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UNITED NATIONS

UNITED NATIONS CHILDREN'S FUND REPORT OF THE EXECUTIVE BOARD

(7-18 March 1955)

ECONOMIC AND SOCIAL COUNCIL OFFICIAL RECORDS: NINETEENTH SESSION

SUPPLEMENT No. 2B

NEW YORK

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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/2717 E/ICEF/294



UNITED NATIONS

ECONOMIC AND SOCIAL COUNCIL

OFFICIAL RECORDS NINETEENTH SESSION

SUPPLEMENT No. 2B

UNITED NATIONS CHILDREN'S FUND

Report of the Executive Board (7-18 March 1955)

ATTENDANCE

1. The Executive Board held its 135th through 145th meetings at the United Nations Headquarters from 7 to 18 March 1955 with the following attendance:

Chairman: 2 Mr. B. Rajan (India);

Mr. C. F. Cooke, Mr. R. A. Quijand (Argentina);

Mr. T. W. Cutts (Australia):

Mr. F. Lhoir (Belgium);

Mr. D. Silveira da Mota (Brazil);

Mr. V. G. Molchanov (Byelorussian Soviet Socialist Republic);

Mrs. A. Sinclair (Canada);

Mr. P. Y. Tsao (China):

Mr. J. Rybar, Mr. J. Svoboda (Czechoslovakia);

Miss M. Bernardino (Dominican Republic);

Mr. P. Gallegos (Ecuador);

Prof. R. Debré, Mr. G. Amanrich (France);

Mr. D. Carayannis (Greece);

Mr. A. Khalidy, Mr. A. H. Al-Jamali (Iraq);

Mrs. Z. Harman (Israel);

Mr. L. Montini, Miss M. Cao-Pinna (Italy);

Mr. H. Kitahara, Miss T. Yamane (Japan);

Mr. E. Dons, Mr. P. T. Naevdal (Norway);

Mr. V. A. Hamdani, Mr. N. A. Naik (Pakistan);

Mr. D. Garcia, Miss M. A. Pascual (Philippines);

Mr. A. R. Lindt, Mr. D. Grandjean (Switzerland);

Mr. V. A. Krivitsky (Union of Soviet Socialist Republics);

Mr. R. C. Barnes (United Kingdom of Great Britain and Northern Ireland);

Dr. M. Eliot, Mr. O. Mulliken, Mr. R. Pedersen (United States of America);

Mr. E. Rodríguez Fabregat (Uruguay);

Mr. F. Kos (Yugoslavia).

- 2. The Bureau of Social Affairs of the United Nations Secretariat was represented by Miss J. Henderson, Miss M. Branscombe, and Miss M. V. Pohek.
- 3. The specialized agencies were represented as follows:
- FAO: Dr. W. R. Aykroyd, Mr. S. H. Work, Mr. K. V. L. Kesteven, and Miss J. McNaughton. Also present

was Dr. C. G. King, special UNICEF-FAO Consultant; ILO: Mr. R. Metall and Mr. G. Dunand;

UNESCO: Mr. S. V. Arnaldo;

WHO: Mr. M. P. Siegel, Dr. R. L. Coigny, Dr. F. Soper, Dr. J. Alvarado, and Mrs. S. Meagher.

- 4. Miss Katherine Lenroot represented the American International Institute for the Protection of Childhood.
- 5. The Non-Governmental Organizations Committee on UNICEF was represented by Mr. N. Acton, Chairman, Mrs. G. Freeman, and Rev. J. Considine, Vice-Chairman. The members of the NGO Committee on UNICEF were represented as follows:

All-Pakistan Women's Association: Mrs. V. A. Hamdani;

Associated Country Women of the World: Mrs. G. F. Roberts;

Catholic International Union for Social Service: Dr. A. D. Vergara;

Consultative Council of Jewish Organizations: Mrs.

D. Kadane, Mr. M. Moskowitz;

Friends World Committee for Consultation: Mr. J.

International Alliance of Women: Mrs. G. Brown, Miss A. Guthrie;

International Catholic Child Bureau: Dr. M. Bedard; International Conference of Catholic Charities: Mr. L. Longarzo;

International Federation of Christian Trade Unions: Mr. G. Thormann:

International Conference of Social Work: Miss R. Williams:

International Society for the Welfare of Cripples: Miss J. Sutherland;

International Union for Child Welfare: Mrs. L. Kaufmann-Frankenstein:

Women's International League for Peace and Freedom: Mrs. T. Walser;

World Federation of United Nations Associations: Mrs. C. Fox, Mr. H. Barrat-Brown;

World Jewish Congress: Mr. G. Jacoby;

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

World Young Women's Christian Associations: Miss G. van Hoogevest.

² Mr. D. Silveira da Mota, Second Vice-Chairman, acted as Chairman during portions of the 144th and 145th meetings on 18 March.

AGENDA

- 6. The agenda of the session consisted of the following major items:
 - (a) Reports:
 - (i) General Progress Report of Executive Director (E/ICEF/281);

Beneficiaries (E/ICEF/281/Add.1); Programme Developments in Africa

(E/ICEF/281/Add.2);

Programme Developments in Asia

(E/ICEF/281/Add.3);

Programme Developments in Eastern Mediterranean Area (E/ICEF/281/Add.4); Programme Developments in Europe

(E/ICEF/281/Add.5);

Programme Developments in Latin America (E/ICEF/281/Add.6);

Some aspects of milk conservation experience (E/ICEF/281/Add.7);

- (ii) Malaria eradication in the Americas: statement by Dr. F. Soper, Director of PASB/WHO (E/ICEF/282);
- (iii) Increased UNICEF contribution to malaria eradication: information note by Executive Director on financial aspects (E/ICEF/L.755);
- (iv) Recommendations for further development of UNICEF-aided nutrition programmes in Central America and Panama: report by Special UNICEF/FAO Consultant, Dr. C. G. King (E/ICEF/293, initially issued as E/ICEF/R.522);

- (b) UNICEF/WHO financial relations (E/ICEF/L.733 and Add.1 and Add.2; E/ICEF/L.751);
- (c) Report on activities of Bureau of Social Affairs in the field of family and child welfare (E/ICEF/290;
- (d) Reports of Non-Governmental Organizations (E/ICEF/NGO/13, 14, 15, 16);
 - (e) Universal Children's Day (E/ICEF/284);
- (f) Continuation of Greeting Card Fund in 1955 (E/ICEF/L.749);
- (g) Proposed amendment to rules of procedure (E/ICEF/L.717);
 - (h) Report of the Programme Committee.
- 7. The Report of the Programme Committee, which was issued during the course of the Board session in provisional form in four separate sections, was subsequently circulated in final form as E/ICEF/L.760.
- 8. In connexion with the General Progress Report of the Executive Director, the Board heard statements from the Executive Director and the regional directors. These were subsequently reproduced as follows:

Executive Director	(E/ICEF/287)
Africa	(E/ICEF/291)
Asia	(E/ICEF/288)
Eastern Mediterranean Area	(E/ICEF/292)
Latin America	(E/ICEF/289)

9. A listing of all documents circulated in connexion with the present session of the Board will be found in E/ICEF/INF.3/Rev.1.

SUMMARY OF PROGRAMME TRENDS

Allocations

10. The Executive Board at its present session approved allocations totalling \$4,117,000. Of this amount \$4,072,300 came from unallocated resources

and \$44,700 from funds remaining in previous allocations

11. The allocations are shown in the following summary table:

	Africa	Asia _	Eastern Mediterranean area	The Americas	Total	Percentage
	\$	\$	\$	\$	\$	
Maternal and child welfare	57,300	262,000	231,500	150,370	701,170	17.0
Malaria control and DDT production	43,000	365,000	89,000	177,000	674,000	16.4
Yaws control	455,500	60,000	-	17,710	533,210	12.9
Leprosy control	237,000	9,000	_	20,000	266,000	6.5
BCG anti-TB vaccination and TB surveys	185,000	39,200	18,500	10,920	253,620	6.1
Trachoma control	110,000	3,300	~	_	113,300	2.8
Milk conservation	_	245,000	~-	429,000	674,000	16.4
Long-range feeding	10,700	96,000	20,000	96,000	222,700	5.4
	1,098,500	1,079,500	359,000	901,000	3,438,000	83.5
Emergencies		•			679,000	16.5
					4,117,000	100.0

- 12. The three types of long-range programmes receiving the largest total allocations were maternal and child welfare (17 per cent), malaria control and DDT production (16.4 per cent) and milk conservation (16.4 per cent).
- 13. Of the amount allocated for long-range programmes (83.5 per cent of the total), the percentage distribution by areas was as follows:

	Percentage
Africa	 32.0
Asia	 31.4
Eastern Mediterranean area	 10.4
The Americas	 26.2
	100.0

14. The relatively large increase in the allocations for Africa at the present session represents the culmina-

tion of several years of planning in developing proposals to the stage where they could come forward for Board action. No apportionments were made at the current session for countries in Europe.

15. The percentage distribution among areas of the funds approved for each type of long-range programme is as follows:

	Africa	Asia	Eastern Mediterranean area	The Americas	All areas
	0/0	%	%	%	°/o
Maternal and child welfare	8.2	37.4	33.0	21.4	100.0
Malaria control and DDT production	6.4	54.2	13.2	26.2	100.0
Yaws control	85.4	11.3	_	3.3	100.0
Leprosy control	89.1	3.4	_	7.5	100.0
BCG vaccination and TB surveys	72.9	15.5	7.3	4.3	100.0
Trachoma control	97.0	3.0	-	-	100.0
Milk conservation	-	36.4	-	63.6	100.0
Long-range feeding	4.8	43.1	9.0	43.1	100.0

16. In terms of relative amounts allocated at the present session, maternal and child welfare received its greatest emphasis in Asia and the Eastern Mediterranean areas; anti-malaria work its greatest emphasis in Asia and the Americas; and yaws, leprosy, anti-tuberculosis, and trachoma control work their greatest emphasis in Africa. In milk conservation, the emphasis was greatest in the Americas, and in long-range feeding in the Americas and Asia.

Government matching commitments

17. The Board noted with considerable appreciation the large degree of matching commitments by Governments in connexion with the programmes approved at the present session, totalling over \$16.5 million, or more than four times the amount allocated by UNICEF (E/ICEF/L.750/Rev.2, section IB).

Beneficiaries

- 18. More than 32 million children and nursing and pregnant mothers ³ are expected to benefit in 1955 from the principal UNICEF-aided mass health and feeding programmes. This compares with 28.3 million who benefited in 1954 and 21 million who benefited in 1953.
- 19. Following is a summary of the beneficiary targets for 1955 in the principal types of aid provided by UNICEF for which it is possible to count beneficiaries:

· <u>+</u>	
	1955 targe
BCG anti-tuberculosis vaccination (Children vaccinated)	14,959,000
Malaria control (Children and mothers protected with	
UNICEF DDT)	8,700,000
Yaws control (Children and mothers treated)	2,006,000
Trachoma control (Children treated)	1,433,000
Long-range feeding (Peak number of children and	
mothers receiving daily ration)	2,697,000
Emergency feeding (Peak number of children and	
mothers receiving daily ration)	2,395,000
- · · · · · · · · · · · · · · · · · · ·	

20. Cumulative beneficiary data from the inception of UNICEF to the end of 1954 for BCG and yaws control campaigns are as follows:

BCG anti-tuberculosis campaigns: Over 111.5 million children tested and over 43.5 million vaccinated in 58 countries and territories.

Yaws control: Over 35.2 million persons examined and 8 million treated in 18 countries and territories. Of this number, 17.6 million examined and 4 million treated were children and mothers.

- 21. In addition, many children and nursing and pregnant mothers receive benefits from maternal and child welfare centres and clinics aided by UNICEF. Aid has now been approved for over 7,000 maternal and child welfare centres, mainly in rural areas. Still more children and mothers benefit from UNICEF assistance for vaccine production plants, campaigns for the control of communicable diseases such as diphtheria, whooping cough, and leprosy, and milk-drying and pasteurization plants. When all the projected milk conservation plants are in full operation, they will provide free or low-cost milk to some 4 million children and mothers. Many times this number will benefit from the availability of safe milk.
- 22. The following tables give 1955 target beneficiary figures by major types of programme and geographic area:

BCG anti-tuberculosis vaccination

23. 1955 will be a peak year for anti-tuberculosis vaccinations, exceeding the preceding peak year of 1954 by more than 1.5 million vaccinations. The target for 1955 is as follows:

	Number of c	hildren to be	of
Area	Tested	Vaccinated	countries
Asia	37,500,000	12,100,000	10
Eastern Mediterranean	3,540,000	1,510,000	5
The Americas	2,613,000	1,349,000	_5
	43,653,000	14,959,000	20

Malaria control

24. The total number of persons to be protected with UNICEF DDT in 1955 is 17.4 million, about 3 million more than in 1954. The target for 1955 is as follows:

Area	Number of children and mothers to be protected in 1955 with UNICEF DDT	Number of countries
Africa	786,000	5
Asia	3,576,000	5
Fastern Mediterranean	2,268,000	3
The Americas	2,070,000	7
	8,700,000	20

³ Children, and nursing and pregnant mothers receiving direct benefits, i.e., those vaccinated instead of the large number tested in BCG campaigns; those treated instead of the large number examined in yaws control campaings.

Yaws control

25. The target for 1955 in yaws control campaigns is as follows:

	Number of child	ren and mothers	Number of
Area	Examined	Treated	countries
Africa	915,000	840,000	3
Asia	8,682,000	925,000	8
The Americas	241,000	241,000	1
	9,838,000	2,006,000	12

Trachoma control

26. 1954 was the first year in which UNICEF-aided trachoma control programmes began to reach substantial numbers of children. The 1955 goal is more than double the number treated in 1954.

Area	Number of children to be treated in 1955	Number of countries
Africa	730,000	2
Asia	681,000	2
Eastern Mediterranean	12,000	1
Europe	10,200	2
	1 433 200	7

Long-range feeding

27. In 1955 the number of mothers and children receiving rations in long-range feeding programmes is expected to almost double that of 1954. Most of this increase will be due to expansion of programmes aided in 1954. The following is the target for 1955:

Area	Peak number of mothers and children to receive daily rations in 1955	Number of countries
Africa	12,400	2
Asia	951,000	12
Eastern Mediterranean	252,500	5
Europe	109,000	3
The Americas	1,372,200	23
	2.697.100	45

Emergency feeding

28. In emergency feeding programmes the target for 1955 is as follows:

Area	Peak number of mothers and children to receive daily rations in 1955	Number of countries
Asia	2,350,000	5
Eastern Mediterranean	145,000	3 4
The Americas	100,000	1
	2,595,000	9

Currently assisted countries

- 29. The geographical coverage of UNICEF aid was further expanded at this session of the Board with approval of aid for the first time to five countries and territories: British Somaliland, Gambia and Sierra Leone in Africa; the Trust Territory of Somaliland (Italian Administration) in the Eastern Mediterranean area; and Barbados in the region of the Americas. This brings to 91 the total of countries and territories currently receiving UNICEF assistance: (21 in Africa; 22 in Asia; 12 in the Eastern Mediterranean area; 7 in Europe; and 29 in the region of the Americas). A listing of these countries and territories is given in annex II.
- 30. Extension of UNICEF aid to almost half of these countries and territories is a relatively recent develop-

ment. For example, since 1 January 1952, UNICEF aid has been extended for the first time to 43 countries and territories: Africa 21; Asia 5; Eastern Mediterranean area 3; Europe 2; and the Americas 12.

31. From the inception of UNICEF, aid has gone to 107 countries and territories.

Currently assisted programmes

32. At the present session, the Executive Board approved aid for 53 projects to 34 countries and territories and, in addition, aid for two regional projects as follows:

	Long-re	ange		
	Country R	egional	Emergency	, Tota
Projects aided for the first time Projects previously aided by	24	1	-	25
UNICEF	<u>27</u>	1_	2	30
	51	2	2	55

33. Of the funds allocated for long-range projects, somewhat less than 40 per cent went to projects receiving UNICEF aid for the first time, and over 60 per cent for continuation or expansion of projects for which the Board had previously voted aid. The pattern within each of the regions varied, however: in Asia, over 90 per cent went for projects previously aided; in the Eastern Mediterranean area, this amounted to 70 per cent; while in the Americas, 70 per cent went for new projects. In Africa, the balance between allocations for new and old projects was almost even.

34. The number of country programmes currently being aided by the Fund now totals 254. In addition, the Fund is now aiding four area-wide projects and three which affect more than one region. The distribution of currently assisted country programmes, by geographic area, is as follows:

	Countries and territories Programme
	territories Frogramme.
Africa	21 35
Asia	22 80
Eastern Mediterranean	12 41
Europe	7 17
The Americas	29 81
	91 254

A list of currently assisted programmes is given in annex III.

New emphases

35. Included among the projects approved by the Board for the first time at the present session were four leprosy control programmes: French Equatorial Africa, Gambia, Paraguay, and Thailand; three anti-malaria programmes: British Somaliland, Somaliland (Italian Administration) and Netherlands New Guinea; ⁵ and four environmental sanitation projects as new elements in maternal and child welfare programmes: Afghanistan, Chile, Guatemala, and Paraguay. The Board also approved aid for three new milk conservation projects: two in the Americas (Colombia and Guatemala) and one in Asia (India—State of Saurashtra). ⁶

⁴ Includes Palestine refugee programme.

⁵ See footnote 1.

⁶ This is the second milk conservation project to be aided by UNICEF in India and has therefore been counted in the statistical tabulations under the heading of continuation or expansion of aid previously given.

- 36. In connexion with future emphases, the major Board discussions centred on malaria eradication and child nutrition. These are discussed in detail in paras. 41-67 and paras. 68-103 below.
- 37. At the same time, the Board was considerably interested in encouraging new possibilities for UNICEF aid in leprosy control as set forth by the Executive Director (E/ICEF/281, paras. 19-27) and in a film shown to the Executive Board through the courtesy of the representative of France. The development of relatively cheap and effective means of ambulatory treatment of leprosy patients is an innovation of great importance, since it could replace the old ineffective system of segregation which tends to keep persons contracting leprosy away from contacts with medical authorities. The disease, which usually is contracted during childhood, has more than five million victims throughout the world, mainly in Asia, Africa, the islands of Oceania and Central and South America. While the Board recognized that adequate plans for the new methods of out-patient treatment will require time to develop in many areas, it expressed the desire that the development of such plans should be encouraged by the Administration and WHO.
- 38. The Executive Board was also interested in further information concerning the possibilities of UNICEF aid for the treatment of tuberculosis with drugs. At the last session of the UNICEF/WHO Joint Committee on Health Policy held in April-May 1954, the Committee recommended that WHO and UNICEF should consider favourably a limited number of requests for pilot projects for protection of the child population against tuberculosis by treating their immediate infective contacts with drugs. Such projects would necessarily have to be in carefully selected areas, limited in size and conducted on strictly scientific lines (E/ICEF/263, para. 12). The Executive Board believes that it is desirable that the Joint Committee on Health Policy re-examine its criteria in the light of the further extensive experience in the last year with drug treatment of tuberculosis and proposed that this item be placed on the agenda of the next session of the JCHP.
- 39. The Board also noted with satisfaction that progress was being made in planning future anti-yaws work to include the treatment of contacts and latent cases so as to avoid the later appearance of new infectious cases.
- 40. In the development of maternal and child welfare programmes, the Board discussion re-emphasized the need for encouraging the training of personnel and utilizing, wherever possible, the enthusiasm engendered in the community development movement (see para. 108 below). The Board agreed with the Executive Director on the desirability of putting emphasis on the extension of services to new areas in countries which have not yet developed national coverage, rather than aid for the elaboration of services in areas already covered. The goal in these cases is to assure at least elementary services as widely as possible, at the same time planning for supervision and trained personnel to raise standards. This latter is especially important if the preventive functions of maternal and child welfare programmes are to be achieved and the centres themselves are to help consolidate the results of the mass campaigns.

Increased UNICEF aid for malaria eradication

- 41. The question of increased UNICEF aid for malaria eradication was placed before the Executive Board in the Executive Director's General Progress Report (E/ICEF/281, paras. 5-18); in an information note by the Executive Director on the financial aspects of an increased UNICEF contribution for malaria eradication (E/ICEF/L.755); and in a report by the Director of the Pan American Sanitary Bureau, Regional Office of the World Health Organization on "Malaria Eradication in the Americas" (E/ICEF/282) which included a request for UNICEF participation in an accelerated regional approach in the Americas. The Board was also asked to express its policy toward a particular case, namely, that involving an eradication programme in Mexico, which contains two-thirds of the unprotected population of the Americas.
- 42. Following recent experience in several countries, Governments of Member States of the World Health Organization have become concerned about the potential danger of development of resistance to DDT by malariabearing mosquitoes. Conferences in Asia and the Americas reflecting the collective opinion of responsible public health administrators and malariologists have urged Governments to eradicate malaria so that the spraying campaigns can be safely terminated before resistance occurs. Another important factor leading to the new emphasis on malaria eradication (rather than malaria control) is the economic burden of recurrent expenditures for residual spraying under control programmes. Considerable difficulties have been encountered by public health administrations in securing funds for the continuation of a programme, year after year, when the disease is no longer a major cause of sickness. With the possibility of limiting large expenditures to a few years under eradication programmes (leaving only the need for maintenance programmes at a considerably lower level of expenditure), the development of nationwide campaigns would be encouraged.
- 43. After several years of achieved malaria control, residual spraying can be safely discontinued if proper safeguards have been set and the whole campaign has been planned toward the objective of eradicating malaria. An indication of what is involved in this new approach is contained in the following excerpt from an official statement on the subject by the Chief of the WHO Malaria Section (WHO Bulletin, Vol. 11, No. 4-5, 1954, pp. 515-516):

"First, within the area to be controlled, every locality where transmission is possible should be under control. It has been customary in many countries not to spray villages with very low spleen-rates or those that were too remote from the highways. This procedure would jeopardize the possibility of discontinuing the campaign, because it would leave sources of infection within the controlled area.

"Secondly, the assessment of results should be so organized as to make it possible to ascertain if and where a total interruption of malaria transmission has been achieved. It is felt that the usual malariometric survey methods are not sufficiently sensitive for this purpose. As a matter of fact, it might be said that such methods lose much of their utility both where transmission is extremely intense and where it is at

vanishing point. In the latter case, infant parasite-rates may have reached zero, though some transmission is still occurring. Therefore, it seems necessary that the localities should be visited regularly and that all subjects having fever or having had fever during the intervals between visits should have their blood examined. This active search for cases, such as is being carried out in Greece, seems necessary; but it should be started at least one year before interruption of the spraying campaign is envisaged, in order to be as sure as possible that such interruption will be applied only where appropriate.

"Thirdly, malaria control should be implemented with the greatest technical, thoroughness, all at one time and in as large an area as possible, preferably bordered by areas where, naturally or as a result of control, there is also no transmission.

"Fourthly, appropriate safeguards, such as those indicated in the fifth report of the Expert Committee on Malaria, should be introduced to ensure rapid detection of any case of malaria and prompt elimination of possible transmission."

The statement concludes by pointing out (p. 518):

"It is realized that this new pattern of planning, which must be conceived of in terms of huge areas, of total coverage, of great thoroughness of control, and of a minimum of years, will be difficult and that its implementation will require more funds, more trained personnel, greater efficiency of operations, and better systems of epidemiological surveillance than are necessary now. Further, it may require intercountry coordination of programmes. These difficulties would be compensated for, however, not only by better and quicker results, but also by the hope that after a few years of intense efforts, malaria control would no longer represent an important item in the yearly budget of the health administration. Should this new and bold planning not be adopted, the penalty might vary. In the more favourable cases, house-spraying would remain effective, but would have to be continued year after year; in the unfortunate cases, insecticide resistance would develop, increase, become polyvalent, and the whole programme might ultimately end in failure."

- 44. Estimates by WHO show that approximately 309 million persons in reporting countries have yet to be protected against malaria. Of this number, the UNICEF Administration estimates that about 135 million are in countries that may request UNICEF aid. During the period 1955-1959, aid may be sought from UNICEF for some 49 million of these, although not more than 40 million would be covered in any one year.
- 45. The cost of international aid for anti-malaria campaigns has been between 10 cents to 20 cents per person protected per year, with an average of about 12 cents. On the basis of these estimates, the cost to UNICEF of aid for malaria eradication would be about \$5 million per year.
- 46. The Executive Board was impressed with the evidence of the economic importance of the campaigns as called to its attention by the Director of the Pan American Sanitary Bureau, Regional Office for the Americas (E/ICEF/282, paras. 7-10):

"... In its malignant form, malaria is highly fatal, particularly among the young, and is still one of the world's great killers of children. Although other diseases may decimate, only malaria depopulates. In the past, malaria has caused large areas to be abandoned to the jungle, and the development of enormous fertile tracts has been prevented. Survivors of severe malaria, and of repeated mild infections, may suffer the life-long debilitating effects of chronic infection. Malarious populations tend to live on a bare subsistance basis, contributing nothing to the common good. Even where the incidence of infection is relatively low, there is a surprising inhibition of both mental and physical effort."

