



**UNITED NATIONS**

# **UNITED NATIONS CHILDREN'S FUND**

## **REPORT OF THE EXECUTIVE BOARD**

**(8-15 SEPTEMBER 1955)**

**ECONOMIC AND SOCIAL COUNCIL  
OFFICIAL RECORDS : TWENTY-FIRST SESSION**

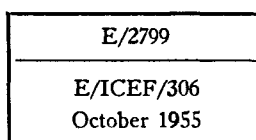
**SUPPLEMENT No. 2**

**NEW YORK**

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UNITED NATIONS  
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TWENTY-FIRST SESSION

SUPPLEMENT No. 2

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Report of the Executive Board (8-15 September 1955)

CHAPTER I

ORGANIZATION OF THE SESSION

Representation

1. The Executive Board held its 146th to 151st meetings at the United Nations Headquarters on 8, 12, and 15 September 1955. The following representatives of States members of the Board attended:

*Chairman:*<sup>1</sup> Mr. B. Rajan (India)  
Argentina: Mr. C. F. Cooke  
Australia: Mr. T. W. Cutts, Mr. M. J. Wilson  
Belgium: Mr. F. Lhoir  
Brazil: Mr. D. Silveira da Mota  
Byelorussian Soviet Socialist Republic: Mr. V. G. Molchanov  
Canada: Mrs. A. Sinclair  
China: Mr. P. Y. Tsao  
Czechoslovakia: Mr. J. Rybar  
Dominican Republic: Miss M. Bernardino  
Ecuador: Dr. P. Gallegos  
France: Dr. R. Mande, Mr. G. Amanrich  
Greece: Mr. D. Carayannis  
Iraq: Mr. A. Khalidy, Mr. K. Khalaf  
Israel: Mrs. Z. Harman  
Italy: Mr. F. Sanjust  
Japan: Mr. H. Kitahara  
Norway: Mr. E. Dons, Mr. P. Naevdal  
Pakistan: Mr. M. Shafqat, Mr. N. Naik  
Philippines: Miss L. Tongson  
Switzerland: Mr. A. Lindt, Mr. D. Grandjean  
Union of Soviet Socialist Republics: Mr. A. Roslov  
United Kingdom of Great Britain and Northern Ireland: Mr. R. C. Barnes  
United States of America: Dr. M. Eliot, Mrs. E. Cusack  
Yugoslavia: Mrs. M. Radic

2. The Bureau of Social Affairs of the United Nations Secretariat was represented by Miss M. Branscombe.

3. The specialized agencies were represented as follows:

*Food and Agricultural Organization of the United Nations (FAO):* Dr. R. W. Phillips, Dr. A. G. van Veen and Miss J. McNaughton.

<sup>1</sup> Mr. D. Silveira da Mota, Second Vice-Chairman, acted as chairman during parts of the 150th and 151st meetings on 15 September.

*World Health Organization (WHO):* Mr. M. P. Siegel, Dr. R. L. Coigny and Mrs. S. Meagher.

*United Nations Educational, Scientific and Cultural Organization (UNESCO):* Mr. S. V. Arnaldo.

4. The Non-Governmental Organizations Committee on UNICEF was represented by Mrs. G. Freeman and Rev. J. Considine, S.J., Co-Chairmen. The members of the NGO Committee on UNICEF were represented as follows:

Associated Country Women of the World: Mrs. E. Roberts  
Consultative Council of Jewish Organizations: Mrs. H. Kadane  
Friends World Committee for Consultation: Miss M. Ermen  
International Alliance of Women: Miss A. Guthrie  
International Confederation of Free Trade Unions: Mr. B. Kemsley  
International Conference of Catholic Charities: Rev. J. Considine, S. J., Mr. L. Longharzo  
International Council of Nurses: Miss R. Martin  
International Council of Women: Mrs. G. Freeman  
International Federation of Business and Professional Women: Mrs. E. Hymer, Mrs. W. Noack  
International Society for the Welfare of Cripples: Miss J. Sutherland  
International Union against Tuberculosis: Mrs. A. Dunn  
International Union for Child Welfare: Mrs. L. Kaufmann-Frankenstein  
Women's International League for Peace and Freedom: Mrs. G. Walser, Mrs. E. Peat  
World Jewish Congress: Mr. G. Jacoby  
World Union of Catholic Women's Organizations: Miss A. Zizzamia  
World's Young Women's Christian Association: Mrs. J. Brett

