.

ECUADOR

Libreria Cientifica, Guayaquil and Quito.

EL SALVADOR

Manuel Navas y Cia., 1a. Avenida sur 37, San Salvador.

ETHIOPIA

International Press Agency, P.O. Box 120, Addis Ababa.

FINLAND

Akateeminen Kirjakauppa, 2 Keskuskatu, Helsinki.

FRANCE

Editions A. Pedone, 13, rue Soufflot, Paris (Ve).

GERMANY

R. Eitenschmidt, Schwanthaler Strasse 59, Frankfurt/Main.

Elwert & Maurer, Hauptstrasse 101, Berlin-Schöneberg.

Alexander Horn, Spiegelgasse 9, Wiesbaden.

W. E. Saarbach, Gertrudenstrasse 30, Köln (1).

GHANA

University Bookshop, University College of Ghana, P.O. Box Legon.

GREECE

Kauffmann Bookshop, 28 Stadion Street, Athens.

GUATEMALA

Sociedad Económico-Financiera, 6a. Av. 14-33, Guatemala City.

HAITI

Librairie "A la Caravelle", Port-au-Prince.

HONDURAS

Libreria Panamericana, Tegucigalpa.

HONG KONG

The Swindon Book Co., 25 Nathan Road, Kowloon.

ICELAND

Bokaverzlun Sigfúsar Eymundssonar H. F., Austurstraeti 18, Reykjavik.

INDIA

Orient Longmans, Calcutta, Bombay, Madras, New Delhi and Hyderabad.
Oxford Book & Stationery Co., New Delhi and Calcutta.

P. Varadachary & Co., Madras.

INDONESIA

Pembangunan, Ltd., Gunung Sahari 84, Djakarta.

IRAN

"Guity", 482 Ferdowsi Avenue, Teheran.

IRAQ

Mackenzie's Bookshop, Baghdad.

IRELAND

Stationery Office, Dublin.

ISRAEL

Blumstein's Bookstores, 35 Allenby Rd. and 48 Nachlat Benjamin St., Tel Aviv.

ITALY

Libreria Commissionaria Sansoni, Via Gino Cappani 26, Firenze, and Via D. A. Azuni 15/A, Roma.

JAPAN

Maruzen Company, Ltd., 6 Tori-Nichome, Nihonbashi, Tokyo.

JORDAN

Joseph I. Bahaus & Co., Dar-ul-Kutub, Box 66, Amman.

KOREA

Eul-Yoo Publishing Co., Ltd., 5, 2-KA, Chongno, Seoul.

LEBANON

Khayat's College Book Cooperative, 92-94, rue Bliss, Beirut.

LIBERIA

J. Mamalu Kamara, Monrovia.

LUXEMBOURG

Librairie J. Schummer, Luxembourg.

MEXICO

Editorial Hermes, S.A., Ignacia Mariscal 41, Mexico, D.F.

MOROCCO

Bureau d'études et de participations industrielles, 8, rue Michaux-Bellaire, Rabat.

NETHERLANDS

N.V. Martinus Nijhoff, Lange Voorhout 9, 's-Gravenhage.

NEW ZEALAND

United Nations Association of New Zealand, C.P.O., 1011, Wellington.

NORWAY

Johan Grundt Tanum Forlag, Kr. Augustgt 7A, Oslo.

PAKISTAN

The Pakistan Co-operative Book Society, Dacca, East Pakistan.
Publishers United, Ltd., Lahore.
Thomas & Thomas, Karachi, 3.

PANAMA

José Menéndez, Apartado 2052, Av. 8A, sur 21-58, Panamá.

PARAGUAY

Agencia de Librerías de Salvador Nizza, Calle Pte. Franco No. 39-43, Asunción.

PERU

Libreria Internacional del Perú, S.A., Lima.

PHILIPPINES

Alemar's Book Store, 769 Rizal Avenue, Manila.

PORTUGAL

Livraria Rodrigues, 186 Rua Aurora, Lisboa.

SINGAPORE

The City Book Store, Ltd., Collyer Quay.

SPAIN

Libreria Bosch, 11 Ronda Universidad, Barcelona.

Libreria Mundi-Prensa, Castilla 37, Madrid.

SWEDEN

C. E. Fritze's Kungl. Hovbokhandel A-B, Fredsgatan 2, Stockholm.

SWITZERLAND

Librairie Payot, S.A., Lausanne, Genève.
Hans Raunhardt, Kirchgasse 17, Zürich 1.

THAILAND

Pramuan Mit, Ltd., 55 Chakrawat Road, Wat Tuk, Bangkok.

TURKEY

Librairie Hachette, 469 Istiklal Caddesi, Beyoglu, Istanbul.

UNION OF SOUTH AFRICA

Van Schaik's Bookstore (Pty.), Ltd., Box 724, Pretoria.

UNION OF SOVIET SOCIALIST REPUBLICS

Mezhdunarodnaya Knizhka, Smolenskaya Plashchad, Moskva.

UNITED ARAB REPUBLIC

Librairie "La Renaissance d'Egypte", 9 Sh. Adly Pasha, Cairo.

UNITED KINGDOM

H. M. Stationery Office, P.O. Box 569, London, S.E. 1.

UNITED STATES OF AMERICA

International Documents Service, Columbia University Press, 2960 Broadway, New York 27, N. Y.

URUGUAY

Representación de Editoriales, Prof. H. D'Elia, Plaza Cagancha 1342, 1° piso, Montevideo.

VENEZUELA

Libreria del Este, Av. Miranda, No. 52, Ed. Galipán, Caracas.

VIET-NAM

Librairie Papeterie Xuân Thu, 185, rue Tu-Du, B.P. 283, Saigon.

YUGOSLAVIA

Čankarjeva Založba, Ljubljana, Slovenia.
Državna Preduzeće, Jugoslovenska Knjiga, Terazije 27/11, Beograd.
Pravljata, 5, Trg Bratstva i Jedinstva, Zagreb.

[60E1]

Orders and inquiries from countries where sales agents have not yet been appointed may be sent to: Sales and Circulation Section, United Nations, New York, U.S.A.; or Sales Section, United Nations, Palais des Nations, Geneva, Switzerland.

Printed in Belgium

Price: \$U.S. 0.75; 5/- stg.; Sw. fr. 3.00

10237—July 1960—2,300

(or equivalent in other currencies)