"Malaria is a serious burden on the economy of every malarious country. It has been well said that, where malaria fails to kill, it enslaves. It is an economic disease. No infected area may hope to meet the economic competition of non-malarious regions. In agriculture and industry, labour is inefficient and the output is often reduced by one-third to one-half and even more. . . As a primary basis of economic development, malaria must be suppressed."

- 47. Subject to the provisions set forth in paragraphs 55-56, 61 and 62 below, the Executive Board endorsed the general proposition that UNICEF provide increased aid to enable Governments to intensify their control programmes in order to achieve malaria eradication. It requested the Executive Director to continue to prepare requests on the same UNICEF principles as in the past but at the increased tempo which Governments may desire. The Board would continue to receive requests on the same basis from all parts of the world.
- 48. The Board believes that through this means a very important opportunity is offered UNICEF for a fundamental contribution to the welfare of children. The Board expressed its appreciation for the planning reflected in this new approach which, in the long-run view, will be more effective and economical.
- 49. In order to meet the unusual need for allocations in this field, project allocations would be made annually for one-year periods (instead of for two or three years, as had been the case in the past). At the same time, however, the Board would give approval in principle for its participation in a country programme over a period of years.
- 50. The Board is conscious that, once full-scale eradication programmes have begun with its aid, UNICEF will bear a heavy moral responsibility for ensuring that aid is continued until success is achieved.

Technical aspects

51. It is apparent that successful eradication requires planning involving large areas, total coverage, and great thoroughness of control with all that this implies in terms of such elements as the willingness of Governments to participate as fully as possible (including Governments of countries in which the incidence may not be regarded as serious); prior surveys of the malaria situation; the availability of trained personnel; the development of efficient and economical organization; the assurance of low per caput cost; the formation of better systems of epidemiological surveillance; the degree of inter-country co-ordination of programmes required, etc.

- 52. It is the practice of the UNICEF Board not to embark upon large-scale commitments of a long-range nature without a full understanding of how the UNICEF investment would produce desired results both on an over-all basis and in specific country application.
- 53. The Board was grateful for the technical assurances bearing upon these points which were given by the representatives of WHO at the Board and Programme Committee meetings, including assurances that required technical personnel would be available in the Americas, and that only a short period of training would be needed for the bulk of local personnel. Among those Governments in the Americas where discussions of individual country programmes had begun, a full desire to proceed had already been indicated.
- 54. Nevertheless, in view of the seriousness of the obligations proposed to be undertaken by UNICEF, the Board wished to have greater assurances than could be given at the current Board session that UNICEF would be taking the proper steps in the proper way, and that these steps were in accordance with an over-all plan for co-operation among countries, as well as effective plans at country operating levels.
- 55. As a consequence, the Board proposed that a special meeting of the UNICEF-WHO Joint Committee on Health Policy be convened for the purpose of clarifying for UNICEF the relevant technical and policy aspects of malaria eradication programmes and, in particular, indicating to UNICEF the areas in which such programmes might usefully be undertaken in the near future.
- 56. It was generally recognized that the problem called for urgent action. Therefore, the Board proposed that the special meeting of the JCHP be convened in the near future so that its report would be available to the Board for its September session and could in the meanwhile, serve as a guide to the UNICEF Administration in bringing forward requests to the September session.

Effect on UNICEF aid for other types of programmes and to geographic regions

- 57. The Administration pointed out that during 1954, \$17 million gross was allocated by UNICEF, including \$2 million for malaria work. If it should become necessary to allocate \$5 million for malaria, this could be done without disturbing past patterns if sufficient contributions were obtained to carry allocations to the Board's target level of \$20 million. It was the earnest hope of the Board that Governments would increase their contributions to UNICEF so that the \$20 million level would be achieved.
- 58. Should, however, the level of allocations next year not exceed the 1954 level of \$17 million, the additional \$3 million required annually for malaria (i.e., \$5 million as against \$2 million allocated in 1954) would be obtained, according to estimates by the Administration, by reducing allocations for emergencies by \$1 million (which would be made possible by receiving skim milk free except for ocean freight costs) and by reducing allocations for long-range programmes, other than malaria, by about \$2 million (from \$9.75 million to \$7.5 million), or about 23 per cent.
 - 59. As far as possible, adjustments would be made

- on other health programmes, thus maintaining the overall proportion of aid to long-term nutrition programmes (including the development of new protein sources).
- 60. The Board recognized that the proposed commitment of \$5 million annually for malaria control would, at best, result in a hold-the-line operation for other types of activities and constitute a departure for UNICEF in its trend of expansion and increasing impact along a variety of lines, some of which hold promise of new and fruitful approaches. Moreover, should the international phase of aid for malaria eradication programmes take longer than anticipated, the disproportion both as between types of programmes and areas would continue.
- 61. In the light of the above considerations, the Board decided that such disproportion as may result between regions should be regarded as temporary and not as establishing a precedent; and that the Board would, at a later stage in its development of annual target programmes of allocations, give increased attention to the needs of regions to which UNICEF aid had been less as a result of the eradication programmes. In this connexion, the Board recognizes that target programmes are not regarded as inflexible, but rather as a guide, subject to changes by the Board on the basis of new information and experience.

Costs of international project personnel for malaria

62. The Board appreciated the assurances that in the Americas the costs for international project personnel in malaria projects would be met in full by WHO and PASB and that there was no intention to request UNICEF to bear the costs of any of the required international project personnel. The Board wishes to see these assurances firmly spelled out not only for the Americas but for other areas where UNICEF might be giving more aid to malaria projects. (The general question of UNICEF-WHO financial relations is discussed in paras. 119-131.)

Malaria eradication in Mexico

- 63. Mexico has the most serious malaria problem in the Americas. Of a total of 30 million persons in the Americas unprotected against malaria, 19 million live in Mexico. This presents a problem of very large proportions, as the Government wants to set up a four-year eradication programme, 1956-1959. The cost of insecticides, transport and sprayers needed by Mexico for this campaign is estimated to be between \$6 million and \$8 million.
- 64. The Government of Mexico has indicated its serious interest in prosecuting this programme to its ultimate objective of eradication, and is now in the process of making firm financial arrangements to ensure the availability of funds for the local expenses of the entire campaign.
- 65. In view of the desire of the Government of Mexico to proceed with the necessary preparatory steps, including financial arrangements and the training of personnel, the Government requested an indication from the Executive Board of UNICEF of its willingness in principle to assist this programme with imported supplies.
- 66. The Board agreed in principle to participate in the proposed four-year malaria eradication programme. This would be subject to the conclusions of the JCHP

on the various aspects of UNICEF aid to large-scale malaria eradication programmes and, as far as Mexico is concerned, the development of detailed plans for effective field operations and the provision of the local financial resources necessary to prosecute the campaign to its full objective.

Malaria eradication in certain other countries

67. In connexion with the apportionments made at the present Board session for anti-malaria campaigns in Haiti and Trinidad (see paras. 183 and 190), it was understood that any relevant recommendations of the JCHP would be applied in the execution of these campaigns.

Child nutrition

- 68. A year previously, in March 1954, the Executive Board had reported that less general progress was being made in the field of nutrition than was desired (E/ICEF/260/Rev.1, para. 24). During the intervening period, a number of avenues for progress have been more extensively explored by UNICEF and FAO. These were reported to the Board by the Executive Director (E/ICEF/281, paras. 39-71 and E/ICEF/281/Add.7), by the representatives of FAO to the Board session and by a special UNICEF-FAO consultant who had made a field survey in behalf of both organizations to Central America and Panama (E/ICEF/293, originally circulated as E/ICEF/R.522).
- 69. Reviewing the problem in the light of the new information before it, the Board was encouraged to believe that significant progress could be made in the years ahead if international action was intensified. Important new scientific discoveries regarding the problems of nutritional balance and the clinical aspects of malnutrition have laid a solid basis for future work. Encouraging local experiments have shown that child nutrition can be improved by fairly simple, although carefully chosen, means within the context of steady progress in a variety of related fields, including agricultural economics, home economics, nutrition education, etc.
- 70. The Board expressed its appreciation to the special UNICEF-FAO consultant, Dr. C. G. King, for his report, which it regards as constituting an important step in the direction of further practical action by UNICEF, in collaboration with FAO, to improve child nutrition in economically under-developed countries. The Board was cognizant of the global nature of the problems presented in the report, and expressed the hope that similar reports on other areas could be available at future sessions. The Board approved certain specific lines of action for the immediate future and expressed its interest in the further development of others.

Further collaboration with FAO

71. The Executive Board was pleased to hear from the representatives of FAO that it was prepared to continue and expand its co-operation with UNICEF and that the Director-General had made special provision for such expansion in the proposed Budget and Programme of Work for 1956-57 under the title of "More Milk and Better Child Nutrition". The greater part of the activities proposed under this head (which

- will come before the FAO Conference in November 1955 for approval) relate to FAO/UNICEF co-operation, and include provision for technical experts and consultants in dairying, milk plant operation, child feeding and nutrition, nutritional education, etc.
- 72. The system of collaboration between UNICEF and FAO at the Headquarters level and in the field is continuing to improve, and there is an increasing recognition on both sides of the need for the earliest possible contact between UNICEF and FAO field officers in connexion with the preliminary planning of aid for child feeding projects.
- 73. The possibilities of further collaboration with FAO in nutrition education in Central America and Panama are set forth below (paras. 79-81).
- 74. In view of the increasing emphasis in UNICEF on nutrition generally, the Executive Board requested the Executive Director to continue discussions with the Director-General of FAO regarding the possibility of his making available to UNICEF Headquarters a nutritional adviser (much as WHO has seconded medical advisers) and developing other methods for strengthening co-operation. The Executive Board was glad to hear from the representative of FAO that this matter was under consideration by FAO.

Future emphasis

- 75. The Executive Board was impressed by the evidence in Dr. King's report that malnutrition represented the most serious health problem among small children. The group most severely affected by malnutrition is in the age range of 1 to 5 years. The evidence is clear that this period is most critical in terms of death rate, illness, internal injury, and retardation of growth, as influenced predominantly by malnutrition. Most of the affected children who survive this period can never compensate for the lost growth.
- 76. The Board noted the recommendation that more emphasis be placed upon finding ways for UNICEF aid to reach children during the crucial post-weaning and pre-school ages. This emphasis, however, is not intended to lessen the importance of UNICEF aid for school feeding programmes, which have proved to be an important means of showing the value of proper nutrition to children and their parents, and of stimulating community interest and organizational arrangements for better child nutrition.
- 77. The Executive Board noted Dr. King's recommendation that an attempt should be made to develop a quantitative appraisal of the severe penalties now exacted by malnutrition in Central America. Although there was general agreement that such a study would dramatize the present situation and win greater local and international recognition of the urgency for effective action, it was also agreed that this was not an activity upon which UNICEF itself should embark. The Executive Board was informed by the Administration that it was investigating suitable auspices and sources of funds for such a study and that the Board would be informed of plans for this as they developed.
- 78. The Board approved the action of the NGO Committee on UNICEF in stressing the value of volunteer participation at the local level in UNICEF-aided child feeding projects and its recommendation that this

continue to be emphasized by UNICEF and encouraged by the national affiliates and other associates of member organizations of the NGO Committee (E/ICEF/NGO/16, para. 8).

Increase in daily milk ration on an experimental basis in Central America

- 79. On the basis of Dr. King's recommendations, the Executive Board authorized the Executive Director to increase, on an experimental basis, the daily milk ration in UNICEF-aided programmes in Central America from 40 grammes of skim milk powder per day to from 50 to 80 grammes per day. This is to be done with special emphasis on finding effective channels of distribution to post-weaning and pre-school children. In addition to the use of maternal and child welfare centres, where available, attempts will be made to use rural schools for distribution in conjunction with a nutritional education programme designed to reach family units, especially the mothers.
- 80. No increase in UNICEF allocations for milk to the Central American countries was required for this purpose at the present Board session, since milk stocks are available in the countries from recent UNICEF allocations. As a result of the increased use of the milk, however, the Board recognized that it would be necessary to approve additional allocations at an earlier stage than had been anticipated, or for larger quantities. The present rate of UNICEF milk consumption in Central America is approximately 2 million pounds of skim milk powder per year. If the proposed plan is successful, this amount may be increased by another half to one million pounds per year. If milk powder continues to be available to UNICEF without cost except for ocean freight, this would involve additional annual costs to UNICEF of \$7,500 to \$15,000.
- 81. The increase in the milk ration is regarded as experimental. If, on analysis, this experiment proves to have been successful, the same approach could then be applied to other areas of the world with similar needs and possibilities. This would apply particularly to the ration of milk going to nursing mothers and pre-school children who, at the present time, receive approximately only 10 per cent of UNICEF milk.

Nutrition education in Central America

82. Dr. King stressed the importance of having in Central America a highly qualified person to help develop nutrition education work and stimulate agricultural extension services to encourage home production of protective foods and educate rural families in their use. The Board was pleased to hear from the representative of FAO that it was currently examining the possibility of furnishing such an expert. The Board noted the statement of the Administration that the education programme might result in requests for small amounts of teaching and educational materials from UNICEF at a later session.

Furtherance of local production of low-cost high-protein foods

83. The Board had before it information from the Executive Director (E/ICEF/281, paras. 58-70) and the representative of FAO on possibilities of local production of low-cost high-protein foods. The Board

expressed its interest in seeing further progress made in this field.

- 84. In connexion with fish flour, UNICEF has been in close consultation with the FAO Fisheries and Nutrition Division experts. FAO is sponsoring acceptability tests now being conducted, or scheduled to start soon with UNICEF-supplied fish flour, in the following nine countries: French Equatorial Africa, Belgian Congo, Cameroons, Burma, India, Chile, Ecuador, Mexico, and Peru. Concurrently with the acceptability tests, FAO is having tests conducted by independent testing laboratories of the biological value of the protein of fish flour manufactured in various ways. UNICEF is actively pursuing the possibility of bringing forward to the next session of the Board a specific recommendation for a fish flour plant in one country.
- 85. The Board was informed of various proposals for further development of vegetable proteins in a form suitable for assimilation by young children, and expressed the hope that they would be systematically investigated in the appropriate regions of the world. One of the problems in connexion with foods which require industrial processing is to produce them cheaply enough to be widely used in countries where most of the population is rural and produces the bulk of its food with its own hands. However, large amounts of nutritious food for children are contained in presently non-fullyutilized by-products of the edible oil industry. Practical methods for making these protein-rich foods suitable for child feeding and at low cost are under careful investigation, for example, a flour made from the "presscake" remaining after commercial oil is extracted from groundnuts, cottonseed, sesame or sunflower seed. These refined high-protein products could then be incorporated in local foods.
- 86. As a first step, it would seem desirable to approach various nutrition institutes so that a co-operative plan could be developed to share the work of the laboratory development in such a way that all the various food possibilities are covered. The function of the laboratories would include developing the right "recipe" for production and the production of some pounds of the new food mixture for testing purposes.
- 87. The next step would be that of food technology or pilot plant development, that is, finding methods of industrial production to conserve the nutritive values of the laboratory process. It is at this stage that it would be desirable to enlist the help of institutes of food technology, or their equivalent, in various universities and ministries of food.
- 88. The transition to full-scale production capable of putting out a high-quality, low-cost product acceptable to children would be the stage at which UNICEF could play its major role.
- 89. The Board was pleased to hear from the Administration that it expected to be in a position to come forward with specific recommendations in this field in the future, possibly at the September Board session. It was also glad to hear that this subject would be discussed at a conference on protein malnutrition to be held at Princeton in June 1955, sponsored jointly by FAO, WHO, and the Josiah Macy, Jr., Foundation. The hope was expressed that it would be possible for Dr. King, who will be Chairman of the conference, to report on its findings to the September Board session.

Vitamin enrichment of dried skim milk

- 90. In many under-developed countries, the intake of vitamin A is low and vitamin A deficiency is common. The enrichment of skim milk with vitamin A would therefore be sound from a nutritional point of view. The enrichment, however, of ordinary imported skim milk presents certain problems. These problems were discussed at the Joint FAO/WHO Expert Committee on Nutrition at Geneva in October-November 1954 and the conclusions of the Committee were called to the attention of the Board (E/ICEF/281, paras. 52-57).
- 91. As soon as tests develop an acceptable method, the Executive Director will bring to the attention of Governments receiving UNICEF aid for milk-drying plants information about vitamin A enrichment. The Executive Director will also pursue the possibilities of enriching imported skim milk powder in the reliquefication process when it is done on a sufficiently large and controlled scale to make this practicable and safe.

Continuing availability of milk

- 92. Under the terms of United States legislation, UNICEF has been receiving powdered skim milk free of charge at the port (see para. 110). As a consequence, all allocations for powdered skim milk at the present Board session have required only the cost of ocean freight, which has been charged to country allocations at its average cost of 1.5 cents per pound.
- 93. Milk in the world's principal dairy countries continues to be in surplus supply. In addition, many countries report considerable unused milk-drying capacity. This means that a large amount of skim milk is either fed back to livestock or wasted.
- 94. The Board was informed of the studies currently being undertaken in a number of quarters on using the surpluses to help meet nutritional needs in underdeveloped areas (E/ICEF/281, paras. 48-50). A FAO/WHO/UNICEF Secretariat Inter-Agency Working Group on Milk and Milk Products and a FAO Working Party on Dried Skim Milk, a sub-group of the FAO Consultative Committee on Surplus Disposal are working on this problem.
- 95. The Board was informed by the representative of FAO that the FAO Working Party has adopted the viewpoint that the disposal of surplus milk through UNICEF methods of distribution is one of the more desirable types of surplus disposal, since it does not

- replace local production or interfere with international trade, and that the plans of the Working Party would give high priority to UNICEF, provided that there was adequate emphasis on orderly planning and continuity.
- 96. The FAO representative also informed the Board that consideration was being given to the use of skim milk in the local production of "toned" milk—for example, mixing skim milk with buffalo milk so that the creamy flavour of whole milk is retained, while at the same time permitting a highly nutritional product to be placed on the market at about half the price. Further information on the general problem is expected to be available to the Board at later sessions.
- 97. The attention of the Executive Board was also directed to the increasing interest of FAO and other organizations in the problems of dairying in hot climates, a matter of special interest to UNICEF. It was encouraged to note the agreement of experts that the outlook for milk utilization in hot countries is better than a few years ago, due to the increasing availability of technical knowledge on methods of milk production, and especially milk handling.

Milk conservation experience

- 98. The Executive Board had before it general information on the progress of milk conservation work (E/ICEF/281, paras. 39-42) and a special report on "Some Aspects of Milk Conservation Experience" based upon a field trip to certain UNICEF-aided milk conservation plants in France, Greece, Israel, Italy, Malta and Yugoslavia.
- 99. At the present session, UNICEF approved aid for milk-drying plants in Saurashtra, India, in Colombia, and in Guatemala. In India, this project was the second to receive UNICEF aid, the first being in Bombay. In Colombia and Guatemala, it constituted the first UNICEF aid of this type.
- 100. With these projects, UNICEF aid has been approved for 175 milk processing installations (145 fluid-milk plants, 28 drying plants, and one vegetable-milk and one baby-food plant) in 28 countries. As can be seen from the table below, 121 plants are in operation (106 fluid-milk plants, one baby-food plant, and 14 drying plants). With the exception of two drying plants in the Americas (one in Nicaragua and one in Chile), all the plants in operation are in Europe, where the first milk conservation programmes were authorized.

UNICEF-assisted milk plants

	Drying		Fluid		Other		Total	
Region	Author- ized	In opera- tion	Author- ized	In opera- tion	Author- ized	In opera- tion	Author- ized	In opera
Europe								
Formerly assisted	8	8	64	64	1 a	1	73	73
Currently assisted	4	4	68	42	-	-	72	46
Africa	1	-	_	_	-	_	1	-
Asia	2	_	2	_	1 b	_	5	
Eastern Mediterranean	1	-	8	_	-	_	9	_
The Americas								
Formerly assisted	1	1	_		_	~	1	1
Currently assisted	11	1	3	_	-	_	14	1
	28	14	145	106	2	1	175	121

a Baby-food plant

b Vegetable-milk plant

101. In the special report of the Administration (E/ICEF/281/Add.7) the experience with UNICEFaided milk conservation in various of the countries was set forth. This showed encouragement of free milk distribution and national child feeding schemes; the ready acceptance of milk by children; the consumption by nursing and pregnant mothers and children under 15 of a high proportion of the fluid milk sold; the steady improvement of the quality of milk reaching children and the public generally; an increase of local milk production in all countries where the plants have started to operate; and the stimulation of local manufacture of dairy equipment as competition forced other dairies to install new equipment and put out a better quality product. In general, the enthusiasm that the milk conservation plants have engendered was most impressive.

102. Closely related to UNICEF aid for milk conservation plants is the growing appreciation on the part of Governments of the role which FAO can perform in the improvement of milk production. High milk costs, seasonal milk fluctuations, animal diseases affecting milk supply, and child nutrition are problems on which FAO is being increasingly asked to advise.

103. In the opinion of the representative of FAO, the milk conservation programmes, while important in providing locally-produced milk for free distribution. are even more important in providing a focal point through which the dairy industry may become better organized, and thus make possible a reduction in the cost of milk to the consumer with a substantial increase in consumption. The work of UNICEF and FAO in this field is complementary, and co-ordination has been close, aided in a number of matters by the FAO/UNICEF/WHO Secretariat Inter-Agency Working Group on Milk and Milk Products.

Emergency Aid

104. It will be recalled that in February 1955 the Board approved by mail poll an allocation to the Maldive Islands of 100 tons of rice to meet a food shortage following a hurricane (E/ICEF/283).

105. At the present session, the Board apportioned funds for emergency aid to two countries: to India for milk and drugs for stockpiles to meet promptly emergency needs for children in distressed areas (\$51,000), and to Korea for milk and fish liver oil capsules to continue feeding programmes through the summer of 1956 (\$628,000). The amount allocated for emergency aid was 16.5 per cent of total allocations.

106. The Board at its present session also modified the commodities approved for Viet-Nam emergency relief in September 1954. A sum of \$38,500 in this allocation was not used, owing to the fact that milk from sources other than UNICEF was available and that prices for cloth and soap were lower than originally estimated. The Board authorized the Administration to use this sum for mosquito netting for refugees in transit camps awaiting re-settlement or living in districts where mosquitoes constitute a serious problem which cannot be controlled by other means. Cloth and soap may also be purchased. The priorities are to be established on the spot jointly by the Viet-Nam Government and the UNICEF office in Saigon (E/ICEF/L.758).

Co-operation with the Bureau of Social Affairs and the Technical Assistance Administration

107. The Executive Board had before it a report on the activities of the Bureau of Social Affairs in the field of family and child welfare (E/ICEF/290), supplemented by an oral report by the Director of the Bureau on her recent field trip to South-East Asia. It noted with satisfaction that co-operation between UNICEF, the Bureau of Social Affairs and TAA was becoming increasingly closer both at Headquarters and in the field. In this connexion, its attention was directed to the growing value of the conferences now held regularly at Headquarters around the time of the Board sessions between the UNICEF regional directors and relevant staff of the Bureau of Social Affairs and TAA; to the fact that, during 1955, continuing or new TAA assignments will include some 45 experts whose terms of reference may have particular relevance for collaboration on UNICEF-aided projects; and to the plans of the Bureau of Social Affairs for decentralization to enlarge its field staff by the end of 1955. This latter development should augment the possibilities for further collaboration at the initial stages of project planning and in aiding Governments in their implementation.

108. The Director of the Bureau of Social Affairs drew the attention of the Board to three conclusions from her field trip to South-East Asia of direct interest to UNICEF: (a) the need for adequate personnel is so great that the training aspects of international aid can hardly be overstressed; (b) it is important to help countries amplify the social content of training for health and other types of workers; and (c) the vitality of the community development movement has not yet been fully utilized in behalf of advancing the objectives for maternal and child welfare programmes.

FINANCIAL POSITION

Resources available for allocation

109. The funds available for allocation at the present Board session totalled \$9,088,716 (E/ICEF/L.759). This was derived as follows:

Unallocated funds remaining after last Executive	\$
Board action	1,942,927
Contributions from Governments and other new	
resources	6,462,113
Return of certain unused allocations	683,676
	\$ 9,088,716

110. Included in the return of certain unused allocations were savings totalling \$631,800 from previous apportionments, resulting from powdered skim milk made available by the United States Government free of charge at the port (E/ICEF/L.748). The Executive Board noted these savings with appreciation and pleasure.