Agenda

5. The agenda of the session (E/ICEF/301/Rev.1) was as follows:

1. Reports:

- (a) General progress report of the Executive Director (E/ICEF/300)  
Beneficiaries (E/ICEF/300/Add. 1)  
Programme developments in Africa (E/ICEF/300/Add. 2)  
Programme developments in Asia (E/ICEF/300/Add. 3)

- Programme developments in Eastern Mediterranean Area (E/ICEF/300/Add. 4)  
 Programme developments in Europe (E/ICEF/300/Add. 5)  
 Programme developments in the Americas (E/ICEF/300/Add. 6)
- (b) Report on activities of the Bureau of Social Affairs in the field of family and child welfare (E/ICEF/304)
- (c) Report by Dr. C. G. King on Princeton Nutrition Conference
- (d) Report on activities of the International Children's Centre, Paris (E/ICEF/303)
2. Report of the UNICEF/WHO Joint Committee on Health Policy (E/ICEF/297)
3. Financial relations with specialized agencies

- World Health Organization (E/ICEF/299; E/ICEF/L.827)
- Food and Agriculture Organization of the United Nations (E/ICEF/300, paras. 40 to 43)
4. Universal Children's Day (E/ICEF/298 and Add. 1 to 4; E/ICEF/NGO/18)
5. Reports of non-governmental organizations (E/ICEF/NGO/17; E/ICEF/NGO/19)
6. Report of the Programme Committee (E/ICEF/L.830)
7. Report of the Committee on Administrative Budget (E/ICEF/L.766)
8. Annual conference pattern
6. A list of all documents circulated in connexion with the September 1955 session of the Board is given in document E/ICEF/INF.4/Rev. 1.

## CHAPTER II

### SUMMARY OF PROGRAMME TRENDS

#### Allocations

7. At the session under review, the Executive Board approved aid for 59 long-range child care programmes in 38 countries and territories and for the International Children's Centre in Paris. In addition, the Board approved emergency aid to one country.

8. Allocations amounted to a total of \$10,299,515. Of this amount \$7,487,815 was for programme aid and

\$2,811,700 for expenditures for administrative and operational services in 1956.

9. The Board noted with appreciation the matching commitments by Governments in connexion with programmes approved at the session, totalling \$18.1 million as compared with programme recommendations of approximately \$7.5 million (E/ICEF/L.828/Add. 1).

10. The allocations approved are indicated by region and type of programme in the following table.

SUMMARY OF ALLOCATIONS APPROVED BY EXECUTIVE BOARD, SEPTEMBER 1955—BY REGION AND TYPE OF PROGRAMME  
 (In United States dollars)