111. The allocations out of unallocated resources made by the Executive Board at its present session totalled \$4,072,300, thus leaving unallocated resources

at the close of the Board session amounting to \$5,016,416.

Fund-raising problems

- 112. The Executive Board had before it a report from the Sub-Committee on Fund Raising which analysed the fund-raising problems confronting UNICEF (E/ICEF/L.732). On the basis of this report, the Board noted that there were a number of encouraging features in the UNICEF financial position: the number of Governments contributing to UNICEF each year continued to rise; the total amount contributed by Governments other than the United States likewise continued to rise; among the contributions and pledges to UNICEF thus far announced for 1955 were several considerably higher than those by the same Governments in 1954 and several by Governments which had not heretofore contributed to UNICEF. In addition, prospects were encouraging for contributions in 1955 from several Governments which had not heretofore contributed to UNICEF or had not contributed in 1954.
- 113. On the other hand, there were certain unfavourable features in the financial picture of the Fund that called for special attention: a number of Member States had never contributed to UNICEF; a number of other Member States had not contributed in recent years or in 1954; among Governments contributing to UNICEF, many had not yet established a pattern of annual contributions; and many contributed relatively low amounts. It was apparent, moreover, that there was a considerable discrepancy in the rate at which the over-all increase of support for UNICEF has been borne by Governments of the various geographic regions.
- 114. The Board called attention to the fact that, while income from non-governmental sources is an exceedingly welcome source of revenue, it could not be regarded as having the potentialities of overcoming deficiencies in support from Governments.
- 115. The Board was convinced that there is a considerable margin for increased contributions from Governments of, both Member and non-Member States, and

that intensified efforts would be justified. The Board believed, therefore, that serious and detailed consideration should be given to exploring every possible method likely to result in regular contributions from Governments.

Next steps in fund-raising

- 116. In this connexion, the Board agreed that efforts must not stop with formal approaches to Governments. It recognized that the Administration had engaged in a variety of additional approaches, including the natural contacts in many assisted countries between UNICEF field staff and governmental officials. It believed, however, that it would be useful to review all various possible approaches from the point of view of whether they warranted additional emphasis at this stage. It noted with approval that the Chairman of the Board, the Chairman of the Programme Committee, and the Chairman of the Sub-Committee would be available in New York to make personal approaches on behalf of UNICEF to Governments when special circumstances made this appear useful. It recommends that there should be a constant alertness to the possibilities of seeking interviews, when appropriate, with prominent governmental officials when they are in New York. The importance of public opinion in each country, including the role of UNICEF national committees, should be constantly borne in mind.
- 117. The Board expressed its appreciation for the work of the General Assembly Negotiating Committee for Extra-Budgetary Funds on behalf of UNICEF during 1954. It noted that the Sub-Committee on Fund Raising would consider the question of further relations with the Negotiating Committee after prospects for 1955 contributions had clarified, with a view possibly to requesting the services of the Negotiating Committee in special instances.
- 118. The Board agreed that it was premature to arrive at final views on the desirability of calling a pledging conference in behalf of UNICEF.

FINANCIAL RELATIONS WITH SPECIALIZED AGENCIES

Policy on UNICEF/WHO financial relations

- 119. The question of UNICEF/WHO financial relations was discussed in considerable detail by the Programme Committee and the Executive Board. The documentation before the Executive Board consisted of an Information Note by the Executive Director (E/ICEF/L.733), a communication from the Director-General of WHO (E/ICEF/L.733/Add.1), and a recommendation from the Executive Director to reimburse WHO for the costs of certain international project personnel (E/ICEF/L.751).
- 120. The Executive Board had the benefit of information at a number of points from the WHO Assistant Director-General for Administration and Finance. In addition, a representative of the Executive Chairman of TAB described to the Board the future system of the allocation of funds under the Expanded Programme of Technical Assistance as approved by the General
- Assembly in resolution 831 (IX) in November 1954. The Board expressed its appreciation to the Director-General of WHO and the Executive Chairman of TAB for the opportunity they afforded the Board through this means to clarify a number of pertinent questions during the course of its deliberations.
- 121. It was apparent to the Board that a new element was now present in the financial relations between WHO and UNICEF as a result of the changes in allocation procedures of the Expanded Programme for Technical Assistance approved by the General Assembly. These changes give the receiving Governments the primary responsibility, beginning with 1956, for deciding on the priorities to be assigned to the various technical assistance projects which they wish to have implemented within the framework of the Expanded Technical Assistance programme. Under the proposed procedure, TAB in April 1955 will notify each country that is

receiving, or is expected to request, technical assistance under the Expanded Programme, of the over-all country planning figure for 1956; between April and August, each country will formulate its requests for 1956 on the basis of its own determination of its priorities; the requests will be examined by the Participating Organizations and TAB during, probably, September and October; and a recommended programme will be submitted by TAB to TAC for its approval not later than 30 November. The TAC could not finally approve the programme or authorize the necessary allocations until after the Technical Assistance Pledging Conference usually held in November.

- 122. The Executive Board unanimously reaffirmed the view it had expressed a number of times in the past, namely, that the financial responsibilities of WHO and UNICEF should correspond to the functional tasks which each organization assumes.
- 123. The decisions of the Executive Board at its present session were, in part, based on the possibilities implicit in the new allocation procedures of EPTA, namely, that if any requesting country was prepared to include the cost of international project personnel in its technical assistance programme and give it sufficiently high priority, the necessary technical assistance funds would be forthcoming.
- 124. At the same time, in making its decisions the Executive Board wished to: (a) take account of the desirability of WHO assuming the costs of international project personnel on its regular budget to the greatest possible extent; (b) allow some flexibility so that UNICEF need not defer action on certain projects which it believes especially important to start; (c) make it possible to accept, for 1956, regional projects which could not be requested by Governments through EPTA except through action in the health field by WHO regional committees whose next meetings were scheduled at such dates as to result in a considerable delay in the initiation of the projects; (d) recognize the new practical difficulties resulting from the time-schedule of the EPTA financial procedures.
- 125. In the light of these general considerations, the Executive Board:
- a. Took note with appreciation of the resolution of the WHO Executive Board at its fifteenth session in which the WHO Board's request for reimbursement by UNICEF for international project personnel in 1956 is regarded "as a transitional measure pending further steps in 1957" toward the basic objective of the division between the two agencies of their respective financial responsibilities, concerning which the WHO Board considered there is no difference of views (EB15.R40, paras. 2 and 3);
- b. Expressed its intention not to make allocations for the costs of international project personnel in 1957 and subsequent years;
- c. Decided, in the meantime, to adopt the following procedures in relation to international project personnel costs involved in all projects aided by UNICEF:
- (i) Before seeking approval of the Executive Board for such projects, the Administration shall, where the personnel costs are not included in the regular budgets of WHO or FAO, ensure that receiving countries have been informed of the possibility and importance of

- including the cost of relevant personnel in their technical assistance programmes;
- (ii) In relation to current projects, or those submitted to the Board at its present session, in so far as these will involve international personnel costs in 1956, where these are not included in the regular budgets of WHO or FAO:
- (a) Receiving countries should be informed of the possibility and importance of including costs of such personnel in their technical assistance programmes for 1956;
- (b) Pending full information on these questions, the Executive Board shall postpone until its next session in September 1955 consideration of certain allocations proposed by the Executive Director to cover personnel costs in 1956 (para. 128 below).

Reimbursement to WHO for the costs of certain international project personnel

126. The Executive Board approved allocations for the following reimbursements to WHO for the costs of WHO project personnel on projects for which UNICEF has provided, or will provide, supplies and equipment:

For 1954: Supplementary reimbursements required following the receipt of final accounts:

South-East Asia BCG assessment team (para. 171) Ethiopia BCG campaign (para. 172)		
		24,200

For 1955 and 1956:	1955	1956
	\$	\$
Africa regional TB survey teams (para. 150)	50,000	100,000
Barbados BCG (para. 178)	4,000	-
Cambodia and Viet-Nam BCG teams (paras.		
155 and 170)	13,500 7	15,200 7
Ceylon BCG (para. 157)	4,000	-
India MCW in Saurashtra (para. 159)	9,000	_
India yaws control (para. 161)	12,000	-
Iran MCW (para. 174)	14,500	_
Philippines BCG (para. 167)	800	
	107,800	115,200

127. The allocations are made on the same conditions as previously approved by the Board for reimbursement to WHO. They are ceiling allocations, to be used only for actual expenses incurred during the year concerned.

- 128. The Executive Board deferred until its September session consideration of the Executive Director's recommendations (E/ICEF/L.751) for an apportionment of \$16,000 for WHO project personnel in 1956 in the India maternal and child welfare project in Saurashtra and \$14,500 for WHO project personnel in the maternal and child welfare project in Iran. The Executive Board also did not approve the recommendation of the Executive Director for an apportionment of \$50,000 for reimbursement to WHO for personnel costs of the Africa Regional Tuberculosis Survey Teams for the first six months of 1957 (constituting the last six months of the project).
- 129. A number of representatives, while agreeing with the importance of the African tuberculosis surveys as laying the basic technical and organizational groundwork for the development of effective public health

⁷ From funds previously approved by the Board in a block allocation for the Associated States of Indo-China.

work against tuberculosis in Africa, nevertheless voiced reservations in principle about UNICEF support for this type of survey project, which, in their view, was more properly the responsibility of WHO. They did not regard the allocation for this work through 1956 as a precedent for the Board's departure from the principle that financing of research is properly a charge upon the specialized agency concerned rather than UNICEF.

130. Prior to the present session, the total amount approved by the UNICEF Executive Board for the costs of WHO project personnel in 1955 was \$580,000. Action at the present session brings the amount to approximately \$688,000.

131. The Board was cognizant of the fact that the apportionment of \$115,200 approved for the costs of WHO project personnel in 1956 at the present session was in addition to the cost of personnel for projects which the WHO Executive Board recommended that UNICEF be asked to provide for 1956 (see E/ICEF/L.733, paras. 11-12). Such a request, of which the maximum cost would be \$480,000, would not come before the UNICEF Board for action until September 1955, after the Eighth World Health Assembly had approved the programme and budget for WHO for 1956.

UNICEF/FAO financial relations

132. The Executive Board considers that the policy decisions and the procedures adopted by the Executive Board, as set forth in paragraph 125 above, apply to

UNICEF financial relations with FAO as well as with WHO.

133. The Executive Board was appreciative of the intention of the Director-General of FAO to propose to the FAO Conference which meets in November 1955 that it provide funds to meet the costs of FAO experts necessary to support projects aided by UNICEF in 1956 and in succeeding years.

Terminology in connexion with jointly-assisted projects

134. In considering this question, the Board had before it the relevant provisions in the resolution of the fifteenth session of the WHO Executive Board (EB15.R4C, reproduced in Annex II of E/ICEF/L.733/Add.1, para. 3). It also had before it a communication from the Acting Director-General of FAO on this question (E/ICEF/L.733/Add.2).

135. The Executive Board recognizes the difficulties pointed out by WHO and FAO in adopting the same terminology regarding jointly-assisted projects as that approved by the Executive Board in September 1954 (E/ICEF/276, para. 238). Nevertheless, it still believes that, when UNICEF pays the costs for international project personnel of a specialized agency, Governments would be interested in knowing this, and there should be some method by which such projects can be easily recognized. The Executive Board therefore requested the Executive Director to use asterisks in UNICEF documents to accomplish this purpose.

AFRICA (continued)

\$

SUMMARY OF APPORTIONMENTS

	List of apportionments		Nigeria	Africa (commuea)	J.
Board are liste	pportionments approved by the I d below in summary form. In ac	cordance	E/ICEF/L. 722 E/ICEF/L. 708 E/ICEF/L. 707/	MCW	21,000 444,000
(paras. 134-13	ion of the Board regarding ter. 5) projects for which UNICE.	F at the	Rev. 1	BCG	<u>5,000</u> 470,000
project personi	a allocated funds for the cost of the lare designated below by aster lived are shown in brackets.		Sierra Leone E/ICEF/L. 714	MCW	22,000
the years mi.e.			Regiona l		
British Somaliland	Africa	\$	E/ICEF/L. 746	TB survey teams in East and West Africa * (includes WHO reim- bursement for 1955 and 1956)	180 000
E/ICE F/L. 72 8	Malaria control	16,000		Total, Africa	
French Equatorial	*				, ,
E/ICEF/L. 745	Leprosy control	215,000		Asia	
French West Afric	a, Cameroons and Togoland		Afghanistan		\$
E/ICEF/L. 724	Malaria control	27,000	E/ICEF/L. 725 E/ICEF/L. 709	MCW (environmental sanitation). Malaria control	11,000 47,000
Gambia E/ICEF/L. 705	MCW	14,300			58,000
E/ICEF/L. 704	Leprosy control	22,000	Cambodia		
E/ICEF/L. 705	Long-range feeding	47,000	E/ICEF/L. 703 and Corr. 1 E/ICEF/L. 751	MCW	16,000 °
Gold Coast			2,-02-,	1955 and 1956)	14,350
E/ICEF/L. 730	Yaws control	11,500			30,350
Morocco			Ceylon		
E/ICEF/L. 742 and			E/ICEF/L. 736	MCW (Health advection)	24,000 14,000
Corr. 1	Trachoma control	110,000	E/ICEF/L. 754 E/ICEF/L. 751	MCW (Health education) BCG * (WHO reimbursement for	14,000
			_,,	1955)	4,000
					42,000

01.	ASIA (continued)	\$	Chila
China E/ICEF/L. 727	MCW in Taiwan	29,000	Chile E/ICEF/L. 729
India			Colombia
E/ICEF/L. 713	MCW * (Saurashtra) (includes WHO reimbursement for 1955)	120,000	E/ICEF/L. 715 E/ICEF/L. 739
E/ICEF/L. 753	Malaria control (DDT plant expansion)	275,000	Guatemala
E/ICEF/L. 734	Yaws control * (includes WHO reimbursement for 1955)	60,000	E/ICEF/L. 721
E/ICEF/L. 740 E/ICEF/L. 737	Milk conservation (Saurashtra) Long-range feeding	245,000 96,000	E/ICEF/L. 731
		796,000	Haiti E/ICEF/L. 741
Indonesia E/ICEF/L. 743	Trachoma control	3,300	Panama E/ICEF/L. 723
Korea E/ICEF/L. 719	MCW (midwifery training)	18,000	Paraguay E/ICEF/L. 718
Netherlands New G	Suinea 8		E/ICEF/L. 747 E/ICEF/L. 726
E/ICEF/L. 757	Malaria control	43,000	E/ICEF/L. 720
Philippines E/ICEF/L. 751	PCC + (WITO windows and f		Trinidad and Toba E/ICEF/L. 712
	BCG * (WHO reimbursement for 1955)	800	
Sarawak E/ICEF/L. 711	MCW (Feeding)	30,000	India
Thailand E/ICEF/L. 710	Leprosy control	9,000	E/ICEF/L. 738 Korea
Viet-Nam	Leptosy condor	9,000	E/ICEF/L. 706 ar Corr. 1 and 2
E/ICEF/L. 751	BCG * (WHO reimbursement for 1955 and 1956)	14,350 a	
Regional E/ICEF/L. 751	BCG * Assessment Team for South- East Asia * (WHO reimbursement for 1954)	5,700	137. Projec
	TOTAL, ASIA		following desi 138-192):
m., .	Eastern Mediterranean		a First UN
Ethiopia E/ICEF/L. 751	BCG * (WHO reimbursement for	\$	b First UN gramme.
	1954)	18,500	c From fun
E/ICEF/L. 752	Long-range feeding (school nutrition)	38,500	a block Indo-Chir
Iran			With referenc
E/ICEF/L. 744	MCW * (includes WHO reimbursement for 1955)	177,500	for costs of i
Israel	,		projects the for * Includes
E/ICEF/L. 735	MCW (including premature care) .	54,000	project
Somaliland (Italian	•	90.000	** Entire
E/ICEF/L. 756	Malaria control	89,000 359,000	WHO f
	Torres, Erstelli Habitation Con.	555,000	100 5 11
	THE AMERICAS		138. British Malaria contro
Barbados E/ICEF/L. 720	MCW (including environmental	\$	to provide for
	sanitation)	27,370	sprayers and
E/ICEF/L. 7 20	BCG * (includes WHO reimbursement for 1955)	10,920	a programme mat huts which
E/ICEF/L. 720	Venereal disease control	17,710	a period of fiv
		56,000	Government at \$20,700. C

⁸ See footnote 1.

	THE AMERICAS (continued)	\$
Chile		
E/ICEF/L. 729	MCW (including environmental sanitation)	70,000
Colombia		
E/ICEF/L. 715	Long-range feeding	52,000
E/ICEF/L. 739	Milk conservation	176,000
	•	228,000
Guatemala		ţ
E/ICEF/L. 721	MCW (environmental sanitation) .	26,000
E/ICEF/L. 731	Milk conservation	253,000
, ,		279,000
Haiti		,
E/ICEF/L. 741	Malaria eradication	159,000
Panama		,
E/ICEF/L. 723	Long-range feeding	10,000
, ,	Long-range recently	10,000
Paraguay	240774	27.000
E/ICEF/L. 718	MCW (environmental sanitation) . Leprosy control	27,000 20,000
E/ICEF/L. 747 E/ICEF/L. 726	Leprosy control	34,000
E/ICEI/L. 720	Long-range reeding	
Trinidad and Toba	an	81,000
E/ICEF/L. 712	•	18,000
E/ICEI/E. /12		
	TOTAL, THE AMERICAS	901,000
	EMERGENCY SITUATIONS	
India		\$
E/ICEF/L. 738	Emergency feeding and drugs	51,000
Korea		
E/ICEF/L. 706 an	d	
Corr. 1 and 2		628,000
	Total, emergencies	679,000
	TOTAL, ENERGENCIES	077,000
	Description of projects	

137. Projects for which apportionments were approved at this session of the Board are described below. The following designations are used in this section (paras. 138-192):

- a First UNICEF aid to a country or territory.
- b First UNICEF aid to a particular type of programme.
- c From funds previously approved by the Board in a block allocation for the Associated States of Indo-China.

With reference to UNICEF reimbursement to WHO for costs of international personnel to jointly-assisted projects the following standard designations are used:

- * Includes funds for reimbursement to WHO for project personnel.
- ** Entire apportionment is for reimbursement to WHO for project personnel.

AFRICA

138. British Somaliland a

Malaria control \$16,000 (E/ICEF/L.728) to provide four vehicles with spares, insecticides, sprayers and some tentage for the first three years of a programme of annual residual spraying of nomads' mat huts which the Government intends to continue for a period of five years.

Government matching for the five years is estimated at \$20,700. Continued technical assistance and service are assured from the Malaria unit of the East Africa

a Not involving allocation of new funds.

High Commission and WHO's technical advice and co-operation have been invited by the Government.

The following programme is planned:

- (a) Residual spraying of the mat huts of the nomads moving into the Haud;
- (b) Maintenance and extension, where necessary, of existing malaria-control measures by larvicidal and residual spray methods in towns, settlements, and all traceable endemic foci in the permanent water area;
- (c) Continuation of free distribution of larvicidal briquettes and encouragement of the prophylactic use of paludrine among the population.

The nomadic population involved is not less than 150,000. Three to four thousand encampments would have to be sprayed in the period between the movement of the nomads into the Haud and the onset of malaria. An estimated 40,000 mat huts are to be sprayed. Field operations will begin before the rainy season in 1956 and will be carried out by four teams under the general supervision of the Senior Medical Officer. A series of base camps will be set up on the old-established camel tracks forming the boundary road between Somaliland and the reserved areas of Ethiopia; and it is possible that malaria control will be developed on a regional basis during the course of this programme in order to co-ordinate malaria control in the territories of Ethiopia, British Somaliland and Somaliland under Italian Administration. It is expected that WHO will provide a consultant to assist in the collection of pre- and postoperational epidemiological data.

139. French Equatorial Africa

Leprosy control b\$215,000 (E/ICEF/L.145) to provide sulfones for treatment of the estimated total of 125,000 lepers in the territory over a three-year period and 20 vehicles for the campaign.

Since leprosy is most commonly contracted during childhood, the purpose of UNICEF's aid is primarily to prevent future infection among children. The Territory began to use sulfones for out-patient treatment in 1952 and by September 1954, the number of lepers treated had increased from 6,000 to 48,000. The segregation policy for normal cases has been abandoned and out-patient treatment is increasing. With the prospect of effective treatment, many more cases of leprosy have been registered. Facilities for treatment of leprosy include 51 general health centres, 31 leprosaria, two agricultural colonies, 18 leper villages, hospitals, dispensaries and infirmaries of the African Medical Assistance Service and centres run by various religious missions.

Two basic methods will be used in the extended campaign, depending on density of the populations: (a) mobile dressers will administer fortnightly injections of an oily suspension of sulfones; (b) dispensaries will distribute sulfone tablets every week. The main emphasis will be placed on ambulatory treatment. The Government's annual expenditure for the campaign is estimated as the equivalent of \$341,000.

140. French West Africa, Cameroons and Togoland Malaria control \$27,000 (E/ICEF/L.724) to provide 11 light "cross-country" vehicles for the campaign in the Southern Cameroons to extend the campaign begun with UNICEF assistance in May 1954.

The first spraying cycle, completed in October 1954, reached 327,000 persons. The second cycle which began

in November 1954 is intended to reach 450,000 persons. During the first cycle the campaign followed the road network which reaches 80 per cent of the population; now with additional UNICEF vehicles it will be possible to reach hamlets lying between the roads. Blanket protection must be extended to all the inhabitants for several years if transmission of the disease is to be stopped. This campaign is the largest now being carried out in the equatorial forest zone of Africa where malaria is transmitted throughout the year and will be important not only for the results of the campaign itself but also to determine the techniques and pattern of other future malaria campaigns in tropical Africa.

The Administration of the Cameroons proposes to intensify the epidemiological control throughout the whole area, and to this end intends to set up a small malaria section in its Prophylactic Health and Medical Services. The Government will provide one medical officer, two assistant medical officers, 12 drivers and petrol and maintenance of vehicles at an annual cost of the equivalent of \$75,000 over and above the budget estimate of \$645,000 for malaria control during 1955 and 1956.

141. Gambia a

Maternal and child welfare. .\$14,300 (E/ICEF/L.705) to provide equipment and kits for a three-year training programme for midwives, nurses and sanitary inspectors to upgrade the standard of auxiliary staff; midwifery kits and bicycles to extend the domiciliary midwifery service; and 20 sets of basic maternal and child welfare equipment and drugs and diet supplements to strengthen 12 existing rural maternal and child welfare centres and establish eight new centres where ante-natal and child welfare clinics will be held regularly.

The Government's long-term plan is to convert its 38 dispensaries and sub-dispensaries into health centres and to add a midwife to the staff of each centre. UNICEF's provision of training equipment is contingent upon WHO's provision of a nurse-midwife-tutor who would help the whole training programme and arrange refresher courses for auxiliary personnel. Government matching is estimated at an equivalent of \$10,500 for the three-year programme including \$4,200 for capital expenditures and \$2,100 annually for recurring costs.

142. Gambia a

Two surveys made in Gambia in recent years have shown leprosy incidence to be approximately 2.5 per cent.

One medical officer who will be in charge of the campaign on full-time basis will spend some months studying leprosy work in Nigeria under a WHO fellowship before the campaign starts in Gambia.

Government matching is estimated at the equivalent of \$23,500 for the three-year period for the provision of personnel, fuel and maintenance for vehicles, and improvements to the leprosy settlement which will be used for cases needing hospitalization.

143. Gambia a

Long-range feeding......\$10,700 (E/ICEF/L.705) to provide 550,000 pounds of skim milk and a vehicle for use in supervising milk distribution for a three-year feeding programme to be carried out in 1955 through schools and maternal and child welfare centres.

School feeding, now in operation only in the capital, Bathurst, will be extended to all schools in the Colony and to those in the Protectorate which are properly staffed to supervise distribution. The diet of children is deficient in protein and vitamin B and 60 to 80 per cent of school children show signs of malnutrition. Approximately 3,100 children under 15 will benefit, increasing to 4.100 during the three-year period. Milk will also be distributed through all maternal and child welfare clinics in the Colony and Protectorate where an estimated 4.000 infants will benefit in the first year, increasing to 5.000 later. During the three-year programme the Government will make systematic attempts to find a permanent solution to the problem of malnutrition of children, by increasing local production of milk and other suitable foods and by teaching mothers to make better use of existing foods. The cost to the Government for the three-year programme is estimated at the equivalent of \$29,000, including \$9,800 for capital expenditures and \$6,400 in annual recurring costs.