	<i>Africa</i>	<i>Asia</i>	<i>Eastern Mediterranean</i>	<i>Europe</i>	<i>The Americas</i>	<i>Inter- regional</i>	<i>Total</i>	<i>Per cent</i>
<b>A. LONG-RANGE AID</b>								
1. <i>Maternal and child welfare</i>	—	1,124,409	317,849	250,000	135,400	300,000	2,127,658	28.4
2. <i>Mass health:</i>								
(i) <i>Malaria eradication and control</i>	555,595	280,000	34,000	—	2,505,000	—	3,374,595	45.1
(ii) <i>BCG vaccination and other TB control</i>	—	222,606	28,500	—	98,989	—	350,095	4.7
(iii) <i>Yaws/VD</i>	385,594	55,500	—	—	10,300	—	451,394	6.0
(iv) <i>Leprosy</i>	55,000	3,500	25,000	—	—	—	83,500	1.1
(v) <i>Trachoma</i>	25,073	342,000	—	11,000	—	—	378,073	5.1
(vi) <i>Other diseases</i>	18,000	—	—	—	—	—	18,000	0.2
(vii) <i>Penicillin production</i>	—	—	—	100,000	—	—	100,000	1.3
<i>Sub-total, mass health</i>	1,039,262	903,606	87,500	111,000	2,614,289	—	4,755,657	63.5
3. <i>Nutrition</i>								
(i) <i>Food conservation</i>	—	50,000	—	—	60,000	—	110,000	1.5
(ii) <i>Long-range feeding</i>	—	173,000	148,000	—	158,500	—	479,500	6.4
<i>Sub-total, nutrition</i>	—	223,000	148,000	—	218,500	—	589,500	7.9
<b>TOTAL, long-range aid</b>	1,039,262	2,251,015	553,349	361,000	2,968,189	300,000	7,472,815	99.8
<b>B. EMERGENCY AID</b>							15,000	0.2
<b>TOTAL, programme aid</b>							7,487,815	100.0
<b>C. 1956 ADMINISTRATIVE AND OPERATIONAL SERVICES BUDGET.</b>							2,811,700	
<b>GRAND TOTAL</b>							10,299,515	

11. Of the amount allocated by areas the percentage distribution was as follows:

	Percentage
Africa .....	13.9
Asia .....	30.1
Eastern Mediterranean area .....	7.4
Europe .....	4.8
The Americas .....	39.6
Inter-regional .....	4.0
Emergencies .....	0.2
	100.0

### Types of aid

12. The largest allocation was for a malaria-eradication programme in Mexico (\$2.4 million) constituting the largest allocation ever made at one Board session for a long-range programme. This is reflected in the percentage figures given in paragraph 11 above, nearly 40 per cent of all programme allocations being for the Americas, and 45 per cent of all programme allocations being devoted to anti-malaria work. Among the other types of health programmes, maternal and child welfare (MCW) received 28 per cent; yaws and venereal disease control, 6 per cent; trachoma control, 5 per cent; and BCG vaccination and other tuberculosis control 5 per cent.

13. The allocations voted include aid for the first time to 15 long-range programmes and for the continuation or extension of 44 long-range programmes (including in two instances—Mexico and El Salvador—the conversion of malaria-control programmes to malaria-eradication programmes). The following table indicates, by type of project and region, the allocations made at the session:

*Number of long-range projects for which UNICEF aid was approved for the first time*

Area	MCW	Mass health	Nutrition	Total
Africa .....	—	3	—	3
Asia .....	1	2	—	3
Eastern Mediterranean .....	1	2	—	3
Europe .....	—	—	—	0
The Americas .....	1	2	3	6
	TOTAL 3	9	3	15

*Number of long-range projects for continuation or expansion of which UNICEF aid was approved*

Area	MCW	Mass health	Nutrition	Total
Africa .....	—	7	—	7
Asia .....	8	6	3	17
Eastern Mediterranean .....	2	1	1	4
Europe .....	1	2	—	3
The Americas .....	2	6	4	12
Inter-regional .....	1	—	—	1
	TOTAL 14	22	8	44

14. In addition to the malaria-eradication programmes in the Americas referred to in the preceding paragraph, the Board approved aid for malaria-control projects in five countries and territories of Africa south of the Sahara (totalling \$555,000). In these areas the technique of eradication has not yet been proved; the eventual objective, however, is eradication, and the aid approved will help to make it possible to work out eradication techniques to be used in the future. The allocation of \$2.4 million to Mexico is to cover the first eighteen

months of a five-year campaign, and the allocation of \$105,000 to El Salvador is to cover the first year of a three-year campaign. In both instances the Board approved the entire project in principle. Later allocations which are expected to be required from UNICEF will amount to about \$6 million for Mexico and about \$180,000 for El Salvador. (See paras. 19 to 27 below, for a discussion of the Board's malaria-eradication policy.)