144. Gold Coast

Yaws control b\$11,500 (E/ICEF/L.730) to expand current yaws control work and lay the basis for a mass campaign as economical methods of control are found and personnel trained.

UNICEF will provide 42,000 vials of penicillin for use for the period 1955 and 1956 by existing mobile field health units to treat 150,000 persons each year. Both cases and contacts will be treated with a low dosage. The Government will meanwhile continue treatment of yaws in health centres, dispensaries and hospital outpatient departments according to accepted therapeutic methods. The scope of the campaign may be extended during 1956 by the establishment of a special yaws team staffed by personnel trained for this purpose which would concentrate on areas of highest incidence. This project will constitute one more important link in the disease control throughout West Africa where UNICEF aid in yaws control is already going to Liberia and Nigeria.

The annual cost to the Government is estimated at the equivalent of US \$224,000. The Government will also provide penicillin to health centres, dispensaries and hospital outpatient departments for the treatment of yaws cases.

145. Morocco

Trachoma control \$110,000

(E/ICEF/L.742 and Corr.1) nent for treatment of 287,000

to provide antibiotic ointment for treatment of 287,000 persons and 16 vehicles for the strengthening and extension of the campaign against trachoma and seasonal conjunctivitis in the period from July 1955 to June 1956.

The Government will spend an equivalent of approximately \$248,000 on this project for the same period. The epidemic season for conjunctivitis is from June to November during which antibiotic ointment is applied as a preventive or curative measure. Trained workers apply the ointment during the first year of treatment;

supervised self-treatment is carried out in the second and third years and in the fourth and succeeding years self-treatment is continued under control of the regular health service. 224,000 people were protected in the 1954 season in Tafilalet and Ouarzazate. Following the conjunctivitis season, the trained staff turns to trachoma control work in the schools applying ointment two or three times daily for 60 days to each afflicted child. 10,000 school children were treated for trachoma in 1954 and 30,000 will be treated in the first six months of 1955 in Casablanca and Meknes. From July 1955 to June 1956 a similar attack will be carried out by ten teams in the region south of the Atlas while the selftreatment phase continues in the Tafilalet and Ouarzazate territory. WHO has made budgetary provision totalling \$23,739 to cover a sanitary engineer, an ophthalmologist, a statistician, an ophthalmological advisory expert and a statistical advisory expert as well as two fellowships. The campaign to the end of 1954 will be evaluated this year and further plans and further UNICEF assistance will be developed in the light of the evaluation report.

146. Nigeria

Maternal and child welfare. \$21,000 (E/ICEF/L.722) to expand and strengthen maternal and child welfare services and training in the federal capital of Lagos and in districts of the eastern region of Nigeria where a successful anti-yaws programme has already made the public receptive to general health measures.

For Lagos: UNICEF will provide equipment for four maternal and child welfare centres; bicycles and midwives' kits for midwives undertaking home deliveries; a vehicle for the supervising doctor and for distant cases; training equipment for a nurses' and midwives' preliminary training school and for a training centre for health visitors and community nurses. The Government will increase obstetric hospital accommodation and strengthen ante-natal, post-natal, and well-baby clinic provision and domiciliary midwifery services. A preliminary training school will be established at Lagos for 20 nurses and midwives and a training centre for 20 health visitors and community nurses, these schemes to be tied in with the domiciliary and clinical services described above.

For the eastern region: UNICEF will provide equipment for six rural health centres and for a main rural health demonstration centre; transport for supervisory work; training equipment for two midwifery training schools which will have a joint annual output of 46 midwives. At the Government centre at Nsukka a demonstration area in rural hygiene is to be developed to cover the whole range of maternal and child welfare services, including home visiting, midwifery and environmental control.

The Board previously approved funds for the provision of midwifery kits for this programme.

The Government's expenditures in connexion with this project are estimated at the equivalent of \$213,000 in capital outlay and \$87,000 in annual recurring expenses. The Government has asked WHO for a short-term MCW consultant and it is expected that they will ask WHO for fellowships so as to give medical and nursing personnel direct experience and training in domiciliary midwifery.

147. Nigeria

BCG vaccination b \$5,000 (E/ICEF/L.707) for the provision of two vehicles, tuberculin, vaccine and other supplies for a programme of mass BCG vaccination in which 120,000 children will be tested in the federal territory of Lagos.

Government matching is estimated at the equivalent of \$8,500. The campaign will test at least 90 per cent of the population under the age of 20 and will thus constitute the most complete tuberculin sensitivity survey yet undertaken in Nigeria. It will also permit a study to be made of the best methods for obtaining complete coverage in an African population so that such methods may be extended subsequently to areas of greater population.

The campaign will be carried out in conjunction with the visit of the TB survey team for which the Board approved funds at this session. The team will start their survey work in Lagos; their findings will serve as a guide as to the age group to be covered and other questions. The team will stay on in Lagos to help start the mass campaign, thus enabling the territory to be covered more quickly. The mass campaign may be repeated in some of the large towns of the western and eastern Regions following surveys by the TB survey teams if desired by the Regional Governments.

148. Nigeria

Field operations which began in February 1954 with aid previously voted by the Board have made it clear that the incidence of yaws is higher than originally foreseen; in many areas more than 10 to 15 per cent of the population are infectious or late cases and injections for the total population are required in such areas to abort the considerable proportion of latent cases. A successful start has been made in three regions. A campaign is now to be started in the Trust Territory of the Cameroons which has recently become a semiautonomous territory under the Federal Government of Nigeria. An estimated 11 million of the 30 million population require examination, leaving 5,250,000 to be reached after the goal of 5,750,000 is attained at the end of 1957. A request for aid for the three-year period beyond 1957 is anticipated at a later stage, but for a lesser amount since districts of heaviest incidence will have been covered in 1955-1957.

The Government matching commitments for the three-year period are estimated at the equivalent of \$765,000, exclusive of the expenses of local authorities.

149. Sierra Leone a

Maternal and child welfare.. \$22,000 (E/ICEF/L.714) to provide basic MCW equipment for 14 new health centres to be established in 1955 and 1956 and 66,000 pounds of dried skim milk for distribution through the centres over a three-year period (1955-1957); equipment for two training centres for qualified nurses and midwives; equipment and transport for theoretical and practical training of 30 health inspectors in two-year courses; charts and simple models for ten centres to train 60 village midwives annually and 200 midwifery kits for the graduating midwives.

The centres will be staffed by a dispenser, a midwife and a health inspector.

The expenditure of the Government for this project and for related work is estimated at the equivalent of approximately \$417,000 in capital outlay, and \$137,000 in annual recurrent expenditure.

150. *East and West Africa
TB survey teams b \$180,000

(E/ICEF/L.746 and Corr.1)

to cover salaries of WHO personnel for an 18-month period (mid-1955 through 1956) for two TB survey teams, one to work in East Africa and the other in West Africa, and for supplies and equipment for the teams.

The purpose of the surveys is to provide the factual basis to determine the epidemiology of tuberculosis in the territories, the suitability of mass BCG campaigns, the age groups that they should include, the communities (urban, rural, etc.) in which the work should be concentrated, and to make other recommendations for TB work. Under the technical direction of the WHO Tuberculosis Research Office the findings of the team will be analysed and evaluated in terms of the reaction of the population to tuberculin, and to BCG vaccinations. The teams will make preliminary trials of the vaccine to be used in mass campaigns and will provide training and experience for national personnel.

The team for West Africa will begin work in Lagos and proceed therefrom to other parts of Nigeria and then to French Equatorial Africa and other territories. The team for East Africa will begin work in British Somaliland, Somaliland (Italian Administration) and proceed therefrom to Tanganyika, Zanzibar and possibly to other territories. Governments of the territories will provide personnel, office and warehouse facilities, fuel, lubricants and maintenance of UNICEF vehicles and other internal transport as required. Each team will consist of one medical adviser, two nurses and one laboratory technician. Counterpart personnel provided by the Government of each country to be visited by the teams will assist the survey, exchange information on methods of work and prepare for large-scale BCG vaccination.

Asia

151. Afghanistan

Maternal and child welfare b (Environmental

sanitation) \$11,000 (E/ICEF/L.725) to provide well-drilling equipment, pipes, tools and two vehicles for the development of environmental sanitation elements in a pilot maternal and child welfare training and demonstration programme being developed as part of a broader rural development programme in ten selected villages with a total population of 20,000.

The TAA, WHO and FAO have assisted the Government in the planning of this project and TAA and WHO advisers are participating actively in the work. UNICEF has previously allocated about \$220,000 (excluding freight) for maternal and child welfare in Afghanistan.

The project is to encompass preventive and curative health work including maternal and child welfare, control of communicable diseases, environmental sanitation and public health nursing; agricultural and educational development. There will be one main health

centre and two subsidiary centres, UNICEF having provided standard equipment and drugs for one of the subsidiary centres under an earlier allocation. General health work began in September 1954, with an immunization campaign against smallpox, and maternal and child health activities began one month later, in addition to demonstrating techniques in rural development.

The next step is to extend the maternal and child welfare work to include environmental sanitation with the aim of providing safe water and sanitary excreta disposal together with health education in ten selected villages. This project will serve as a training field for sanitarians from the School for Sanitarians in Kabul. WHO has budgeted to cover the costs of an MCH advisor, a public health officer, a public health engineer, a sanitarian and a public health nurse during 1955 and 1956. The cost to the Government in connexion with the rural development project is estimated at the equivalent of \$37,000 a year, including funds for local materials and staff.

152. Afghanistan

Nearly 2 million of the country's 12 million people are exposed to malaria. Spraying and anti-larval operations protected 1,213,364 persons in 1954; the 1955 campaign is expected to protect 1,530,000 and the 1956 campaign, 1,545,000.

A malaria institute was opened in Kabul in October 1954 to provide a permanent base for direction of a national malaria control campaign and for training workers in control of insect-borne diseases.

WHO has maintained a full-time malariologist and entomologist in Afghanistan for three years and will assign a short-term malaria consultant to the project during 1955 and 1956 to check on standards and evaluate progress. Funds for this personnel are provided in the WHO budget under Technical Assistance Priority 1. The Government has budgeted the equivalent of \$198,000 for the programme in 1956 to cover costs of local personnel and other requirements including insecticides and larvicides for 675 persons. Of this approximately \$160,000 is matching for UNICEF aid.

153. Cambodia

Maternal and child welfare \$16,000 c

(E/ICEF/L.703 and Corr. 1) to provide further equipment and supplies for a maternal and child welfare programme previously assisted by UNICEF which has been operating for the last two years.

UNICEF will now provide equipment, bicycles and expendables for two health centres which will serve as the basis for rural expansion; equipment to aid in the re-organization of a maternity ward in the municipal hospital at Phnom Penh which will make it suitable for training purposes; kits for nurses and midwives trained in hospital and health centres, dried milk and penicillin for use in health centres and the pediatric ward; and

soap, for use by midwives and by school children in the school health programme.

WHO has a pediatrician and five nurses working in these programmes in addition to a public health administration specialist, another medical officer concerned with school health and two malariologists.

The Government's matching in connexion with the new apportionment is estimated at the equivalent of \$57,000 for capital expenditures in addition to increasing recurring costs.

154. **Cambodia

BCG......\$14,350 c (E/ICEF/L.751) to reimburse WHO for continuation of a BCG team through June 1956.

(An equal amount was approved for Viet-Nam. See below.) In September 1954 the Board had approved funds for a team to serve in Cambodia and Viet-Nam for a period of eight months in 1955.

155. Ceylon

Maternal and child welfare

(Health education) \$14,000 (E/ICEF/L.754) to aid in development of a national health education programme with special emphasis on child health problems, nutrition and environmental sanitation.

UNICEF will provide supplies to aid a new Division of Health Education in the Department of Health to produce health education materials; equipment, films and film strips for a circulating library for use by health workers; charts, models and projection equipment to complete the requirements of ten health education vans; and a station wagon to convey materials to the field and to transport supervisory personnel of the Division.

Ceylon has previously received \$306,000 from UNICEF for rural maternal and child welfare services and training.

Government commitments are estimated at the equivalent of \$38,000 for a two-year programme in health education in addition to the current outlay of \$10,500 a year. WHO is to finance the assignment of one international Health Education Adviser for two years.

156. Ceylon

Maternal and child welfare

(Child feeding) \$24,000 (E/ICEF/L.736) to provide 882,000 pounds of skim milk powder and 4 million fish liver oil capsules for 12 months' distribution, beginning in July 1955 to 40,000 mothers and children through maternal and child welfare centres, clinics, hospitals and school health programmes under the supervision of the Department of Health.

This will continue and expand a feeding programme for which the Board has previously voted a total of 90,000 pounds of dried milk and 7.8 million fish liver oil capsules. Distribution is being made through maternal and child welfare centres and maternity homes throughout the island.

The Government's matching for the extension of this programme is estimated at the equivalent of \$21,000 for supervision of the programme, internal transport, fuel and sugar. In a separate scheme administered by the Ministry of Agriculture and Food, and financed entirely by the Government, more than 200,000 mothers and pre-school children are receiving fresh or re-constituted milk through numerous small feeding stations.

157. **Ceylon

Eight teams are at work in this campaign which completed approximately 500,000 tests in 1954 and aims to test a total of 3,750,000 by the end of 1957.

158. China

Maternal and child welfare in Taiwan \$29,000 (E/ICEF/L.727)

for expansion of a maternal and child welfare training and services programme in 1955-1957.

UNICEF will provide equipment, drugs, bicycles, midwives' delivery kits and home-visiting bags to improve the services offered from 77 rural health stations; and 500 midwives' delivery bags for private practising midwives who take refresher training and participate in the rural maternal and child health services. Previous UNICEF assistance to the programme included provision of equipment for 50 health centres. The new apportionment will provide equipment for an additional 27 centres.

A WHO doctor and a nurse-midwife who will assist in the training of doctors, nurses, and midwives from the health stations are to be financed under the WHO budget for 1955 and 1956, Technical Assistance Priority I.

Costs to the Government in connexion with the proposed expansion of this programme are estimated at the equivalent of \$76,000 and will cover the refresher training of doctors and nurses from health stations selected for inclusion in this project, the refresher training of 500 practising midwives who agree to play an active part in the provincial domiciliary midwifery service, and the provision of replenishment supplies for the midwifery bags provided by UNICEF.

159. *India a

Maternal and child welfare (Saurashtra) . . \$120,000 (E/ICEF/L.713 and Corr.1)

to help the State of Saurashtra in expanding its maternal and child welfare services and training during 1956-1958.

UNICEF will provide 119 sets of equipment and drugs for 26 primary health units, five secondary health units, 20 municipal MCW centres, and diagnostic laboratories for the five secondary health units; teaching equipment for training of nurses, midwives and dais; midwifery and dais kits; and transport. UNICEF will also reimburse WHO \$9,000 for the cost of an MCH consultant and a public health nurse for six months in 1955 and will provide \$9,000 for the employment of six Indian nursing and midwife tutors from outside Saurashtra to teach two years in Saurashtra. Saurashtra is the ninth Indian state to receive UNICEF aid for a comprehensive state-wide MCW project. A Bureau of Maternal and Child Health will be established in the state; 26 dispensaries will be upgraded into rural primary health units serving a population of 40,000 to 50,000 each; five second class hospitals will be upgraded into rural secondary health units; and 20 new MCW centres in urban areas will be established by the end of 1958. The training of nurses, midwives, auxiliary nurse-midwives and dais will be upgraded and expanded, and courses in public health will be introduced for government medical personnel, in order to improve the rural health services in the state. Pediatric wards and improved facilities in maternity hospitals will be provided. The Government's matching is estimated at the equivalent of \$183,000 for capital expenditures and \$492,000 for recurring expenditures for the two years.

160. *India*

Malaria control (DDT production) \$275,000 (E/ICEF/L.753)

for the provision of equipment to expand the annual production of the DDT production plant at Delhi for which UNICEF has previously provided \$250,000 in equipment (excluding freight).

The first unit of the plant, which began operating on a trial basis in March 1955, will produce DDT at the rate of 750 tons of technical DDT annually. By May 1956, with the installation of additional equipment, the plant will be producing 1,400 tons annually. Two resident engineers are provided for the plant by the TAA.

In addition to equipment for the DDT production plant, UNICEF has previously provided \$659,000 (exclusive of freight) for the national malaria control campaign for DDT, equipment and transport. The U.S. Foreign Operations Administration has also provided aid for this campaign totalling \$15,000,000. The aim is to protect 200 million persons at risk and to maintain that protection to keep the nation free from malaria. Under present agreements, the Foreign Operations Administration will continue to assist the campaign into 1956 at which time the expanded DDT plant should be in operation.

The amount of DDT required for surveillance and maintenance operations after the mass campaign is over will exceed the 1,400 tons to be provided by the expanded plant.

Government expenditures for development of the 700-ton plant total the equivalent of \$357,000 and for expansion of the plant are estimated at an additional \$172,000. The Government will also buy the entire product of the plant for malaria control at approximately \$1,385,000 annually or \$6,925,000 for five years.

161. *India

Yaws control\$60,000 (E/ICEF/L.734) to assist in continuation of the yaws control programme in the States of Madhya Pradesh, Hyderabad and Andhra and its extension to the State of Orissa.

UNICEF will provide five vehicles for Orissa; public address equipment and trailers for Orissa and for the three states where yaws control programmes are already in operation; syringes and needles and penicillin for all four states until such time as sufficient penicillin is available from the UNICEF-assisted penicillin plant at Pimpri. UNICEF will also reimburse WHO \$12,000 to cover the cost of an international adviser for 1955. UNICEF previously provided \$39,000 for this project, excluding freight. The new apportionment is expected to be sufficient to finish the mass campaign in all four states. The Government will supply penicillin for this campaign as soon as the UNICEF-equipped penicillin plant in Bombay State begins operation.

The campaign in Madhya Pradesh began in November 1952 and 233,000 were examined and 17,000 treated to the end of 1954. In Hyderabad where work began

in July 1953, 120,000 were examined and 8,000 treated to the end of 1954. Work in Andhra began only in October 1954 and no reports are available as yet. For 1955 examinations in these three states are expected to reach 665,000 persons. 74,000 cases and 296,000 "contacts" would be treated. In addition work will begin in Orissa as soon as supplies are made available.

The Government contribution to the campaign is the equivalent of approximately \$65,000 per year.

162. India

Milk conservation (Saurashtra) \$245,000 (E/ICEF/L.740)

to provide a drying plant at Wankaner capable of producing one ton of skim milk powder in an 8-hour day; a fluid milk processing plant at Rajkot to handle 10,000 pounds of milk a day; milk reception and cooling equipment for four collecting stations; transport and other ancillary equipment.

A total of 25,000 to 50,000 pounds of milk will be collected daily from 25 Maldhari villages into the four collecting and refrigerating points, thence into the plant at Wankaner for clarifying, standardization or separation. A total of 10,000 pounds will be shipped daily from Wankaner by road-tanker 30 miles to Rajkot for processing and distribution. The balance of 15,000 to 40,000 pounds will be processed at Wankaner into skim milk powder and ghee. Over a period of at least five years, 87 per cent of the one ton of milk powder produced daily will be distributed free 200 days a year to 33,400 children while the fluid milk will be sold by the Government at cost in the city of Rajkot. The child feeding project will be supervised by the Ministries of Health and of Education whose budgets for 1955 contain a token sum for this purpose. In connexion with this project, the Government is also initiating a scheme to rehabilitate the State's traditional herdsmen, known as Maldharis, who have become landless and seminomadic; and to improve their cattle. Within five years, the milk supply for the dry milk plant is expected to be doubled or tripled and the product increased accordingly. The Government commitments in connexion with this project are at least the equivalent of \$598,000 of which \$230,000 is for capital expenditures for the milk drying plant and the fluid milk processing plant and the balance of \$368,000 for milk to be distributed free.

163. India

Long-range feeding \$96,000 (E/ICEF/L.737) to provide an additional 6,400,000 pound (3,200 short tons) of dried skim milk for the continuation through March 1956 of the long-range feeding programme for which UNICEF has previously apportioned approximately 15 million pounds of dried milk.

Long-range feeding in India is being conducted (a) through schools, and (b) through maternal and child welfare centres, hospitals and other child care institutions. The Board approved 6.4 million pounds of skim milk powder in September 1954 for 250,000 school children for one year beginning early in 1955. For other channels, 6.4 million pounds was approved in September 1953 for a planned 130,000 children for two years beginning April 1954. The additional 6.4 million pounds for which funds are now provided extend distribution through all channels until June 1956 to provide rations for an increased number (160,000) through maternal and child

welfare centres, maternity and pediatric wards and child care institutions in 26 of the larger states.

The Government's matching costs in connexion with distribution of the 3,200 tons is estimated at the equivalent of \$96,000. In addition, voluntary organizations make substantial contributions to the feeding programme.

164. Indonesia

Trachoma control b \$3,300 (E/ICEF/L.743) to provide 18,000 tubes of antibiotic ophthalmic ointment and diagnostic equipment for a pilot project in trachoma control to be carried out in Java and in Lampong, South Sumatra, during the last six months of 1955.

UNICEF jeeps and bicycles will be loaned to the project from another UNICEF aided project in Indonesia. The purpose of the project will be to demonstrate the best methods of control applicable to expansion on a mass scale. A total of 12,000 school children will be examined in two selected areas; 6,000 are expected to need treatment—application of ointment in the eyes twice daily for two months. A third and a fourth month of treatment will be provided for cases uncured in the first two months. Application of ointment will be entrusted to school-teachers in South Sumatra and other helpers in Java, and their help will be enlisted in spreading public information to prepare for a wider campaign. Results of the pilot project will determine the type of organization and techniques to be used in largescale trachoma control work for which the Government has made tentative plans, to carry systematic eye examinations and trachoma treatment to 35 cities with a total population of 4 million.

WHO has undertaken to send a short-term consultant to Indonesia in 1955 or 1956 to help in evaluating the project and in drawing up expansion plans. WHO will also provide an international fellowship for an Indonesian ophthalmologist and has provided in its technical assistance budget for consultant and fellowship costs.

Matching to be provided by the Government for the pilot project is estimated at the equivalent of \$7,000.

165. Korea

MCW (Midwifery training) b \$18,000

(E/ICEF/L.719) to provide four sets of classroom teaching aids, stipends for 400 trainees and 525 midwifery kits for a one-month refresher training of 400 practising midwives in 1955 and in 1956.

Stipends will cover food, bus fares and incidental expenses during training. In addition to improving the work of the midwives, the project would lead the way to supervision and training of untrained indigenous midwives. Eight classes of 50 midwives each will be organized in four cities. Courses will be conducted on the lines developed in 1954 with professional teaching provided by the Midwives' Association, personnel of the Provincial Departments of Health, various personnel from hospital staffs, the Ministry of Health, Team Health Officers and nurses of the U.S. Army Korea Civil Assistance Command (KCAC) and by KCAC Headquarters' Public Health Branch personnel. Co-ordination will be effected through the Ministry of Health, with the advice of the Chief Nurse of KCAC. If the training is successful, the Government may request aid for refresher training of a further 1,000 midwives during the ensuing three years. Matching to be provided by the Government

is estimated at the equivalent of \$5,900 and \$6,750 additional is to be provided by the America-Korea Foundation.

166. Netherlands New Guinea 9

Malaria control b \$43,000 (E/ICEF/L.757) to provide 32 tons of DDT 75 per cent wettable, six tons of dieldrin 50 per cent wettable, 75 sprayers, three landrover vehicles with trailers and some supplementary laboratory equipment for the first two years of a malaria control programme planned to protect 200,000 persons by 1958; protection will be provided for 60,000 persons in 1955 and 100,000 in 1956.

The malaria service laboratory was destroyed by fire last December and UNICEF equipment will replace the equipment which was destroyed at that time. The Government's malaria control budgets for 1955 and 1956 total the equivalent of \$250,000. The cost to the Government is relatively high because the campaign must be extended to a large number of smaller communities separated by long distances. A recommendation for aid for the programme for 1957 and 1958 may be made to a later session of the Board. The Government plans protection of 150,000 in 1957 and 1958 and would expend a total of \$360,000 for that further two-year period.

167. **Philippines

The goal is to test all 9 million children under 15 and to vaccinate the negative reactors.

168. Sarawak

Maternal and child welfare (Feeding) \$30,000 (E/ICEF/L.711)

to provide 1,840,000 pounds of skim milk powder and 700,000 fish liver oil capsules to expand and continue through 1956 the skim milk feeding programme through schools, maternal and child welfare clinics, dispensaries and hospitals.