15. At the session under review the Board approved two new programmes of a type for which UNICEF aid had not previously been provided: fish-flour production (Chile) and domiciliary treatment of tuberculosis (Indonesia). It also approved aid for the first time for: BCG-vaccination programmes in two countries (Guatemala and Honduras); yaws control programmes in three countries (Sierra Leone, Solomon Islands and Togoland under French administration); leprosy control in two countries (Ethiopia and Solomon Islands); diphtheria and whooping-cough immunization in one country (Bechuanaland); and maternal and child welfare in three countries (Japan, Sudan and St. Kitts). A maternal and child welfare allocation to India for a programme in Assam brings to ten the number of State MCW programmes aided by UNICEF in India. The aid approved by UNICEF for the International Children's Centre in Paris for 1956 is for the third year of a three-year arrangement agreed to by the Board under which 40 per cent of the costs of the Centre were assumed by the Government of France and 60 per cent by UNICEF.

16. In the field of nutrition, programmes aided by UNICEF for the first time, in addition to fish-flour production in Chile, consisted of feeding programmes in the British Virgin Islands and Jamaica. Although no proposals for further aid to milk-conservation projects were submitted to the Board at the session under review, a number of projects are in course of preparation and are expected to be submitted next year. Although allocations for nutrition programmes amounted to only 8 per cent of the total programme allocations, considerable emphasis was laid on the work in the field of nutrition. (See paras. 28 to 43 below.) It should be noted, moreover, that the allocations for long-range feeding programmes, which amounted to \$479,000, included an amount of \$433,000 for ocean freight costs of some 28.3 million pounds of powdered skim milk provided free of charge at the port of exit by the United States Government out of surplus stocks. Allocations for feeding through maternal and child welfare programmes will provide an additional 8.5 million pounds of surplus stocks from the United States, and emergency aid will provide another 1 million pounds at a freight cost to UNICEF of approximately \$141,000.

17. The one emergency aid programme approved at the session under review—for emergency feeding in East Pakistan—was proposed during the course of the sessions of the Executive Board and the Programme Committee (see document E/ICEF/L.829). It will provide relief for mothers and children in East Pakistan, where torrential rains began early in April, causing serious floods.

18. Programmes were approved for two territories which had never before received aid from UNICEF: the British Virgin Islands and the Solomon Islands. This brings to 92 the number of countries and territories currently assisted by UNICEF.

## Programme policy

### MALARIA ERADICATION

19. Important progress had been made since the March 1955 session of the Executive Board in planning aid for malaria-eradication programmes: the WHO Assembly had appropriated special funds for the work; a special WHO co-ordinating office for malaria eradication had been established for the Americas; and planning for the first large-scale eradication campaign, in Mexico, had reached the stage where the project could be submitted to the Board at the session under review. At the same time, a start was being made on other programmes in Central America; and in a number of countries elsewhere plans were under way to change the operations from control to eradication.

20. The Executive Board's approval, at its March session, of substantially increased UNICEF aid for malaria eradication had been made contingent upon the clarification by the UNICEF/WHO Joint Committee on Health Policy (JCHP) of certain technical and policy aspects of malaria-eradication campaigns. The JCHP met at United Nations Headquarters on 6 May 1955, and its report (E/ICEF/297) was approved by the Board at the September 1955 session.

21. The main recommendations are as follows: UNICEF, in giving aid to new anti-malaria projects, should give first priority to eradication programmes. Support of control campaigns now in operation could be continued for a period during which efforts would be made to transform them into eradication campaigns. In Africa south of the Sahara, where the technique of interrupting transmission has not yet been completely worked out, control campaigns should be supported with a view to establishing the technique. This would involve an extension of the area of control campaigns now in operation.

22. In submitting requests for aid in eradication campaigns, countries should be prepared to establish an adequate national malaria service for whatever period may be necessary; introduce the necessary legislation; and pledge local financial support to complete the eradication programme.