These quantities will provide during 1955 and 1956 milk for 30,000 especially needy mothers and children, and fish liver oil capsules to approximately 3,500 mothers and toddlers. The Board has approved \$59,300 previously for maternal and child welfare aid for Sarawak.

UNICEF milk was originally supplied for 1,000 mothers and children attending clinics and was subsequently expanded to include selected schoolchildren. The number of recipients reached 10,000 last December. Distribution will be supervised by the Medical Department, assisted by government district officers. School authorities will select needy cases among the schoolchildren, and doctors, nurses or midwives will indicate the beneficiaries to be helped at maternal and child welfare centres. Voluntary work committees also assist in this scheme.

The Government commitments for this expanded project during 1955 and 1956 are estimated at the equivalent of \$46,000.

169. Thailand

WHO will provide the services of a leprologist for two years (1955-1956), the cost to be covered by the regular WHO budget. The purpose of the project is to demonstrate the modern approach to leprosy control and to provide experience in a limited area in the organization of a programme to bring leprosy under control by a systematic search for and treatment of the sources of infection. The population will be surveyed by at least two mobile teams each using a motor vehicle. Ambulatory treatment will be given as far as possible through 16 existing health centres. In addition, methods will be studied and tried for reaching, with adequate treatment and follow-up, the balance of the cases in the province. UNICEF will provide sulfones required for treatment of 1,000 cases for two years. Pilot project headquarters at Khon Kaen town will include laboratory diagnostic facilities. Training will be given to two or more survey teams, each comprising two or more health workers and a driver, and laboratory workers. The Government will also conduct a programme of health education, particularly for patients and their contacts; will arrange hospitalization as required, and resettlement of patients leaving colonies and leprosaria. If the pilot project proves successful, Thailand may ask UNICEF to consider extending and expanding the programme.

The Government's commitments for the pilot project in 1955 and 1956 are estimated at the equivalent of \$21,000 to cover the salaries of additional personnel, travel and per diems of local and international personnel, secretarial assistance, running expenses, and maintenance of vehicles and incidentals.

170. **Viet-Nam

BCG \$14,350 c (E/ICEF/L.751) to reimburse WHO for continuation of a BCG team through June 1956.

An equal amount was approved for Cambodia. (See above.) In September 1954 the Board had approved funds for a BCG team to serve in Cambodia and Viet-Nam for a period of eight months in 1955. UNICEF had previously provided equipment and supplies for the campaign in Viet-Nam which began in 1954 with the aim of testing 200,000 children in the first year and vaccinating an estimated 800,000.

171. **South-East Asia

BCG assessment team \$5,700 (E/ICEF/L.751) to reimburse WHO for the balance of costs for three posts for the BCG assessment team in South-East Asia.

The Board, in September 1953, voted \$30,000 to reimburse WHO for the cost of these posts in 1954. Final accounts for the three posts total \$35,700 and the new apportionment is to cover the difference of \$5,700.

EASTERN MEDITERRANEAN

172. ***Ethiopia*

⁹ See footnote 1.

Board has previously approved \$113,000 (exclusive of

freight).

The apportionment of \$25,000 voted by the Board in September 1953 to cover WHO project personnel costs in 1954 proved insufficient and \$18,500 has been approved to cover the balance of costs. The campaign started in 1953; 140,000 were tested and 60,000 vaccinated in Addis Ababa and nearby accessible districts in the first year and the plan is now to reach more remote districts.

173. Ethiopia

Long-range feeding (School nutrition) b \$20,000

(E/ICEF/L.752)

to provide 160 tons of skim milk powder, 2 million fish oil capsules, and kitchen equipment to expand a school feeding programme to reach 10,000 school children in 50 schools; a vehicle for supervision; a small amount of vermifuge; also seeds; teaching material and simple demonstration garden-tool sets for a pilot project to gain experience in school gardens and to provide instruction courses for school teachers in this respect.

The programme will also include special short-term training of school teachers in nutrition and school sanitation, nutrition education and increasing community and family participation. UNICEF aid will provide for the first two years of a four-year programme for which an additional request may be forthcoming at a later stage. FAO advisers have helped to plan the programme and will assist in its implementation. Successful experiments have already been conducted in the establishment of school gardens in a few places. It is hoped that within the next 12 months an FAO consultant may be able to visit the country to undertake a systematic survey of the nutritional state of children and at the same time to advise the Government on the development of the most suitable foods to be encouraged and the training of key personnel in nutrition aspects. FAO has agreed to continue in 1955 the assignment of the Resident Home Economist Adviser and has received a request form the Government to provide the services of a home economist-nutritionist to train provincial teachers and advise the Government on its nutrition programme.

A teachers' training course will be held each summer, beginning in 1955 with two weeks' training in Addis Ababa on the principles of health and nutrition, including school feeding organization and three weeks of training in school gardening, chicken breeding and bee-keeping, at the Jimma Agricultural College. Training will be given to 50 male and female teachers from 13 provinces.

The matching commitments of the Government for the two-year period and for capital costs amount to the equivalent of \$100,000.

174. *Iran

Maternal and child welfare \$177,500

(E/ICEF/L.744 and Corr. 1)

to give further help in strengthening and consolidating maternal and child welfare services in rural and semirural areas by the provision of equipment for the establishment of 57 additional maternal and child welfare centres, strengthening and expansion of six main provincial health centres and two maternity homes; expansion of maternal and child welfare training for nurses, midwives and health visitors; and continued distribution for two years of drug and diet supplements and soap through the MCW network.

UNICEF will also provide stipends of \$12.50 monthly for 180 health visitors to take maternal and child welfare training for 12 months each during 1955 and 1956, and reimbursement to WHO of \$14,500 for provision of a midwife-tutor and a midwifery nurse during 1955. WHO's budget provides under TA Priority I for a pediatrician, a public health nurse and a public health midwife as well as certain training supplies for the Teheran maternal and child welfare training centre. Expendables provided under this apportionment will be sufficient to supply 10,000 infants with four ounces of soap monthly in the first year, 25,000 infants and toddlers to receive a fish liver oil capsule daily for 100 days a year, 2,000 infants to receive whole milk on medical indication; and 72,000 children to receive skim milk through maternal and child welfare centres, institutions and schools. UNICEF dried milk, vitamin capsules, soap and drugs, provided under a previous apportionment, have been distributed through the para-governmental and Public Health Co-operative Organization centres and have considerably stimulated the activity of the centres. An additional request may be made to the Board later for an apportionment to provide equipment and supplies for 40 rural maternal and child welfare centres.

Costs to the Government in matching for the two-year period for which UNICEF aid is proposed is estimated as the equivalent of \$355,000 for capital expenditures and recurring costs.

175. Israel

Maternal and child welfare (including

premature care) \$54,000 (E/ICEF/L.735) to provide nine jeeps and 27 midwifery kits for nine new rural health centres to be established in the next three years to serve areas of predominantly Arab population; incubators, dietary kitchen equipment and miscellaneous instruments for three premature care units to be set up to care for a case load of 59 premature infants and 3.5 million fish liver oil capsules for distribution to 11,500 selected infants and children for 150 days a year for the next two years.

At the end of 1953 there were 357 maternal and child welfare centres in Israel. By the end of 1954, with UNICEF aid, this number had been increased to 392. The plan is to bring the total to 500 centres within the next three years. As a result of improved services, an appreciable improvement in the health of mothers and children has been noted during 1953 and 1954.

WHO, from its own budget, provided the visit of a premature baby care expert to Israel in December 1954 and will provide fellowships for two nurses to study the nursing of prematures in 1955.

Costs to the Government for the proposed expansion over the next three years are estimated at the equivalent of \$1,414,000.

176. Somaliland (under Italian Administration) a Malaria control \$89,000 (E/ICEF/L.756) to provide 120 tons of DDT (75 per cent wettable), four trucks, a station wagon and sprayers for assistance over a two-year period to protect 125,000 persons in the first phase of a mass malaria control campaign.

It is hoped to acquire sufficient knowledge of the special problems involved and train suitable personnel in this period so as to expand the campaign in orderly stages over a period of some five years with a view to complete protection of the population.

The plan is to establish a demonstration and training area at the time the mass campaign is begun, to train selected teams as intelligence units for malariological surveys ahead of the mass campaign, and to control of the work in progress as well as to provide reinforcements for the campaign work as necessary. Further assistance may be requested from UNICEF after the first year's experience.

WHO is asked to provide a consultant malariologist to arrive in the territory in late spring, 1955, to make a complete basic study and establish the detailed plan of campaign. WHO will finance a fellowship for the Italian Medical Officer in charge of malaria control in the territory to study at Yaounde, Cameroons.

Cost to the Government during the first two-year period of the campaign is estimated at the equivalent of \$100,000.

THE AMERICAS

177. Barbados a

Maternal and child welfare (including environmental sanitation) \$27,370 (E/ICEF/L.720) to assist the Government in strengthening preventive services in a three-year maternal and child welfare programme as part of complete reorganization of health services in the Island.

UNICEF will provide basic maternal and child welfare equipment for two new rural health centres and for maternal and child welfare services in the out-patient departments of two new cottage hospitals; also pediatric ward equipment for a general hospital which will receive cases on referral from throughout the island; equipment for a public health laboratory whose services will be integrated with the work of the centres; teaching equipment for training in health education and midwifery supplies and equipment for construction of 5,000 latrines as a step toward provision of 30,000 latrines for the Island.

The budget of WHO for 1955 (Technical Assistance Priority I) includes a sum of \$17,000 for technical advisers and fellowships for this programme and for 1956 a sum of \$28,440.

The Government's costs in connexion with the programme are estimated at the equivalent of \$723,000 for two years, including costs for the BCG and VD control campaigns referred to below.

178. *Barbados a

BCG vaccination......\$10,920 (E/ICEF/L.720) to provide BCG vaccine, tuberculin, vaccination kits, equipment and transport, also reimbursement to WHO (in 1955) of \$4,000 for the services of an international adviser and fellowships, for a BCG vaccination campaign to begin in 1955.

A single team will carry out the testing of 122,000 persons and corresponding vaccinations, following the usual lines of mass BCG campaigns. Upon completion of this campaign, the team trained for this work and the transport and public address system provided for the BCG work will be transferred to the campaign for control of venereal disease for which the Board also approved aid at this session. (See para. 179.)

The costs to the Government in connexion with this

campaign are included in the over-all cost of the MCW programme, \$723,000 for two years. (See para. 177.)

179. Barbados a

Venereal disease control....\$17,710 (E/ICEF/L.720) to provide penicillin, needles and syringes for a house-to-house treatment campaign to combat venereal disease in 1956.

Because of the high general incidence of the disease, serological testing of the entire population is considered to be too expensive and for practical purposes not necessary. Each child under 10 years will receive a dose of 600,000 units of penicillin and each person from 10 to 50 years a dose of 1,200,000 units. The Government will handle treatment of persons over the age of 50 on an individual basis, following serological test. It is expected that one team will suffice to carry out the campaign and that the team trained for BCG work will be used as well for the VD control campaign.

The cost to the Government for this campaign is included in the cost of the MCW programme, \$723,000 for two years. (See para. 177.)

180. Chile

Maternal and child welfare (including environmental sanitation) (Linares) b.. \$70,000 (E/ICEF/L.729) to provide equipment for MCW centres, midwifery kits, dental, laboratory, health education and environmental sanitation equipment for an integrated programme in the province of Linares to include the improvement of MCW services, environmental sanitation, communicable disease control, and training and health education.

The Government's plan has a fourfold purpose: to make fully effective the maternal and child welfare organizational structure developed for the Province; to develop environmental sanitation activities; to strengthen communicable disease control by expanding vaccination work and by consolidating under local health services the work of the mass campaigns against smallpox, diphtheria, pertussis, typhoid, tuberculosis and other diseases; and to intensify the health education programme. Training will be provided for each phase of the programme to ensure a supply of workers, and neighborhood associations, schools, etc. will be encouraged to participate. The improved services will provide care for 2,800 infants, 5,000 pre-school children and 27,000 school children in the province. UNICEF aid will make possible the expansion of the MCW system by provision of equipment for 15 centres, 23 midwifery kits, laboratory equipment, three vehicles and two portable dental units; improvement of water supply and excreta disposal in localities with population of 1,000 or under by provision of a well-drilling rig, 500 hand pumps, equipment for construction of latrines and two vehicles; strengthening and consolidation of communicable disease control, UNICEF equipment provided under an earlier allocation being used for manufacture of vaccines; and intensification of health education work for which UNICEF previously provided printing equipment and will now provide film strip projectors and other equipment.

The Government has budgeted for this programme, for the province of Linares for 1955, a sum equivalent to \$1,840,000 of which approximately one half is for personnel costs, one quarter for construction, acquisition, maintenance and rental of premises, and the remainder

for general operating and assistance costs. About one third of this amount (\$367,000) can be considered as matching of the UNICEF contribution.

181. Colombia

Long-range feeding (Bogotá) \$52,000

(E/ICEF/L.715)

to provide 3.5 million pounds of dry skim milk for the expansion and continuation of a child feeding programme in Bogotá which will reach 90,000 children and mothers for a two-year period beginning May 1955.

Under an apportionment approved in March 1954 UNICEF provided 825,000 pounds of dried milk and 6 million fish liver oil capsules which have been reaching 50,000 children and mothers through school lunches (38,000) and health centres (12,000). Governmental re-organization brought large suburban areas under the city's jurisdiction at the end of 1954, and the child feeding programme is now being expanded accordingly. For the school lunch programme, 72,000 children are selected on the basis of need and conditions in their home. Children qualifying for school lunches are to receive a ration of 40 grammes of UNICEF skim milk per day for 180 days each year. In addition to the UNICEF milk, needy children receive a complete meal including meat, bread, fruit and "panela" (crude sugar pressed into blocks).

The distribution made through municipal health and social service centres is carried out by nurses supervised by the doctor in charge. A total of 18,000 children and mothers will be given 40 grammes daily for 365 days each year through health and social service centres. Actual distribution is made by auxiliary personnel. The Government is seeking further local sources of food, including the establishment of a milk drying plant, thus evidencing its desire to continue the nutritional programme through the development of its own resources in the long run.

The Municipality of Bogotá will be spending the equivalent of \$4 million annually on the expanded programme. An FAO nutritionist who has been assisting in the execution of this programme will stay on for at least the initial phases of the expanded programme.

182. Colombia

Milk conservation b \$176,000 (E/ICEF/L.739) to establish a milk drying plant at Chiquinquira in the Department of Boyaca.

UNICEF will provide milk reception equipment, pasteurizers, refrigeration, steam generators and milk drying equipment to produce one million pounds of dry skim milk powder in a year. The entire output of powdered milk will be purchased by the Government to be distributed by the Secretariat of Social Welfare and the Ministry of Public Health to approximately 50,000 mothers and children in continuation of a programme now aided by UNICEF with imported dry milk. Schools and health centres will be the principal channels for the distribution.

The Government with the aid of FAO through the Ministry of Agriculture is planning to increase milk production in the area through expansion of the present extension service and the setting up of a dairy farm educational programme for farmers in connexion with the proposed drying plant.

A semi-autonomous corporation will be set up to

operate the plant, the statutes and composition to be mutually agreed between the Government and UNICEF. The start-up of the dry-milk plant is scheduled for September 1956 and the beginning of dry-milk distribution for November 1956. It is expected that an FAO representative will be in Colombia during the early stages of the project.

The Government will expend the equivalent of an estimated \$200,000 for land, building, equipment for utilities and piping, transport, butter manufacturing equipment, etc. In addition, the Government will provide operating capital, in the amount of \$80,000, and will budget approximately \$125,000 annually to purchase the total production of milk powder from the plant.

183. Guatemala

Maternal and child welfare (environmental

sanitation) b\$26,000 (E/ICEF/L.721) to provide a well-drilling rig, one truck, one carry-all, a cement mixer and miscellaneous materials for latrine and well construction as integral elements in a rural community development and maternal and child welfare programme in the two departments of Sacatepequez and Guatemala.

Special emphasis will be given to environmental sanitation within the school setting and to community participation and health education. The UNICEF aid will make possible the construction of 2,000 latrines between mid-1955 and mid-1956 and the drilling of 50 wells at schools and other strategically located points. In succeeding years, construction of wells and latrines will continue at an increased rate. Work will be carried out in two phases. During the first, the work will go forward in a small number of villages around Amatitlan, where the model health centre already aided by UNICEF is being established, in order to provide a demonstration of how sanitary problems can be solved in other rural areas of the country. In the second phase, there will be an extension of these activities to other rural zones on the basis of the experience obtained in the demonstration

WHO assistance to the over-all health project in the health district includes the services of a public health doctor and a public health nurse for over-all supervision, and a sanitary engineer for work specifically on the environmental sanitation side. The WHO regular budget for 1955 includes \$36,380, and the proposed regular budget for 1956 \$43,920 for this over-all programme, including fellowships for study outside Guatemala for doctors, sanitary engineers, sanitary inspectors and nurses in the national administration in order to assure proper continuity of the programme.

The Government is budgeting the equivalent of \$50,000 each year for its over-all maternal and child welfare programme. A portion of a general sanitation budget of \$80,000 will be devoted to the specific project now to be aided by UNICEF. A further \$24,000 budgeted for a model health centre for the area will also be used for this programme.

184. Guatemala

Milk conservation b \$253,000 (E/ICEF/L.731) to provide equipment for a milk-drying and pasteurizing plant at Asuncion Mita, including bottling facilities for liquid milk for local use, a collecting centre at Chaparron to permit milk from the Chaparron Valley to be collected

and cooled for trucking to the drying plant, milk laboratory equipment and services of an engineer to supervise installation of the refrigerating and drying equipment.

The plant will permit the Government to take over and continue on a permanent basis, out of national resources, the feeding programme for mothers and children in Guatemala which, with UNICEF assistance, now reaches 70,000 beneficiaries.

The Ministries of Health and Education will purchase at a controlled price the total dry skim milk output of the plant over and above what is delivered to them free by the co-operative during the first five years of operation. At the end of this initial five-year period, the Government undertakes to continue on a permanent basis to make purchases of dry skim milk powder at a rate commensurate with the needs of the programme. Construction of the plant will also provide a steady market for milk production in the area and is expected to encourage a rapid increase in local production. The Government has requested FAO to provide a milk production expert for a period of two years to assist them in developing milk production in the plant area. FAO is also expected to finance and administer three fellowships in 1956 for Guatemalan technicians. The plant is scheduled to begin operations in September or October 1956.

The Government's matching for this programme is estimated at the equivalent of \$1,075,000 for the first five years of operation, including \$200,000 for capital expenditures and \$175,000 annually for purchase of milk powder from the plant and administrative costs of free distribution to mothers and children.

185. Haiti

Malaria eradication \$159,000 (E/ICEF/L.741) to provide 220 tons of DDT (75 per cent), five jeeps, 14 pick-up trucks, and 170 sprayers to be used in a four-year campaign converting the present malaria control programme into a nation-wide eradication programme, to begin August 1955.

The DDT to be provided under this apportionment is for the first two years of the programme. The Board also gave its approval in principle for UNICEF participation in the final two years of the project. The campaign will have as a subsidiary objective the eradication of the yellow fever vector, *Aedes aegypti*.

The malaria control programme in Haiti which UNICEF has been aiding since September 1952 has protected over 500,000 persons through repeated house sprayings. The eradication campaign will protect the entire population of 1,700,000 living in malarious regions. The expanded plan envisages spraying twice yearly of all houses throughout the malaria regions of the country for a period of four years. The operation will be directed by the Malaria and Yellow Fever Department, with the technical advice of WHO. WHO/PASB is presently providing two advisers for this programme and has been requested to provide two additional advisers.

The Government's commitments are estimated at the equivalent of \$180,000 annually for the course of the campaign, beginning with 1955.

186. Panama

Long-range feeding \$10,000 (E/ICEF/L.723) to provide 666,000 pounds of dried skim milk for

distribution to 17,250 mothers and children over a two-year period in continuation of the feeding programme which UNICEF has been assisting since 1951, and which has reached 30,000 children at its peak.

UNICEF has previously provided Panama with 847,000 pounds of dried milk and a nutrition laboratory. The Government believes it can eventually continue the programme at the level of 17,250 beneficiaries without international assistance. The re-organized programme, beginning mid-1955 and continuing to the end of 1957, will provide reconstituted milk to 15,000 school children for 200 days each year, to 600 pre-school children through health centres, and powdered milk rations to 1,650 mothers and children for 365 days of the year. In addition, many of the beneficiaries will receive sandwiches or other foods purchased by the Government locally. Selection of beneficiaries will be made in the schools by teachers on the basis of criteria fixed by the doctors and nurses. Rations distributed through health centres will be given only to beneficiaries selected on the basis of need by the doctor in charge. As in the past, this programme will be administered under the general direction of the chief of the Nutrition Section of the Department of Health.

The Government's commitments for this programme, including certain municipal revenues required by law to be used for programmes of this nature, are estimated at the equivalent of \$90,000 for the two-year period. In addition, parent-teachers' associations are expected to contribute about \$10,000 for the programme.

187. Paraguay

Maternal and child welfare b (environmental

sanitation) \$27,000 (E/ICEF/L.718) to provide well-drilling rig, one station wagon, one truck, piping, casing, hand pumps, a cement mixer and miscellaneous materials for drilling of 100 wells in the Itaugua district and the construction of 20,000 latrines throughout the Asunción-Villarrica zone.

Later extension to other parts of the country is contemplated for which the Government may make a further request to UNICEF. This project is to be an integral part of the maternal and child welfare programme in this rural area for which the Board has previously granted \$88,000 (exclusive of freight). Health education and broad community participation will be emphasized and an important first step will be the training of sanitary inspectors.

WHO has been helping the Government since 1951 in health education and environmental sanitation on a demonstration basis in connexion with work to combat hookworm. The two WHO consultants who have been assigned to that project will be continued in 1955 and 1956 with WHO-TA funds, and additional WHO fellowships will be granted for the training of environmental sanitation personnel.

The Government will budget the equivalent of \$165,000 annually for the first two years of this project for personnel, locally available supplies, and equipment and other costs. Local communities will be encouraged to make further contributions of labour and materials.

188. Paraguay

Leprosy control b \$20,000 (E/ICEF/L.747) for drugs, diagnostic, dental, surgical and ophthalmic equipment to treat 4,000 patients over a two-year period.

and transport for survey and case finding personnel for the first phase of an anti-leprosy campaign to cover the entire country.

Main emphasis of the campaign will be on organized case finding with referral of cases to dispensaries for ambulatory treatment. The survey and case finding work will be carried out by trained personnel visiting the villages. The entire campaign will be closely related to the regular public health structure. Seven dispensaries will be established in strategic locations, staffed by professional personnel, five of whom will be trained abroad on WHO fellowships paid for by WHO. Training of additional local personnel and the entire organization and execution of the campaign will be carried on with the advice of a WHO expert.

The basic objective of this plan is to reduce the incidence of leprosy in Paraguay through sterilization of sources of infection by intensive treatment with sulfones in dispensaries. If this can be accomplished on a mass basis, the chain of infection will be interrupted and the disease gradually disappear. Following the survey and case finding operation, all cases of leprosy will be treated. Regular periodic examination will be made of all contacts in order to detect incipient cases while they are still in the non-infectious stage.

Governmental commitments for this project are estimated at approximately the equivalent of \$15,000 a year for salaries of new personnel, additional drugs and maintenance of the equipment supplied by UNICEF, over and above the present expenditures for leprosy which are estimated at \$36,000.

189. Paraguay

Long-range feeding \$34,000 (E/ICEF/L.726) for the provision of 2,250,000 pounds of dry skim milk powder to expand and continue for two years (mid 1955—mid 1957) a feeding programme for 45,000 children of school age and 10,000 mothers and children of preschool age.

Distribution will take place through 111 schools and 26 health centres, day care centres and other institutions principally in the Asunción-Villarrica area, where UNICEF has been assisting in development of services to mothers and children over the past few years. Under previous apportionments UNICEF has provided 400,000 pounds of dried milk.

The Government's commitment for the two-year programme is estimated at the equivalent of \$20,000 including costs of warehousing and distribution and personnel. In addition, it is expected that institutions and schools through which distribution is made will continue to cover the costs of fuel, utensils, labour, etc., which during the two-year programme will amount to \$187,000.

190. Trinidad and Tobago

Malaria eradication......\$18,000 (E/ICEF/L.712) to provide 27½ tons of technical grade DDT and 4,400 pounds of DDT (75 per cent wettable) to assist in expansion of the antimalarial campaign in 1955 for a full-scale island-wide campaign to protect 650,000 persons of whom 24,000 are children under 15 and 150,000 women of child-bearing age.

UNICEF has previously provided \$53,700 for this programme (exclusive of freight). At the conclusion of

the 1955 campaign the operation will be continued entirely through government financing.

Considerable work in malaria control has been carried out in Trinidad for many years. The present massive campaign to bring the disease under control, and if possible to wipe it out in the territory began in 1953 when, with UNICEF assistance some 116,000 houses were sprayed, protecting 592,000 persons for that year. It had been planned to continue the programme on an even larger scale, spraying the whole territory during 1954. Due, however, to the need for massing all available man-power and supplies against the yellow fever outbreak in June 1954, the campaign during that year was limited to some 82,000 houses with 440,000 persons protected. The Government intends to return during 1955 to full-scale island-wide campaign of spraying about 120,000 houses.

Government expenditures on this programme have been rising steadily from year to year and are expected to reach the equivalent of \$342,000 in 1955. This represents an increase of \$91,000 over 1954 government commitments.

EMERGENCY SITUATIONS

191. India

Emergency feeding and drugs \$51,000

(E/ICEF/L.738)

to provide a further 1,600,000 pounds of skim milk powder and additional stocks of drugs to meet emergency relief needs.

The milk will last through 1956 and the drugs through the first quarter or half of 1956. This further emergency apportionment follows the decision of the Board taken in October 1952 which made it possible to maintain reserve stocks so that emergency needs can be met promptly when floods, droughts or other disasters occur.

Prior UNICEF milk apportionments to India for emergency feeding total 7,950 tons. Taking into account the present balance in the stockpile and the new allocation of 800 tons it will be possible to begin 1956 with a reserve of 2,000 tons for further emergencies. UNICEF has previously provided \$64,000 for drugs for relief in emergencies, including paludrine, sulfas, penicillin and enterovioform for use in combating malaria, pneumonia, dysentery or other enteric diseases arising from exposure following floods or other disasters.

The central and state Governments have in the past made expenditures greatly in excess of UNICEF aid and will continue to pay all local costs relating to distribution of UNICEF supplies and undertake that local assistance will not be reduced as a result of UNICEF aid.

192. Korea

Emergency feeding \$628,000

(E/ICEF/L.706 and Corr.1 and 2) to provide 40 million pounds of skim milk powder to continue the emergency feeding programme for a one-year period from August 1955, for 1,200,000 children and 300,000 nursing and pregnant mothers and 10 million fish liver oil capsules to provide supplementary vitamins for especially needy children through schools and other distribution points.

UNICEF has previously provided more than \$2 million for this programme including freight. Emergency

feeding with UNICEF help began on a small scale in November 1953 and reached 2 million children in the second quarter of 1953. Since then it has been maintained at that level except for the summer school vacation

period. Local expenses for the year's feeding provided in the new apportionment are estimated at \$3,330,000 of which approximately 50 per cent would be met by the Government and 50 per cent from private sources.

MISCELLANEOUS QUESTIONS

Policy item proposed by the Representative of Uruguay

193. The representative of Uruguay proposed for inclusion in the agenda of the Programme Committee in September the policy question of aid for projects outside the usual scope of UNICEF assistance, citing as an example construction of children's hospitals. It was agreed to include an item of this nature on the agenda of the Programme Committee, the exact formulation of which would be undertaken by the Representative of Uruguay.

Relations with non-governmental organizations

194. During the past year, consultation between UNICEF and non-governmental organizations has been continuously strengthened, the NGO Committee on UNICEF now including 50 international organizations covering a wide variety of interests and activities. The number of national committees for UNICEF has also grown during the past year, and plants are under way in a number of other countries looking toward the establishment of committees. In March 1955, a meeting was held in Copenhagen, attended by representatives of UNICEF national committees in seven European countries, to discuss ways of further increasing public understanding of UNICEF.

195. The Executive Board was informed by the Executive Director that, on his recent field trip to Asia and the Eastern Mediterranean area, he had the further opportunity of noting the valuable role played in UNICEF work by non-governmental agencies and volunteer workers. Governments welcome their co-operation, as they begin and stimulate activities. They fit into country programmes and are also valuable in securing financial aid from Governments and individuals, both for UNICEF's international purposes and for child health and welfare programmes in their own countries.

196. The Executive Board received a report from the NGO Committee on UNICEF (E/ICEF/NGO/16) summarizing the work of its four sub-committees on: national UNICEF committees; maternal and child health centres; nutrition; and utilization of voluntary resources. The conclusions of the Sub-Committee on Nutrition are set forth elsewhere in this report (see para. 78).

197. The Sub-Committee on National Committees has undertaken a comprehensive study of the values of national committees and techniques for their development. Within the next several months, the Sub-Committee plans to marshal the resources of non-governmental organizations to help in the development of two national committees in Europe and possibly another two in Asia. The Sub-Committee on Maternal and Child Health Centres is continuing its study of the means for increased non-governmental participation in projects of this nature. The Sub-Committee on Utilization of Voluntary

Resources is engaged in a study of experience of nongovernmental organizations in the mobilization and utilization of volunteers in projects of the type aided by UNICEF.

198. The Board also had before it a report of the World Federation of United Nations Associations (E/ICEF/NGO/14) on the activities of WFUNA and the National United Nations Associations in 1954 in publicizing the work of UNICEF, in urging Governments to increase their contributions to UNICEF, and in aiding in the development of national committees. The great range of individual and organizational participation in the recent successful UNA-UNICEF fundraising campaign in the United Kingdom was especially impressive.

199. The Executive Board also had before it resolutions adopted by the governing bodies of the International Society for the Welfare of Cripples and the World Jewish Congress urging their affiliates to support the work of UNICEF.

200. The Executive Board expressed its keen appreciation of these reports and resolutions, which reflect the increasingly effective collaboration of non-governmental organizations with UNICEF.

Universal Children's Day

201. In December 1954, the Executive Board authorized the Executive Director to ascertain the date and the manner in which Universal Children's Day is observed (E/ICEF/279, para. 14). At the present session, the Executive Director reported that, after consultations with UNESCO, he sent a circular letter to 83 Governments calling attention to General Assembly resolution 836 (IX) and requested information on the action which the Governments are taking, or propose to take, to give effect to the resolution, as well as additional information that might assist the Executive Board of UNICEF and UNESCO in connexion with the resolution (E/ICEF/284).

202. The Executive Board expressed the hope that a sufficient number of replies from Governments would be received prior to the September 1955 session to enable the Board to take further concrete steps to strengthen the observance of Universal Children's Day.

203. The Board was glad to hear a statement from the representative of the International Union for Child Welfare pledging the co-operation of her organization with UNICEF so that plans for the observance of the day could be co-ordinated in the interests of the best possible promotion of its objectives.

Greeting Card Fund 1955

204. The Board noted that, while not all financial returns have as yet been received, it is estimated that the surplus of income over expenditure in the 1954

greeting card project will be approximately \$140,000. Some three million cards were sold, constituting an increase of about 50 per cent over the 1953 sales.

205. The Executive Board authorized the Executive Director to transfer from the Greeting Card Fund account to the general resources of UNICEF the sum of \$125,000 consisting of (a) the balance of \$77,311.77 of the surplus of the 1953 greeting card project, and (b) a sum of \$47,688.23 out of the surplus of the 1954 greeting card project.

206. In view of the success of the 1954 project from both the public information and financial points of view, the Board approved a greeting card project for 1955, with a working capital consisting of the balance of the net surplus of the 1954 project (approximately \$90,000). On the basis of experience gained and expanding contacts, it is estimated that some five million cards may be sold. The Board was especially interested in the intention in the future to develop distribution in an increasing number of countries.

207. The Board agreed to refer to the Sub-Committee on Fund Raising of the Programme Committee questions relating to the selection of designs for the greeting cards.

Rules of procedure

208. The Executive Board amended several of its rules of procedure (E/ICEF/177) to conform with recent practice. The changes (recommended by the Executive Director in E/ICEF/L.717) consisted of the following: (a) specific provision for a Committee on Administrative Budget; (b) election directly by the Board of the Chairman of the Committee on Administrative Budget; (c) provision that the Programme Com-

mittee is to consist of 12 (rather than 11) members, subject to an increase or decrease by the Board; (d) provision for the Chairman of the Executive Board to sit with the Programme Committee and the Committee on Administrative Budget and to participate in their deliberations; and (e) provision for the Chairman of the Programme Committee to sit with the Committee on Administrative Budget and participate in its deliberations, and for the Chairman of the Committee on Administrative Budget to do likewise in the Programme Committee.

209. The Executive Board also approved the deletion of the last two words in the phrase "allocation of relief" in rule 34 as being obsolete. Rule 34 as amended provides that the Chairman of the Executive Board or the Chairman of the Programme Committee shall yield his chair when an allocation is being considered for the country he represents.

210. In accordance with the above decisions, the revised rules of procedure are issued in E/ICEF/177/Rev.1.

Representation of UNICEF at the commemoration of the signing of the Charter

211. The Executive Board agreed that the Chairman of the Executive Board should represent the UNICEF Board at the celebration of the tenth anniversary of the signing of the United Nations Charter in San Francisco in June, if an invitation were received for UNICEF participation. If the Chairman of the Board found himself unavailable, he would appoint another member of the Board to assume this responsibility.

ANNEX I ALLOCATION TABLES

UNICEF allocations approved by Executive Board in 1954 (March, September and December sessions,
April, August and October mail polls)

(in US dollars)

		Action taken by Board in 1954			Redistribution	Allocations cumulative	
		Allocations	Allocation	s to cover		of freight allocations to	through
		cumulative 1947/53	Long-range aid	Emergencies	Allocations returned b	31 December 1953 ¢	December 1954 d
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Africa	1,930,690	1,463,400	120,000	63,700	280,200	3,730,590
II.	Asia	28,710,380	4,874,710	1,822,400	450,500	3,691,900	38,648,890
Ш.	Eastern Mediterranean	20,023,810	1,413,140	494,300	140,300	2,636,200	24,427,150
IV.	Europe	89,858,150	927,600	-	93,400	10,808,200	101,500,550
v.	The Americas	9,133,600	2,983,885	115,000	100,200	1,420,500	13,552,785
VI.	Assistance benefiting more than						
	one region	2,623,190	315,000		10,200		2,927,990
	Total (I-VI)	152,279,820	11,977,735 €	2,551,700 f	858,300	18,837,000	184,787,955
VII.	Other assistance						
	Freight	19,037,000		_	-	(18,837,000)	200,000
	Operational services a	6,428,840		1,092,870	17,210	-	7,504,500
VIII.	Administration a	9,473,620		1,515,870	93,830		10,895,660
	Total (VII–VIII)	34,939,460		2,608,740	111,040	(18,837,000)	18,600,160
	Grand totals	187,219,280		17,138,175	969,340	======	203,388,115
I.	Africa						
	Basutoland	_	23,000	-	_	_	23,000
	Bechuanaland	35,000	±2,000	_	_	8,900	43,900
	Belgian Congo and Ruanda-Urundi	183,000	53,700	_	4,000	28,100	260,800
	French Equatorial Africa	150,000	_	-		32,100	182,100
	French West Africa, Cameroons	20 1,111					
	and Togoland	370,000	815,000	_	-	55,600	1,240,600
	Gold Coast	<u>-</u>	28,600	-	_	-	28,600
	Kenya	_	126,200	-	-	-	126,200
	Kenya, Tanganyika and Uganda	25,000	26,400	-	-	6,400	57,800
	Liberia	100,000	35,000	-	-	14,900	149,900
	Mauritius	10,000	-	~	-	2,100	12,100
	Morocco	531,575	70,400	~	50,000	41,100	593,075
	Nigeria	318,000	78,600	-	-	72,500	469,100
	Northern Rhodesia	-	39,500	~		-	39,500
	Nyasaland	-	62,500		-	-	62,500
	Southern Rhodesia	-	24,200	-	_	-	24,200 178,300
	Tanganyika	-	58,300	120,000	~ 0.700	10.500	216,915
	Tunisia	208,115	-	-	9,700	18,500	22,000
	Uganda		22,000				
	Area totals	1,930,690	1,463,400	120,000	63,700	280,200	3,730,590

			on taken by Board in is to cover	1954	Redistribution of freight	cumulative
	Allocations cumulative	Long-range		Allocations	allocations to 31 December	through Decembe
(1)	1947/53 (2)	aid (3)	Emergencies (4)	returned b (5)	1953 ¢ (6)	1954 d (7)
II. Asia						
Afghanistan	421,225	46,200	-	_	57,800	525,2
Brunei	34,160		_	1,500	1,000	33,6
Burma	994,845	540,400	~	7,000	143,100	1,671,3
Cambodia	52,000	8,425	<u>-</u>	17,900	3,900	46,4
Ceylon	694,895	210,350	-	_	101,600	1,006,8
China-Taiwan	390,000	479,900	_	35,300	50,300	884,9
China-Mainland	3,253,690	_	-	-	191,900	3,445,5
Fiji	_	24,200	_			24,2
Hong Kong	207,200	-		1,200	28,900	234,9
India	9,284,065	1,219,150	893,000	115,000	1,245,900	12,527,1
Indonesia	3,453,250	737,780		20,000	567,600	4,738,6
Japan	866,000	62,500		_	133,800	1,062,3
Korea	2,154,980	_	662,500	_	307,800	3,125,2
Malaya	233,285	25,300	-	-	24,200	282,7
Netherlands New Guinea 10	_	22,000		-	0.100	22,00 136,20
North Borneo	83,400	49,500	-	6,000	9,300	
Pakistan	2,873,230	931,500	25,000	73,500	351,700	4,107,9 3 2,167,1 3
Philippines	1,641,330	180,700	119,300	-	225,800	2,167,1. 92,11
	81,710	4,000	~	500	6,900 5,200	81,09
Singapore	50,390	25,500	-	21,000	215,600	1,839,9
Viet-Nam	1,453,825	191,490 32,070	122,600	29,000	19,600	288,2
Western Samoa (N.Z. Admin.)	143,000	8,800	122,000	29,000	15,000	8,80
Indochina (unapportioned)	313,900	6,600 	_	122,600	_	191,30
BCG regional assessment teams	30,000	74,945		-	_	104,94
			1.000.100		2 (01 000	
Area totals	28,710,380	4,874,710	1,822,400	450,500	3,691,900	38,648,8
. Eastern Mediterranean						
Aden	13,000	_	-	2,100	1,300	12,2
Egypt	1,201,985	26,900	-	15,900	178,300	1,391,2
Ethiopia	77,0 00	74,700	-	-	2,600	154,30
Iran	703,000	455,000		6,000	125,500	1,277,5
Iraq	725,340	189,500	53,000	36,400	125,500	1,056,9
Israel	959,000	_	-	1,100	152,200	1,110,10
Jordan	609,000	17,500	441,300	4,600	105,600	1,168,80 95,47
Lebanon	56,070	34,100	-	26,000	5,300	333,10
Libya	194,000	144,100	_	26,000	21,000	60,04
Sudan	43,000	14,940	_	4,000	6,100 35,300	476,82
Syria	250,720	218,800	-	28,000	82,700	699,10
Turkey	455,000	177,600	-	16,200	1,794,800	16,521,49
Regional assessment teams	14,726,695 10,000	60,000	_	_	1,724,000	70,00
			40.4.200		2 626 200	24,427,15
Area totals	20,023,810	1,413,140	494,300	140,300	2,636,200	24,427,13
Europe						
Albania	289,495	_	-	-	35,100	324,59
Austria	6,231,375	27,000	-	78,300	750,500	6,930,57
Bulgaria	4,920,470	-	-	-	595,500	5,515,97
Czechoslovakia	5,039,600	_	-	-	583,500	5,623,10 2,093,36
Finland	1,653,560	247,500	-	-	192,300	2,093,30
France	2,467,215	-	-	100	265,800 320,600	3,031,46
Germany	2,710,860	76,000	-	6,000	1,060,400	9,889,69
Greece	8,759,295	76,000	-		213,000	2,039,57
Hungary	1,826,570	44,000	- -	- -	2,085,600	19,013,07
Malta	16,883,475	44,000	-	_	19,600	188,61
Poland	169,010 16,964,305	-	_	_	1,998,200	18,962,50
Portugal	50,000	_	- -	_	12,800	62,80
Romania	6,414,570	-	- -	_	776,600	7,191,170
Spain	U,C,+1+,U	90,000	_	_	-	90,000
Yugoslavia	15,478,350	443,100	-	9,000	1,898,700	17,811,150
-				93,400	10,808,200	101,500,550
Area totals	89,858,150	927,600	_	23,400	10,000,200	

			on taken by Board in	1954	Redistribution of freight	Allocation cumulativ
	Allocations cumulative	Allocation. Long-range	to cover	Allocations	allocations to 31 December	through December
	1947/53	aid	Emergencies	returned b	1953 ¢	1954 4
(1)	(2)	(3)	(4)	(5)	(6)	(7)
. The Americas						
Antigua	-	25,000	-	_	_	25,0
Bolivia	239,500	266,600	~		40,200	546.3
Brazil	2,349,045	619,400	-	15,000	419,100	3,372,5
British Guiana	18,500	41,400		2,000	2,600	60,5
British Honduras	70,000	_	~	<u>-</u>	8,400	78,4
Chile	736,530	297,500	~	_	120,100	1,154,1
Colombia	373,040	142,635	~	25,000	58,800	549,4
Costa Rica	382,000	é		1,200	61,600	442,4
Dominica	_	14,600	~	-		14,6
Dominican Republic	135,000	10,000	~	_	30,400	175,4
Ecuador	874,390	55,800	~	1,700	93,600	1,022,0
El Salvador	551,000	30,100	~	20,900	85,500	645,7
Grenada	27,600	13,800	~	_	3,100	44,5
Guatemala	250,500	98,800		_	33,600	382,9
Haiti	745,000	5,500	115,000	_	107,300	972,8
Honduras	372,500	71,200	<u>.</u>	19,000	62,400	487,1
Jamaica	147,900	~	**	1,200	18,500	165,2
Mexico	257,795	658,900	~		51,100	967,7
Montserrat		5,400		~	***	5,4
Nicaragua	434,000	24,300	~	-	54,800	513,1
Panama	131,500	20,000	~	_	16,800	168,3
Paraguay	194,500	36,850	~	12,000	27,300	246,6
Peru	652,400	322,300	~		98,400	1,073,1
St. Kitts	5,500	41,600	~	1,000	500	46,6
St. Lucia	25,000	12,500	~	-,000	3,700	41,20
St. Vincent	25,000	15,700		_	-	15,70
Surinam	37,000	46,400	-		4,500	87,9
Trinidad and Tobago	81,400	74,600		1,200	11,100	165,90
Uruguay	42,000	33,000	~	-	7,100	82,10
Area totals	9,133,600	2,983,885	115,000	100,200	1,420,500	13,552,78
AREA TOTALS	2,133,000	2,765,665	113,000	100,200	1,420,500	13,332,70
I. Assistance benefiting more than one re	egion					
Group training courses WHO regional BCG advisers and	590,000	-	~	-	-	590,0
Skive project	71,690	_	~	10,200	_	61,49
International Children's Centre.	1,961,500	285,000		-	-	2,246,50
Calcutta Training Centre	_	25,000	•••		-	25,00
Fish-flour acceptability tests	-	5,000	~	_	-	5,00
Inter-area totals	2,623,190	315,000		10,200		2,927,99

d Equals sum of columns 2 plus 3 plus 4 plus 6 minus 5.

⁽E/ICEF/243, para. 931).

Consists of funds returned from previous allocations:

^{\$} Unspent balances from previous approved country appor-93,200 555,500 17,210 93,830 Cost of plans of operations approved for use of funds previously allocated to country (this figure is included in the total of allocations in columns 3 and 4 respec-

^{209,600} \$969,340

Includes funds from previous allocations totalling \$87,000 as follows: Austria, \$25,000; Colombia, \$25,000; El Salvador, \$5,000; Morocco, \$27,000; North Borneo, \$5,000.

[†] Includes funds from previous allocations to Indo-China, \$122,600 which the September Board session authorized to be used for an emergency programme in Viet-Nam.

UNICEF allocations * and plans of operation approved for long-range programmes in 1954 (March, September and December sessions) (in US dollars) Тлясе 2

					III)	(iii Os donais)								
		Mate	Maternal and child welfare	velfare			Mass health programmes	programmes			Child nutrition	trition		
		MCW centres	Other MCW projects a	Sub-total	Combating insect-borne diseases b	Control of yaws	Anti- TB BGC vaccination campaign	Production antibio- tics, sera, vac. e	Control of other communicable diseases 4	Sub-total	Long-range feeding	Milk processing (17)	Freight (12)	Grand total (13)
		3	3	2	(*)		6	3	(a)	5	(ar)	(17)	(77)	(6)
I. A	Africa													
	Basutoland	t	t	ı	ı	ı	1	1	20,900	20,900	1	ι	2,100	23,000
	Belgian Congo and Ruanda-Urundi	ı	•	ł	1	ſ	ı	ı	1	1	48,000	ı	5,700	53,700
	French West Airica, Cameroons and		1	ı	741 000	1	į	1	ı	741,000	1	,	74.000	815.000
	I ogoland	7 300	1 0	22,000	741,000	ı	ł	l	I	2006***	1	ı	\$ 600	28,600
	Gold Coast	14,200	3,800	65,000	47,000	1 1	1 1	1 1	ı	47 000			14,200	126.200
	Kenya	21,100	13,700	000,00	24,000	1 1		1 1	۱ ا	24,000	ı	1	2,400	26,400
	Renya, Tanganyina and Ogama I theria	1	, (ł	16,000	16.000	ı	ı	ı	32,000	1	ı	3,000	35,000
	Morocco	ı	ļ	1	. 1	١ ١	ł	1	64,000	64,000	I	ı	6,400	70,400
	Nigeria	I	6,000	6,000	1	ı	ı	ı	1	1	4,000	50,000	18,600	78,600
	Northern Rhodesia	14,500	21,400	35,900	ı	1	ſ	ı	ŀ	1	ı	ı	3,600	39,500
	Nyasaland	22,000	33,000	55,000	ı	1	ı	ı	ŀ	1	ı	1	7,500	62,500
	Southern Rhodesia	1	ı	1	22,000	ı	ſ	1		22,000	ı	ι	2,200	24,200
	Tanganyika	28,800	24,200	53,000	ı	1	ſ	1	ł	ı	ı	ŧ	5,300	58,300
	Uganda	ı	20,000	20,000	ι	1	,	1	1	,	۱	,	2,000	22,000
	AREA TOTALS	130,600	127,300	257.900	850,000	16,000	ī		84,900	950,900	52,000	50,000	152,600	1,463,400
11. 4	Asia													
	Afghanistan	ı	1	ſ	22,000	1	ı	20,000	1	42,000	1	ı	4,200	46,200
	Burma	161,000	26,000	217,000	257,000	ı	20,000	1	ı	277,000	1	ı	46,400	540,400
	Cambodia	1	ı	1	ı	ı	8,425	ı	ı	8,425	1	1	ı	8,425
	Ceylon	115,000	75,000	190,000	1	1	1,350	1	i	1,350	ı	1	19,000	210,350
	China (in Taiwan)	ı	ι	ſ	ı	1 6	ſ	12,000	311,000	323,000	50,000	ŀ	106,900	479,900
	Fill	1 000	102 500	012 450	I	22,000	1 1 000	1	ı	22,000	1 (ı	2,200	24,200
	Indonesia	277,000	42,000	314,000	1	258 000	100,000	1	ı	177,000	90,000	ı	168,700	1,219,150
	Japan	2005-1	00067	000,1		000,007	100,700	1 1	1 1	006,000	25,000	ι	94,800 27,500	/3/,/80
	Malaya	ı	t	1	1	23,000	ı	1	1	23.000	000,04	1 1	2,300	25,300
	Netherlands New Guinea 11	i	ı	1	ŀ	20,000	1	t	1	20,000	ı	ı	2,000	22,000
	North Borneo	22,000	10,000	32,000	13,000	ı	1	1	ı	13,000	i	ı	4,500	49,500
	Pakistan	1 6	67,300	67,300	203,000	ı	58,400	525,000	ı	786,400	I	ı	77,800	931,500
	Sarawak	32,000	13,000	45,000	1	I	33,200	1	8,000	41,200	33,000	1	61,500	180,700
	Singapore	21,000	1	1,000	I	ı	ſ	1	1	ı	1	ì	2,400	4,000
	Thailand	130,600	5 400	136,000	1 1	t	23 600	1	ı	1,000	ı	1	4,100	25,500
	Viet-Nam	23,641	<u>}</u>	23,641	l	1 1	8 479	1 1	1 1	33,690 8 470	ł	1	21,800	191,490
	Western Samoa	: :	ı	: :	t	8.000) } !	1	ı ;	8,429	1	ı	1	32,070
	BCG regional assessment team	'	1	1	1	1	74,945	١	ł	74,945	1 1	1 1	3	8,800 74 945
	AREA TOTALS	1,400,191	461,200	1,861,391	495,000	331.000	516,419	557,000	319.000	2 218 419	168 000		000 303	4 074 710
													020,200	4,0/4,/10