23. In planning nation-wide malaria eradication, it is usually necessary to visualize four years of residual spraying followed by at least three years of special surveillance. A national malaria service with full authority and technical responsibility must be maintained through the periods of spraying and surveillance. Since, under average conditions, progress will be slower in some areas than in others, the special organization for nation-wide malaria eradication should probably be planned for a period of ten years.

24. New legislation will be needed in countries where existing legislation is related to the older methods. For eradication, the national malaria service needs authority to enter houses for survey or to carry out anti-malarial measures. Malaria must be a notifiable disease in areas where the objective is eradication.

25. The UNICEF Board's decision to give approval in principle for an entire eradication programme carries with it the assumption of a moral obligation to continue UNICEF assistance during the period of spraying. Allocations will normally be made for shorter periods, usually for one year's provision of insecticide plus a reserve stock for a further four months as a precaution against unforeseen delays in delivery.

26. The Board's assumption of responsibility for continuing assistance throughout an entire eradication programme must be matched by the Government's pledge of financial support for the duration of the programme. The Government's pledge does not call for funds to be appropriated in advance for the total programme. The pledge does, however, entail a firm commitment to provide the necessary personnel and finances to spray specified areas beginning in specified years, and to repeat the operation until spraying can be discontinued and replaced by a system of surveillance. The plan of operations confirming these commitments is to be regarded as an international obligation.

27. The eradication programmes approved at the September 1955 session for El Salvador and Mexico conformed to the principles stated above. In considering the strategy of continent-wide eradication in the Americas, the Board reaffirmed the position that requests from any Government would receive the same consideration under the usual Board policies as requests from any other Government (E/ICEF/L.830, paras. 19 and 20).

### CHILD NUTRITION

28. At its March 1955 session the UNICEF Board engaged in a long discussion of UNICEF aid for child nutrition and was encouraged to believe that significant progress could be made in the years ahead if international action was intensified (E/ICEF/294, para. 69).

29. At its September 1955 session the Board continued its review of the possibilities of aiding child nutrition programmes in under-developed countries. It had the opportunity of again hearing Dr. C. G. King, special UNICEF-FAO consultant, who reported on the Conference on Protein Requirements and Their Fulfilment in Practice held at Princeton in June 1955, sponsored jointly by FAO, WHO and the Josiah Macy Jr. Foundation.

30. The urgent need of an expanded effort on the part of the co-operating specialized agencies and UNICEF to develop further resources of non-milk high-protein food supplements for children was emphasized in the Board discussion. Although the potentialities for milk-conservation projects in under-developed countries have proved to be considerably greater than was originally assumed, there are nevertheless many areas in which there appears to be little prospect of the development of a dairy industry large enough to supply national requirements.

31. The current UNICEF policy on the provision of skim milk for child-feeding programmes has evolved against a background of the availability of powdered skim milk from United States surplus stocks at nominal cost or free at the port of exit. (At present the milk available is free, and for UNICEF involves only ocean freight costs, averaging less than 2 cents per pound.)

32. In 1954, it became probable that surplus milk powder would be available to UNICEF so as to give the possibility of establishing programmes of at least four years' duration, which in many places seemed adequate to arouse community interest, establish local organizational and financial arrangements, and generally to serve as both a stimulus and a nucleus for more permanent solutions to child nutrition problems. Moreover, the Board was aware of the fact that the use of surplus milk through UNICEF-aided programmes was one of the more desirable methods of distribution, since it did

not replace local production or interfere with international trade.

33. As shown in the report on beneficiaries (E/ICEF/300/Add.1, paras. 14 to 16), in the first half of 1955 powdered milk supplied by UNICEF provided daily rations to some 2.1 million beneficiaries, half of them through school lunch programmes and the other half through maternal and child welfare centres.

34. School feeding programmes for which skim milk is provided by UNICEF are showing children and their parents the value of proper nutrition and are stimulating community interest and the development of organizational and financial arrangements for better child nutrition. Through maternal and child welfare centres it is possible to reach pregnant and nursing mothers, as well as children in the crucial post-weaning and pre-school ages. In addition to treating individual cases of malnutrition, the centres have the merit of being able, through their distribution programmes, to provide practical instruction in infant-feeding practices, and general nutritional information.