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continued,	
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		;			IABLE	7 (commun.	1 2				Child murition	ntrition		
		Mater	Maternal and child welfare	welfarc			Mass health programmes	programmes	Control					
		MCW centres	Other MCW projects a	Sub-total	Combating insect-borne diseases b	Control of yaws	CG tion ign	Production antibio- tics, sera, vac. e	of other communi- cable diseases a	Sub-total	Long-range feeding	Milk processing	Freight (12)	Grand total (13)
H H	Eastern Mediterranean		3	3	E		6	3						
	Fevrot								10,000	10.000	1	6 000	1 900	26.900
	Tethionia	000	1 1	1 20	1		36,000		17,000	36,000		22.6	3 700	74 700
	Tree	10,000	20,5	2,000	1 250	1	30,000	ı	1	300,000	;	15,000	36,000	755,000
	Iran	77 500	0000	0,000	95,000	ı	40,000	I	I	00,400	!	15,000	20,000	189 500
	Iordan	000,1	!	000,11	001,100	i I	17.500	1 1	! 1	17,500	. 1	200,51	2004	17,500
	Tologon	I	000	1 40	5	I	7,700	I	ı	000,1	I	I	201.0	24,100
	Lebanon	1	25,000	72,000	9000	I	i	:	1	6,000	1 6	,	3,100	34,100
	Libya	ı	1	ı	ı	ı	16,800	1	1	16,800	91,000	١	26,300	144,100
	Sudan	1 .	I	1 .	1 4	ı	14,940	+	!	14,940	1	ì	1 00	14,940
	Syria	14,200	1	14,200	186,000	1	1 ,	ı	I	186,000	I	i !	18,600	218,800
	Turkey	1	I	1	ı	ł	36,000	i	I	36,000	1	127,000	14,600	177,600
	Regional assessment team	1		,	1	1	00000	-	, }	90,000	-	,	1	90,000
	AREA TOTALS	101,700	56,000	157,700	627,100	1	234,540	1	19,000	880,640	91,000	163,000	120,800	1,413,140
.×	Europe													
	Anstria	1	007.66	002 66	,	1	ı	0000	ţ	2,000	1	١	2 300	27.000
	Finland	I	27,700	27,700	!	1	i	7,000	t :	7,000		225,000	22,500	247 500
	Canada	ı	' 5	1	I	I	ı	I	!	ľ	I	000,57	6,700	76,000
3,	Test.	į	03,000	65,600	I	I	ı	ì	I	1	ı	0,000	4,000	72,000
1	Italy	l	40,000	40,000	I	1	ļ	ı	1 500	1 1000	I	1	90,0	90,00
	Noneclosis	100	000,44	64,000	i	1	I	I	1/,800	17,800	ı	1 000	8,200	90,000
	r ugoslavia	000,001	140,000	742,000		1	,		1	1	1	100,000	39,100	1001,04
	AREA TOTALS	105,000	330,300	435,300	1	1	1	2,000	17,800	19,800	1	391,000	81,500	927,600
>	The Americas													
	Antigua	ı	1	1	ı	ľ	1	ı	ı		10,000	1	15,000	25,000
	Bolivia	1	1	1	20,000	ſ		ı	i	20,000	26,000	164,000	56,600	266,600
	Brazil	000,09	1	000,09	1	I		ı	ı	ı	280,000	15,000	264,400	619,400
	British Guiana	1	ι	1	t	ı	1,000	ſ	ì	1,000	14,000	1	26,400	41,400
	Chile	ı	ı	1	ţ	i		15,000	1	15,000	20,000	210,000	52,500	297,500
	Colombia	1	ı	1	1 ,	ı		1	1	3,735	72,500	1	66,400	142,635
	Dominica	1 6	ι	1 6	6,000	I	I	1	1	9,000	3,000	1	2,600	14,600
	Complexit Republic	9,100	t	3,100	ſ	I	ł	1	J	t	20.500	1	37 300	10,000
	El Calvador	ı	1	ı :	1	1 1	I	1	, ,	1 !	5,000	15,000	10,100	30,000
	Grenada	1	I	ı	. 1	5 270	: J	١	!	5 270	3,000	20067	5 530	13,800
	Guatemala	16.000	1	16,000	ı	i î	,	ı	1) 	31,300	ì	51,500	98,800
	Haiti	1	2.000	5.000	ı	I	j	ı	i	1		1	2005	5.500
	Honduras	ı	40,000	40,000	i	ı	1	ı	ı	ı	ı	19.000	12.200	71.200
	Mexico	110,000	· 1	110,000	1	1	j	ı	1	1		387,000	006,66	658,900
	Montserrat	t	1	١ ١	1	ı	J	ı	1	I		: 1	3,200	5,400
	Nicaragua	ı	19,100	19,100	J	ı	ł	1		1	3,000	١	2,200	24,300
	Panama	1	18,200	18,200	J	i	ı	I		1		1	1,800	20,000
	Paraguay	ı	t	1	ı	1	36,850	ı		36,850		1	١ ١	36,850
	Peru	32,000	46,500	78,500	1	, (1	ı		ı			130,800	322,300
			:	; i		3,280	1,000		,	4,280	900'9 •		31,320	41,600
	AREA FOFALS	257.100	128 800	185 000	A2 MM	12010	1000	1:					(XX).	11,0XX)

AREA POFALS	257,100	128,800	385,900	42,000	16,010	53,305	15,000		126,315	702,000	810,000	959,670	1,0xx) 2,983,885
VI. Assistance benefiting more than one region													
Calcutta Training Centre	1	25,000	25,000	ı	ı	ı	1	j	1	ſ	ı	t	25,000
International Children's Centre	J	285,000	285,000	t	1	ı	ı	1	1	1	1	1	285,000
Fish-flour acceptability tests	, }	,	í	' }	, {	1	-	,	1	2,000	ı	i	5,000
INTER-AREA TOTALS	,	310,000	310,000	1	,	ı	1	ĵ	1	5,000	1	1	315,000
Total project aid * Freight Distribution	1,994,591	1,413,600		2,014,100	363,010	34 780	574,000	440,700	4,196,074	1,018,000	1,414,000	1,941,470	11,977,735
GRAND TOTAL		1	160,80	2,123,600	399,200	839,044	630,700	484,400	4,566,944	2,161,900	1,540,800	-	11,977,735
* Note: All project apportionments (columns 1–11 inclusive) exclude freight which is shown in column 12. Typhus control, Pakista Typhus control, Pakista Alghanistan-vaccine prinifants, dental care and related training. Environmental sanitation totalling \$244,900, as follows: Burma, \$16,000; Ceylon,	ns 1–11 incluidren, premis ronmental sa	}	Malaria cor Typhus con Afghanistan Austria-ser Chile-penic	b Malaria control	n		\$2,003,100 11,000 20,000 2,000 15,000	a a	iphtheria and who Basutolandeprosy control-Phil	d Diphtheria and whooping cough vaccination—Basutoland	g cough vac	ugh vaccination–	\$20,900 8,000 411,800
\$75,000; Greece, \$63,600; North Borneo, \$7,000; Nicaragua, \$19,100; Panama, \$18,200; Peru, \$46,000.	7,000; Nicara		China (m 1 Pakistan-an	China (in Taiwan)-triple vaccine production Pakistan-antibiotics production	le vaccine i duction	production .	12,000 525.000		Il Cas footnote t				\$440,700

B	Leprosy control-Philippines	Morocco, Spain	11 See footnote 1.	
. \$2,003,100 . 11,000	20,000		-11	\$574,000
b Malaria control	* Afghanistan-vaccine production	Chile-penicillin production .	Pakistan-antibiotics production	
* Note: All project apportionments (columns 1–11 inclusive) * Malaria control	 Includes aid to hospitals, handicapped children, premature infants, dental care and related training. Environmental sanita- 	tion totalling \$244,900, as follows: Burma, \$16,000; Ceylon, \$75,000: Greene \$63,600: North Borney \$7,000: Nicerana	\$19,100; Panama, \$18,200; Peru, \$46,000.	

TABLE 3
UNICEF allocations approved by Executive Board in March 1955, by mail poll in February 1955, and cumulative through March 1955

(in US dollars)

		Allocations		n in March 1955 and	d by Mail poll		Allocations
		cumulative		s to cover			cumulative
		through December 1954	Long-range aid	Emergencies	Allocati returne		through March 1955
	(1)	(2)	(3)	(4)	(5)		(6)
I.	Africa	3,730,588	1,098,500	_	1 (000	4,828,088
П.	Asia	38,648,892	1,079,500	694,000 °	452,0		39,969,79
III.	Eastern Mediterranean	24,427,148	359,000	-	19,		24,766,64
IV.	Europe	101,500,549	_	_		926) ¢	101,502,47
V.	Latin America	13,552,788	901,000	_	209,		14,244,38
VI.	Assistance benefiting more than one	, ,	,		,		, ,
	region	2,927,988		_	3,	136 °	2,924,85
	Totals (I–VI)	184,787,953	3,438,000 d	694,000 ¢	683,		188,236,24
	1011LB (1 11)	101,707,700				_	100,250,21
VII.	Other assistance						
	Freight	200,000		_	-	2	00,000
	Operational services	7,504,498		-	21,658	7,4	82,840
VIII.	Administration	10,895,663		_	23,008	10,8	72,655
	Total (VII-VIII)	18,600,161		-	44,666	18,5	55,495
	Grand totals	203,388,114	4.1	32,000 e	728,376	206.7	91,738
	GRAND TOTALS	=======================================		<u> </u>	====	200,7	
I.	Africa						
	Basutoland	23,000	••	_	_		23,000
	Bechuanaland	43,900	-	_	_		43,90
	Belgian Congo and Ruanda-Urundi	260,800	_	-	_		260,80
	British Somaliland	_	16,000	_	_		16,00
	French Equatorial Africa	182,100	215,000	-	_		397,10
	French West Africa, Cameroons and						
	Togoland	1,240,600	27,000	-	-		1,267,60
	Gambia	-	47,000	-	_		47,00
	Gold Coast	28,600	11,500	_	:	500	39,60
	Kenya	126,200	-	-	-		126,20
	Kenya, Tanganyika and Uganda	57,800	-	_	-		57,80
	Liberia	149,900	-	-	-		149,90
	Mauritius	12,100	110,000	_	-		12,10 703,07
	Morocco	593,073	110,000	-	-	-00	938,60
	Nigeria	469,100	470,000	_		500	39,50
		39,500 62,500	-	~~	_		62,50
	Nyasaland	62,500	22,000	_	_		22,00
	Southern Rhodesia	24,200		-	-		24,20
	Tanganyika	178,300	_	<u>-</u>	_		178,30
	Tunisia	216,915		_	_		216,91
	Uganda	22,000	_ _		_		22,00
	Regional TB survey teams	_	180,000 **	-	_		180,000
							4,828,088

	Allocations		in March 1955 and b	y Mail poll	Allocations
	cumulative	Allocations Long-range	s to cover	Allocations	cumulative
	through December 1954	Long-range aid	Emergencies	returned a	through March 1955
(1)	(2)	(3)	(4)	(5)	(6)
I. Asia					
	525 222	50,000			502.2
Afghanistan	525,223 33,662	58,000	-	_	583,2: 33,6
Burma	1,671,347	-	_	5,000	1,666,3
Cambodia	46,425	30,350 **	_	<i>-</i> ,000	76,7
Ceylon	1,006,846	42,000 **	_	_	1,048,8
China-Taiwan	884,900	29,000	_	10,000	903,9
China-Mainland	3,445,593	<i>25</i> ,000	_	-	3,445,5
Fiji	24,200	_	_	_	24,2
Hong Kong	234,900	_	_	_	234,9
India	12,527,113	796,000 **	51,000	104,000	13,270,1
Indonesia	4,738,632	3,300	<u>-</u>	´	4,741,9
Japan	1,062,300	_	_	_	1,062,3
Korea	3,125,279	18,000	628,000	258,000	3,513,2
Malaya	282,785	<u>-</u>	_	~	282,7
Maldive Islands	_	~	15,000 ^f	-	15,0
Netherlands New Guinea 12	22,000	43,000	-	_	65,0
North Borneo	136,199	-	-	400	135,79
Pakistan	4,107,928		_	900	4,107,02
Philippines	2,167,131	* 008	_	28,000	2,139,93
Sarawak	92,109	30,000	-	800	121,30
Singapore	81,092	-	-	800	80,29
Thailand	1,839,913	9,000	_	-	1,848,91
Viet-Nam	288,270	14,350 *	_	_	302,62
Western Samoa (N.Z. Admin.)	8,800	-	-	-	8,80
Indo-China (unapportioned)	191,300	-	-	44,700	146,6
BCG regional assessment teams	104,945	5,700 *			110,6
Area totals	38,648,892	1,079,500	694,000	452,600	39,969,7
See footnote 1.					
Eastern Mediterranean					
Aden	12,200	_	_		12,20
Egypt	1,391,283	_	_	4,600	1,386,68
Ethiopia	154,300	38,500 **	_	_	192,80
Iran	1,277,500	177,500 **	_	2,700	1,452,30
Iraq	1,056,942	_	-	-	1,056,94
Israel	1,110,100	54,000	-		1,164,10
Somaliland (Italian Admin.)		89,000	_	-	89,00
Jordan	1,168,800	-	-	7,000	1,161,80
Lebanon	95,470	-	-	-	95,47
Libya	333,100	-	_	5,200	327,90
Sudan	60,040	-	-	-	60,04
Syria	476,817	_	-	-	476,81
Turkey	699,100	_	-	-	699,10
Palestine refugees	16,521,496	_	-	_	16,521,49 70,00
BCG regional assessment teams	70,000	-			
Area totals	24,427,148	359,000		19,500	24,766,64
Europe					
Albania	324,592	_	-	-	324,59
Austria	6,930,573	_	_	_	6,930,57
Bulgaria	5,515,971	_	-	45	5,515,92
		_	_	201	5,622,89
Czechoslovakia	5,623,099				
Czechoslovakia	2,093,362	_	-	-	
		- -	-	_	2,732,91
Finland	2,093,362 2,732,917 3,031,460	- -	- - -	(3,136) °	2,732,91 3,034,59
Finland	2,093,362 2,732,917 3,031,460 9,889,695	- - -	- - -	(3,136) ¢	2,732,91 3,034,59 9,889,69
Finland	2,093,362 2,732,917 3,031,460 9,889,695 2,039,571	- - - -	- - - -	(3,136) ° - -	2,732,91 3,034,59 9,889,69 2,039,57
Finland France Germany Greece Hungary Italy	2,093,362 2,732,917 3,031,460 9,889,695 2,039,571 19,013,073	- - - -	-	(3,136) ¢	2,732,91 3,034,59 9,889,69 2,039,57 19,013,07
Finland France Germany Greece Hungary Italy Malta	2,093,362 2,732,917 3,031,460 9,889,695 2,039,571 19,013,073 188,612	- - - - -	-	(3,136) ° - - - -	2,732,91 3,034,59 9,889,69 2,039,57 19,013,07 188,612
Finland France Germany Greece Hungary Italy Malta Poland	2,093,362 2,732,917 3,031,460 9,889,695 2,039,571 19,013,073 188,612 18,962,503	- - - - - -	-	(3,136) ° - -	2,732,91 3,034,59 9,889,69 2,039,57 19,013,07 188,61
Finland France Germany Greece Hungary Italy Malta Poland Portugal	2,093,362 2,732,917 3,031,460 9,889,695 2,039,571 19,013,073 188,612 18,962,503 62,800	- - - - - -	-	(3,136) ° - - - -	2,732,91 3,034,59 9,889,69 2,039,57 19,013,07 188,612 18,961,539 62,800
Finland France Germany Greece Hungary Italy Malta Poland Portugal Romania	2,093,362 2,732,917 3,031,460 9,889,695 2,039,571 19,013,073 188,612 18,962,503 62,800 7,191,172	- - - - - -	-	(3,136) ° - - - -	2,732,91° 3,034,596 9,889,699 2,039,577 19,013,073 188,612 18,961,539 62,800 7,191,172
Finland France Germany Greece Hungary Italy Malta Poland Portugal Romania Spain	2,093,362 2,732,917 3,031,460 9,889,695 2,039,571 19,013,073 188,612 18,962,503 62,800 7,191,172 90,000	-		(3,136) ° - - - -	2,732,91 3,034,596 9,889,692 2,039,577 19,013,073 188,612 62,800 7,191,172 90,000
Finland France Germany Greece Hungary Italy Malta Poland Portugal Romania	2,093,362 2,732,917 3,031,460 9,889,695 2,039,571 19,013,073 188,612 18,962,503 62,800 7,191,172	- - - - - - - - -	-	(3,136) ° - - - -	2,093,36: 2,732,91' 3,034,596 9,889,695 2,039,57: 19,013,073 188,612 18,961,539 62,800 7,191,172 90,000 17,811,149

	Allocations		in March 1955 and b	y Mail poll	Allocations
	cumulative	Allocation	s to cover		cumulative
	through	Long-range		Allocations	through
(1)	December 1954 (2)	aid (3)	Emergencies (4)	returned a (5)	March 1955 (6)
V. The Americas					
Antigua	25,000		-	4,800	20,20
Barbados	-	56,000 **	***	-	56,0
Bolivia	546,300	-	_	12,600	533,7
Brazil	3,372,543	-	-	80,000	3,292,5
British Guiana	60,500	-	-	-	60,5
British Honduras	78,400	_	-	_	78,4
Chile	1,154,129	70,000	-	9,300	1,214,8
Colombia	549,478	228,000	-	12,800	764,6
Costa Rica	442,400	~	_	-	442,4
Dominica	14,600	-	-	-	14,6
Dominican Republic	175,400	-	-	-	175,4
Ecuador	1,022,091	-	_	8,500	1,013,5
El Salvador	645,700	-		-	645,7
Grenada	44,500	-		-	44,50
Guatemala	382,900	279,000	-	13,500	648,4
Haiti	972,800	159,000	-	19,500	1,112,3
Honduras	487,100	-	_	_	487,1
Jamaica	165,200			-	165,20
Mexico	967 ,7 97	-	_	-	967,79
Montserrat	5,400	_	-	1,000	4,40
Nicaragua	513,100	-	-		513,10
Panama	168,300	10,000		_	178,3
Paraguay	246,650	81,000	-	-	327,6
Peru	1,073,100	-	-	39,000	1,034,1
St. Kitts	46,600	-	-	-	46,6
St. Lucia	41,200	-	_	2,400	38,8
St. Vincent	15,700	-	-	=	15,70
Surinam	87,900	-	-	-	87,90
Trinidad and Tobago	165,900	18,000	-	6,000	177,90
Uruguay	82,100	~			82,10
Area totals	13,552,788	901,000		209,400	14,244,38
VI. Assistance benefiting more than one region					
Group training courses	590,000	_		3,136 °	586,86
Calcutta Training Centre (fellow-ships)	25,000	-	-	-	25,00
WHO regional BCG advisers and	•				. ,
Skive project	61,488	_	-	_	61,48
International Children's Centre	2,246,500	-	***	_	2,246,50
Fish-flour acceptability tests	5,000	_	-		5,00
Inter-area totals	2,927,988			3,136 °	2,924,85

a	Consists	of	funds	from	previous	allocations:
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•	\$
Unspent balances from previous country apportionments	
(E/ICEF/L. 759)	7,210
Savings on skim milk powder (E/ICEF/L. 748)	631,800
Operational services (E/ICEF/L. 759)	21,658
Administration (E/ICEF/L. 759)	23,008
From block allocation to Associated States of Indo-	
China (this figure is included in the total of allocations	
in column 3)	44,700
	\$728,376

^b Equals sum of column 2 plus 3 plus 4 minus 5.

^c Includes \$3,136 for transfer of allocation previously approved by the Board for combined operations with Aide-Suisse to benefiting country (Germany).

^d Includes \$44,700 from previous block allocation to Associated States of Indo-China which the March Board session authorized to be used for programmes in Cambodia and Viet-Nam.

Includes emergency allocation to Maldive Islands approved by mail poll in February 1955 (E/ICEF/283).

^f Emergency allocation approved by mail poll in February 1955 (E/ICEF/283).

^{*} Reimbursement to WHO for the costs of international project personnel: Philippines for 1955; Viet-Nam for 1955 and 1956; BCG regional assessment team South-East Asia for 1954.

^{**} Includes reimbursement to WHO for the costs of international project personnel as follows: Barbados, \$4,000 for 1955; Cambodia, \$14,350 for 1955 and 1956; Ceylon, \$4,000 for 1955; Ethiopia, \$18,500 for 1954; India, \$21,000 for 1955; Iran, \$14,500 for 1955; regional TB survey teams in Africa, \$150,000 for 1955 and 1956.

TABLE 4

UNICEF allocations approved for long-range programmes in March 1955, by type of programme (in US dollars)

		Materna	Maternal and child welfare	fare			Mass health programmes	rogrammes			Child nutrition	trition		
		MCW centres (I)	Other MCW projects b	Sub- total (3)	Malaria control and DDT Prod. (4)	Control of yaws (5)	BCG and other TB control (6)	Leprosy control (7)	Trachoma control (8)	Sub-total (9)	Long- range feeding (10)	Milk process- ing (11)	Freight (12)	Grand total (13)
i	Africa													
	British Somaliland	. !	1 :	1 1	14,600	1 1	1 1	196.000	1 1	14,600	I 1	1 1	1,400	16,000
	French West Africa, Cameroons, and	ı												
	Togoland	ı	í	1	24,600	ı	1	ı	į	24,600	1	1	2,400	27,000
	Gambia	i	13,000	13,000	ı	1 6	i	20,000	į	20,000	2,000 d	ì	12,000	47,000
	Gold Coast	I	;	t	!	10,500	1	i	101 000	10,500	1 1		000,0	11,500
	Morocco	19 100	{ I	19.100	1 1	404.000	4.600	ı I		408,600	ı ı	. 1	42,300	470,000
	Sierra Leone	19,500 4	1	19,500		2061) - -	1	ı	1	ı	ı	2,500	22,000
20	Regional TB survey teams	۱ ۱	1	. 1	ı	1	178,000 *	ı	i	178,000	ı	ı	2,000	180,000
`														
	Area totals	38,600	13,000	51,600	39,200	414,500	182,600	216,000	101,000	953,300	2,000	t	91,600	,008,500
ij	Asia													
	Afghanistan	1	10,000	10,000	43,000	ı	1	í	ı	43,000	1	I	5,000	58,000
	Cambodia	10000	15,000 %	15,000	ı	1	14,350 **	1	I	14,350	1	I	1,000	30,350
	China (in Toluna)	10,000	13,000	25,000	ſ	1	4,000	ı	I	4,000	!	I	15,000	42,000
	India	74,300 *	35,700	110,000	250,000 °	56,000 *	ιι		1 1	306.000	a,	223 000	3,000	29,000
	Indonesia	. 1	1	1	. 1	١ ١	ı	i	3,000	3,000	ı)	300	3,300
	Korea	١	17,000	17,000	1	ı	I	1	1	1	ŀ	1	1,000	18,000
	Netherlands New Guinea 18	ı	ı	1	39,000	1	1	ı	1	39,000	1	1	4,000	43,000
	Sarawak	l i	2 000 d	1000	I	ı	** 008	1	1	800	I	ı	1	800
	Thailand	l '	7,000	2,000	I	I	I	1 0	I	1 0	l	i	28,000	30,000
	Viet-Nam	1 1	1	I	I	1	14 250 **	8,000	1	8,000	I	I	1,000	0,000
	BCG regional assessment teams	1 1	f !	Į	į	I	14,530 ** 5 700 **	i	ı	14,350	i	ı	ı	14,350
			.]		,	ı	3,700	ı	.	2,700		ı	ı	5,700
	AREA TOTALS	110,300	92,700	203,000	332,000	56,000	39,200	8,000	3,000	438,200	ı	223,000	215,300	1,079,500
									-					

TABLE 4 (continued)

		Matern	Maternal and child wel	elfare			Mass healt	h programmes			Child n	Child nutrition		
		MCW centres (I)	Other MCW projects b		Malaria control and DDT Prod. (4)	Control of yaws (5)	BCG and other TB Leprosy ? control control (7)	Leprosy control (7)	Trachoma control (8)	Sub-total (9)	Long- range feeding (10)	Milk process- ing (11)	Freight (12)	Grand total (13)
H.	III. Eastern Mediterranean													
	Ethiopia Iran Israel Israel Italian Somaliland Area Totals	129,500 d • 30,850	18,650	129,500 49,500	81,700 81,700	1 1 1 1 7	18,500 **	1 1 1 1	1 1 1 1 1	18,500	13,700 ^d 13,700	1 1 1 1 1	6,300 48,000 4,500 7,300 66,100	38,500 177,500 54,000 89,000 359,000
	The Americas													
	Barbados Chile Colombia Guatemala Haiti Panama Paraguay Trinidad and Tobago AREA TOTALS TOTAL PROJECT AID FREIGHT DISTRIBUTION GRAND TOTAL	6,750 10,600	18,000 53,400 - 24,000 - 25,000 - 120,400	24,750 64,000 24,000 - 25,000 - 137,750 571,350 129,820 701,170	145,000 - 17,000 17,000 162,000 614,900 59,100	16,000 	10,250 *	18,500 18,500 242,500 23,500	104,000	26,250 - 145,000 17,000 17,000 17,000 1698,450 141,680 1,840,130	4 4 4 7227,000 2227,000	160,000 230,000 	5,000 6,000 68,000 25,000 14,000 37,500 1,000 1,000 1,000 1,000 339,500 539,500	56,000 70,000 228,000 279,000 159,000 10,000 81,000 18,000 901,000 3,438,000

^a All project apportionments (columns 1-11 inclusive) exclude freight which is shown in column 12.

infants, and related training. Also includes environmental sanitation totalling \$117,600 as follows: Afghanistan \$10,000; Barbados \$18,000; Chile \$40,600; Guatemala \$24,000; Paraguay ^b Includes aid to hospitals, handicapped children, premature

without cost except for ocean freight which was charged to country allocations at the average cost of 1.5 cents per pound. These freight costs are included in columns 12 and 13.

^{*} Includes funds for reimbursement to WHO for costs of international project personnel as follows: Barbados, BCG \$4,000 (for 1955); India MCW \$9,000 (for 1955); India, yaws

^d Dried skim milk provided under this allocation is available \$12,000 (for 1955); Iran, MCW \$14,500 (for 1955); Regional vithout cost except for ocean freight which was charged to TB survey teams in Africa \$150,000 (for 1955 and 1956). ** For reimbursement to WHO for costs of international

project personnel: Cambodia for 1955 and 1956; Ceylon for 1955; Ethiopia for 1954; Philippines for 1955; Viet-Nam for 1955 and 1956; BCG regional assessment team South-East Asia for 1954. 13 See footnote 1.

DDT production.

Table 5. UNICEF-approved assistance by area and type of programme, 1947 through March 1955 (in thousands of dollars)

			S S	1947-1950						761	1951 - March 1955	955			1947 through March
N	Africa Asia		Eastern Mediter- ranean E	1 1	The Americas	For more than one region	Sub- total	Africa	Asia	Eastern Mediter- ranean	Europe	The Americas	For more than one region	Sub- rotal	Grand total
A. Long-range Aid I. Maternal and child welfare	3,769.3	,	54.0 2,	2,408.8	690.1	1,541.2	8,463.4	309.0	6,775.7	1,120.7	1,059.3	1,034.4	1,255.0	11,554.1	20,017.5
insect-borne diseases	- 249.3	.3 -		613.7	735.7	1	1,598.7	1,409.2	2,148.0	946.0	ı	1,333.3	ι	5,836.5	7,435.2
	- 850.0 - 1,697.5		_ _ _ 123.3	- 593.1 861.7	- - 320.0	1111	850.0 593.1 3,002.5	_ _ _ 768.5	1,000.0 525.0 67.0 1,583.5	250.0	- 94.0 65.9 54.8	300.9 60.0 291.5	1111	1,250.0 919.9 192.9 2,752.3	1,250.0 1,769.9 786.0 5,754.8
	378.7 625.5 - 913.1 		383.8 1, - 1, -	1,766.1 1,947.5 -	342.2 82.6 -	48.4 6.5	3,544.7 2,949.7 -	4.6 178.0 363.3 309.0	2,250.6 105.9 328.0 16.0	976.7 _ 19.0	4.7 13.3 17.8	440.5 93.0 - 18.5	33.8	3,710.9 390.2 728.1 343.5	7,251.6 3,343.9 728.1 343.5
(viii) Control of other communicable diseases Sub-total mass health	33.1 378.7 4,368.5		507.1	270.4	234.6	54.9	538.1	3,063.5	7.3	40.0	1.9 252.4	31.0	33.8	111.1	649.2
	1,156.0		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3,788.2	639.5 135.0 774.5	1 1 206.1	1,795.5 3,923.2 5,718.6	382.5 50.0 432.5	321.4 638.0 959.4	390.1 1,290.0 1,680.1	440.0 1,292.0 1,732.0	1,401.6 2,569.1 3,970.7	5.0 10.0 15.0	2,940.6 5.849.1 8,789.7	4,736.1 9,772.3 14,508.4
_	,,	- 1			140.9	1	76,820.9	26.4	3,649.0	4,160.4	990.1	561.6	1	9,387.5	86,208.4
2. Kawmaterials (clothing, shoes, blankets, etc.) 3. Miscellancous	- 764.6 - 189.0 - 2,422.8	19	450.5 6 774.8 2 10,909.7 73	6,339.7 2,005.8 73,871.9	79.3 13.6 233.8	1 1 1	7,634.1 2,983.2 87,438.2	26.4	1,128.9 200.0 4.977.9	320.7 834.0 5,315.1	421.6 13.6 1,425.3	47.7	1 1 1	1,871.2 1,095.3 12,354.0	9,505.3 4,078.5 99,792.2
Sub-total 3 C. Freight Distribution	378.7 11,716.6 - 1,628.3 378.7 13,344.9	1	11,470.8 86 1,514.9 10 12,985.7 96	• • •	3,413.5 540.0 3,953.5	1,596.1	114,697.1 14,053.4 128,750.5	3,831.4 618.0 4,449.4	20,744.3 4,136.0 24,880.3	10,401.6 1,378.5 11,780.1	4,469.0 518.3 4,987.3	8,183.1 2,049.7 10,232.8	1,303.8		163,630.3 22,753.9 186,384.2
									Unprogrammed a	nmed a . reserve . al services attion			TOTAL ALLOCATIONS		1,852.0 200.0 7,482.8 10,872.7 206,791.7

^a Unprogrammed: Asia, \$1,744,600; Eastern Mediterranean \$800; Europe \$23,600; the Americas \$58,100; More than one region: \$24,900.

ANNEX II

COUNTRIES AND TERRITORIES CURRENTLY ASSISTED & BY UNICEF

(Total: 91)

	Africa (21)		E.	astern Mediterranean	(12)
Basutoland Bechuanaland British Somaliland * Cameroons (Fr. Admin.) French Equatorial	Gold Coast Kenya Liberia Mauritius Morocco Nigeria	Nyasaland Sierra Leone * Southern Rhodesia Tanganyika (Br. Admin.) Togoland (Fr.	Egypt Ethiopia Iran Iraq	Israel Jordan Lebanon Libya	Somaliland (Ital. Admin.) * Sudan Syria Turkey
Africa French West Africa Gambia *	Northern Rhodesia ASIA (22)	Admin.) Tunisia Uganda	Austria Finland Greece	EUROPE (7) Italy Portugal	Spain Yugoslavia
Afghanistan	Indonesia	Pakistan		THE AMERICAS (29)	
Burma Cambodia Ceylon China Fiji Hong Kong India	Japan Korea Malayan Federation Maldive Islands * Netherlands New Guinea 14 North Borneo	Philippines Sarawak Singapore Thailand Viet-Nam Western Samoa (N.Z. Admin.)	Antigua Barbados * Bolivia Brazil British Guiana British Honduras Chile Colombia Costa Rica Dominica	Dominican Republic Ecuador El Salvador Grenada Guatemala Haiti Honduras Mexico Montserrat Nicaragua	Panama Paraguay Peru St. Kitts St. Lucia St. Vincent Surinam Trinidad and Tobago Uruguay

^{*} UNICEF aid first approved in 1955.

Previously assisted countries and territories total 16, as follows:

Asia: Brunei.

Eastern Mediterranean: Aden.

Europe: Albania, Bulgaria, Czechoslovakia, France, Germany, Hungary, Malta, Poland, Romania.

The Americas: Jamaica.

¹⁴ See footnote 1.

^a The above list of 91 currently assisted countries and territories are those in which UNICEF assistance is still active, or for which an allocation has been approved but supplies not yet been sent.

Africa: Algeria, Belgian Congo, Ruanda-Urundi, Tangiers.

ANNEX III

PROGRAMMES CURRENTLY ASSISTED BY UNICEF

Introduction

- 1. Tables 1, 2 and 3 below present a summary count and listing of 263 programmes currently assisted by UNICEF, including 256 country programmes, four region or area-wide programmes and three programmes affecting more than one region.
- 2. Currently assisted programmes are those in which the UNICEF phase of assistance is still active or for which an allocation has been approved but supplies not yet sent.
- 3. The following procedure has been observed in classifying and counting programmes:

Each type of assistance is counted only once for a particular country though there may be several separate projects of the same type in the country. For example, the maternal and child welfare programme in India is counted as one programme although there are in India nine separate state projects for maternal and child welfare as well as several all-India projects in this category. Similarly one milk conservation programme may include two or more plants in a single country. An over-all programme may remain on the "currently assisted" list even though one part of the programme is completed.

MCW services and training These programmes include: assistance to MCW centres; provision of milk, soap, drugs and vitamins through MCW centres; school health, gardening and nutrition; dental care; health education; aid to maternity and children's hospitals; training in maternal and child care for nurses, midwives and health visitors; and curative treatment (as for trachoma or syphilis) where such treatment is provided through maternal and child welfare programmes.

Malaria control The count and listing includes four programmes for which UNICEF has provided DDT production equipment.

Immunization The count and listing includes programmes for immunization against diphtheria, whooping cough, tetanus, smallpox, rabies, etc., and those for which UNICEF has provided sera and vaccine production equipment.

Syphilis control Not listed under syphilis control programmes are those countries (Afghanistan, Burma, Pakistan and Spain) which have received some assistance for syphilis control as part of MCW services.

Table 1
Summary count of country programmes currently assisted by UNICEF

Type of programme	Africa	Asia	Eastern Mediter- ranean	Europe	The Americas	Total
Maternal and child welfare:						
MCW services and training Handicapped children Premature infants Environmental sanitation	9 - - -	17 1 1 <u>4</u>	10 2 - -	4 3 2 1	14 1 7	54 6 4 12
Total	9	23	12	10	22	<u>76</u>
Mass health:						
Insect-borne diseases: Malaria control	10	7 2	6	 -	8	31 2
Tuberculosis control:						
BCG vaccination	1 -	11 7	6 -	 -	9	27 7
Treponemal diseases:						
Yaws control	4 1	8 2	- - 2	- - -	4	16 4 2
Other diseases:			-			~
Immunization Trachoma control Mycosis control Leprosy control.	2 2 - 3	3 2 - 2	- 1 1	1 2 -	1 - - 1	7 7 1 6
Production: Penicillin/antibiotics	_	2	_	_	1	3
Total	23	$\frac{2}{46}$	16	3	$\frac{1}{25}$	113
Nutrition:						
Long-range feeding	$\frac{2}{\frac{1}{3}}$	4 2 6	5 5 10	4 4	24 11 35	35 23 58
Emergency aid	35	<u>5</u> 80	3 41	<u>-</u> 17	1 83	9 256

TABLE 2 Currently assisted programmes listed by type of programme

MATERNAL AND CHILD WELFARE (76)

Maternal and child welfare services and training (54)

Africa (9)

Gambia Gold Coast Kenya

Nigeria Northern Rhodesia Nyasaland

Sierra Leone Tanganyika (Br. Admin.) Uganda

Philippines

Sarawak

Singapore

Thailand

Viet-Nam

Panama

Peru

Paraguay

Uruguay

Asia (17)

Afghanistan Burma Cambodia Ceylon

India Indonesia Korea

Malayan Federation North Borneo

Pakistan

Hong Kong EASTERN MEDITERRANEAN (10)

Egypt Ethiopia Iran Iraq

China (in Taiwan)

Israel Jordan Lebanon

Libya Syria Turkey

EUROPE (4)

Greece **Portugal** Spain Yugoslavia

THE AMERICAS (14)

Barbados (including environmental sanitation)

Ecuador Guatemala Bolivia Haiti Honduras

Brazil Chile (including Mexico environmental

sanitation)

Rehabilitation of handicapped children (6)

Dominican Republic

Asia (1) Japan

EASTERN MEDITERRANEAN (2) Israel Lebanon

EUROPE (3)

Austria

Greece

Italy

Premature care (4)

Asia (1) **Philippines**

EUROPE (2)

Italy

Spain

THE AMERICAS (1) Chile

Environmental sanitation (12)

Asia (4)

Afghanistan

Ceylon

North Borneo

Burma

EUROPE (1)

Greece

THE AMERICAS (7)

Barbados Nicaragua Paraguay Chile Peru Panama

Guatemala

MASS HEALTH (113)

CONTROL OF INSECT-BORNE DISEASES (33)

Malaria control (31)

Africa (10)

British Somaliland Liberia Cameroons

Tanganyika Nigeria (Br. Admin.) Togoland

Southern Rhodesia (Fr. Admin.)

French West Africa Kenya

Uganda

North Borneo

(Fr. Admin.)

Asia (7)

Afghanistan India Netherlands Burma

Pakistan Ceylon New Guinea 15

Eastern Mediterranean (6)

Egypt Iraq

Somaliland (Ital. Admin.) Iran Lebanon

Syria

THE AMERICAS (8)

Bolivia Dominica Grenada Haiti

Surinam Trinidad and Tobago

Dominican Republic Mexico

Typhus control (2)

Asia (2)

Afghanistan

Pakistan

TUBERCULOSIS CONTROL (34)

BCG vaccination (27)

Africa (1) Nigeria

Asia (11 country programmes)

Burma Hong Kong Philippines Thailand Cambodia India Viet-Nam Ceylon Indonesia

China (in Taiwan) Pakistan

Southeast assessment team

Western Pacific assessment team

EASTERN MEDITERRANEAN (6 country programmes) Regional assessment

Ethiopia Jordan Iran Sudan

Turkey Iraq

THE AMERICAS (9)

Barbados Chile British Guiana Colombia British Honduras Ecuador

Paraguay Surinam Uruguay (BCG production)

team

15 See footnote 1.

Leprosy (6) Other tuberculosis control (7) Africa (3) AFRICA Gambia Nigeria French Equatorial TB survey teams Africa Asia (7) **Philippines** Asia (2) Burma India Thailand Pakistan Ceylon **Philippines** Thailand China (in Taiwan) THE AMERICAS (1) TREPONEMAL DISEASE CONTROL (22) Paraguay Yaws control (16) Production: penicillin/antibiotics (3) AFRICA (4) Asia (2) Bechuanaland Liberia Nigeria Pakistan India Gold Coast THE AMERICAS (1) Asia (8) Chile Fiii Malayan Federation Thailand NUTRITION (58) India Netherlands New Western Samoa Indonesia (under New Zea-Guinea Long-range feeding (35) **Philippines** land admin.) Africa (2) Gambia Nigeria THE AMERICAS (4) Haiti St. Kitts St. Vincent Asia (4) Grenada China (in Taiwan) Japan **Philippines** India Syphilis control (4) Africa (1) EASTERN MEDITERRANEAN (5) Могоссо Ethiopia Iraq Turkey Iran Libya Asia (2) China (in Taiwan) India THE AMERICAS (24) Antigua Ecuador Panama THE AMERICAS (1) Bolivia El Salvador Paraguay Barbados Brazil Grenada Perm Bejel control (2) British Guiana Guatemala St. Kitts Chile Honduras St. Lucia EASTERN MEDITERRANEAN (2) Colombia St. Vincent Mexico Iraq Syria Costa Rica Montserrat Surinam Dominica Nicaragua Trinidad and Tagobo CONTROL OF OTHER DISEASES (21) Immunization (and sera and vaccine production) (7) Milk and food conservation (23) Africa (1) AFRICA (2) Nigeria Basutoland Mauritius Asia (2) India Indonesia ASIA (3) Afghanistan China (in Taiwan) Pakistan EASTERN MEDITERRANEAN (5) Turkey Egypt Irag EUROPE (1) Iran Israel Austria EUROPE (4) THE AMERICAS (1) Finland Italy Yugoslavia Peru Greece Trachoma (7) AFRICA (2) THE AMERICAS (11) Costa Rica Guatemala Morocco Tunisia Bolivia **Brazil** Ecuador Honduras El Salvador Asia (2) Chile Mexico Colombia Nicaragua China (in Taiwan) Indonesia EASTERN MEDITERRANEAN (1) EMERGENCY AID (9) Asia (5) Egypt Viet-Nam Maldive Islands India Pakistan EUROPE (2) Korea Spain Yugoslavia EASTERN MEDITERRANEAN (3) Palestine refugees Egypt Jordan Mycosis (1) EASTERN MEDITERRANEAN (1) THE AMERICAS (1) Haiti Syria 45

TABLE 3

List of programmes currently assisted in each country

AFRICA

(35 country programmes)

Basutoland

Immunization (diphtheria/ whooping cough)

Bechuanaland

Yaws control

British Somaliland Malaria control

Cameroons (Fr. Admin.) Malaria control

French Equatorial Africa Leprosy control

French West Africa Malaria control

Gambia

Maternal and child welfare Leprosy control Long-range feeding

Gold Coast

Maternal and child welfare Yaws control

Kenva

Maternal and child welfare Malaria control

Liberia

Malaria control Yaws control

Mauritius

Immunization (whooping cough)

ASIA

(80 country programmes)

Afghanistan

Maternal and child welfare Environmental sanitation Malaria control Typhus control Vaccine production (cholera, rabies, smallpox and typhus)

Burma

Maternal and child welfare Environmental sanitation Malaria control **BCG** vaccination Tuberculosis control

Morocco

Syphilis control Trachoma control

Nigeria

Maternal and child welfare Malaria control BCG vaccination Yaws control Leprosy control Milk conservation Long-range feeding

Northern Rhodesia

Maternal and child welfare

Nyasaland

Maternal and child welfare

Sierra Leone

Maternal and child welfare

Southern Rhodesia Malaria control

Tanganyika (Br. Admin.) Maternal and child welfare Malaria control

Togoland (Fr. Admin.) Malaria control

Tunisia

Trachoma control

Uganda

Maternal and child welfare Malaria control

Regional programmes East and West Africa TB

survey teams

Cambodia

Maternal and child welfare **BCG** vaccination

Ceylon

Maternal and child welfare Environmental sanitation Malaria control (DDT production) BCG vaccination Tuberculosis control

China (in Taiwan)

Maternal and child welfare BCG vaccination

Tuberculosis control Syphilis control Trachoma control

Vaccine production (diphtheria/whooping cough/ tetanus)

Long-range feeding

Fiji

Yaws control

Hong Kong

Maternal and child welfare BCG vaccination

India

Maternal and child welfare Malaria control (DDT production) BCG vaccination Tuberculosis control Yaws control Syphilis control Penicillin production Long-range feeding Milk conservation Emergency aid

Indonesia

BCG vaccination Yaws/syphilis control Trachoma control Milk conservation (soya milk processing)

Maternal and child welfare

Japan

Rehabilitation of handicapped children Long-range feeding

Maternal and child welfare Emergency aid

Malayan Federation

Maternal and child welfare Yaws/syphilis control

Maldive Islands Emergency aid

Netherlands New Guinea 16

Yaws control Malaria control North Borneo

Maternal and child welfare Environmental sanitation Malaria control

Pakistan

Maternal and child welfare Malaria control and DDT production Typhus control BCG vaccination Tuberculosis control Penicillin production Vaccine production (diphtheria)

Philippines

Emergency aid

Maternal and child welfare Premature care BCG vaccination Tuberculosis control Yaws/syphilis control Leprosy control Long-range feeding

Sarawak

Maternal and child welfare

Singapore

Maternal and child welfare

Thailand

Maternal and child welfare BCG vaccination Tuberculosis control Yaws control Leprosy control

Viet-Nam

Maternal and child welfare BCG vaccination Emergency aid

Western Samoa (New Zealand

Admin.) Yaws control

Regional programmes

South-East Asia BCG assessment team

Southern Pacific BCG assessment team

EASTERN MEDITERRANEAN (41 country programmes)

Egypt

Maternal and child welfare Malaria control (DDT production)

Emergency feeding

Trachoma control

Milk conservation

16 See footnote 1.

Ethiopia Maternal and child welfare BCG vaccination

Long-range feeding

Maternal and child welfare Malaria control **BCG** vaccination Long-range feeding Milk conservation

Iraq

Maternal and child welfare Malaria control BCG vaccination Bejel/syphilis control Long-range feeding Milk conservation

Israel

Maternal and child welfare Rehabilitation of handicapped children Milk conservation

Jordan

Maternal and child welfare BCG vaccination Emergency feeding

Lebanon

Maternal and child welfare

Rehabilitation of handicapped children Malaria control

Libva

Maternal and child welfare Long-range feeding

Somaliland (Ital. Admin.) Malaria control

BCG vaccination

Svria

Maternal and child welfare Malaria control Bejel/syphilis control Mycosis control

Turkey

Maternal and child welfare BCG vaccination Long-range feeding Milk conservation

Palestine refugee children and mothers Emergency aid

Regional programmes BCG assessment team

EUROPE

(17 country programmes)

Austria

Rehabilitation of handicapped children Vaccine production (diphtheria/whooping cough/ tetanus)

Finland

Milk conservation

Greece

Maternal and child welfare Rehabilitation of handicapped children Environmental sanitation Milk conservation

Italy

Rehabilitation of handicapped children Premature care Milk conservation

Portugal

Maternal and child welfare

Spain

Maternal and child welfare (including syphilis control) Premature care Trachoma control

Yugoslavia

Maternal and child welfare Trachoma control Milk conservation

THE AMERICAS

(81 country programmes)

Antigua

Long-range feeding

Barbados

Maternal and child welfare (including environmental sanitation) BCG vaccination Syphilis control

Bolivia

Maternal and child welfare Malaria control Long-range feeding Milk conservation

Maternal and child welfare Long-range feeding Milk conservation

British Guiana

BCG vaccination Long-range feeding

British Honduras BCG vaccination

Chile

Maternal and child welfare (including environmental sanitation) Premature care BCG vaccination Penicillin production Long-range feeding

Colombia

BCG vaccination Long-range feeding Milk conservation

Milk conservation

Costa Rica

Long-range feeding Milk conservation

Dominica

Malaria control Long-range feeding

Dominican Republic

Maternal and child welfare Malaria control

Ecuador

Maternal and child welfare BCG vaccination Long-range feeding Milk conservation

El Salvador

Long-range feeding Milk conservation

Grenada

Malaria control Yaws control Long-range feeding

Guatemala

Maternal and child welfare Environmental sanitation Long-range feeding Milk conservation

Haiti

Maternal and child welfare Malaria eradication Yaws/syphilis control Emergency aid

Maternal and child welfare

INTER-REGIONAL PROGRAMMES

Calcutta Training Centre, Calcutta, India (fellowships) International Children's Centre, Paris Fish-flour acceptability tests

Honduras

Maternal and child welfare Long-range feeding Milk conservation

Mexico

Maternal and child welfare Malaria control Long-range feeding Milk conservation

Montserrat

Long-range feeding

Nicaragua

Environmental sanitation Long-range feeding (nutrition laboratory) Milk conservation

Panama

Maternal and child welfare Environmental sanitation Long-range feeding

Paraguay

Maternal and child welfare Environmental sanitation BCG vaccination Leprosy control Long-range feeding

Peru

Maternal and child welfare Environmental sanitation Immunization and vaccine production (diphtheria/ whooping cough) Long-range feeding

St. Kitts

Yaws/syphilis control Long-range feeding

St. Lucia

Long-range feeding

St. Vincent Yaws control

Long-range feeding

Surinam

Malaria control BCG vaccination Long-range feeding

Trinidad and Tobago Malaria eradication

Long-range feeding

Uruguay



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The Executive Director of UNICEF has received a communication from the Acting Permanent Representative of Indonesia to the United Nations stating the position of the Indonesian Government that, with respect to the designation to be given to this territory in UNICEF documents, it should be acknowledged that the territory of West New Guinea is still in dispute as regards its political status between the Government of Indonesia and the Government of the Netherlands.

World Health Organization

WHO

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