35. Long-range feeding programmes differ from emergency feeding programmes in that, in the case of the former, Governments will undertake the continuation of the programme on a permanent basis after UNICEF aid has ended. In Africa, the number of beneficiaries of child feeding programmes carried out with UNICEF aid is small, in view of the uncertainty of the prospect that the Governments concerned will take over the programme on a permanent basis through milk conservation. In Asia, though the possibilities of milk conservation are now being explored in certain areas, it is probable that locally produced milk will be sufficient for only a small proportion of the beneficiaries of feeding programmes carried out with UNICEF aid. In the Americas, about three fourths of the present number of beneficiaries can eventually be provided with milk through milk conservation projects. In the Eastern Mediterranean area, it will probably be possible through milk conservation to provide milk for the present number of beneficiaries, but the number of such beneficiaries is low in relation to the need. In Europe, where milk conservation has been capable of considerable development, large child-feeding projects have been placed on a permanent basis.

36. In the light of these facts the Board viewed with considerable interest the findings of the Princeton nutrition conference and the efforts currently being made by UNICEF and co-operating specialized agencies to develop a united and expanded effort to find high-protein food supplements which are economical, locally available, and acceptable.

37. Dr. C. G. King, Chairman of the Princeton conference, reported that in studying the problem of "protein requirements and their fulfilment in practice" the conference had considered: (a) the review of the basic information available with respect to protein resources and the determination of the next steps required, both in basic research and in the stimulation of practical developments; (b) the planning of co-operative investigations which would be of the greatest value; and (c) the preparation of a specific programme of action.

38. The conference, attended by twenty-eight leading medical and non-medical scientists from different parts of the world, agreed that a first step would be to enlist the co-operation of various Government research stations, nutrition and food technology institutes, universities and industrial laboratories in working on specified

problems. The Conference felt that it was important to proceed systematically along these lines.

39. Where soya beans are readily available, the development of soya bean products is recognized as one of the best possibilities for developing high-protein foods. In Central and South America, Africa, the Eastern Mediterranean area and India, there are good prospects for developing protein foods of good quality for human consumption from other plant sources. The press-cake materials left from the production of edible oils offer a promising source of protein if they can be converted into human food, since they constitute a large reservoir of protein. They are at present used as animal feed or fertilizer and are relatively cheap. The press-cakes of cotton-seed, ground-nuts and soya beans are of greatest current interest.

40. Whenever new foods are developed for widespread use, there are many technical problems which must be overcome, and a series of tests must be made in order to furnish safeguards against health hazards and unnecessary delays and economic waste. The chemical composition of the foods after varying methods of processing has to be determined; biological tests must be made with animals to establish the nutritional value of the food and its freedom from unsuspected toxic materials; the tolerance of the human body to the foods must be established under strict medical supervision; and, through field tests, their acceptability to the population of a given region must be determined. Since the crucial period of protein deficiency is generally in the post-weaning and pre-school stage of child development, special attention must be given to the problem of the child's adaptation to the family diet.

41. In reporting on consultations with the co-operating specialized agencies since the Princeton conference, the UNICEF Administration called attention to two important elements in further progress: (a) the organizational work required to enlist the support of laboratories, nutrition institutes, and universities, and to allocate specific problems to the various participants; and (b) the financial problem likely to arise where funds were not readily available to some of the agencies which could best carry on the testing work requested.

42. In view of the urgency of the problem, it was apparent that it would require the full-time attention of a person with broad experience and competence in this field. Efforts are being made to see if such a person might be made available to FAO on a loan basis for a period of time by a national government or private organization. In this connexion, the Board was encouraged to note that steps were being taken to increase the staff and budget of the FAO Nutrition Division and to assign a senior officer to UNICEF headquarters as FAO adviser.

43. Throughout the course of the Board's discussion, the dominant note was that, while there was ground for optimism regarding the prospects of making a significant impact on the nutrition problems of children in underdeveloped areas, there was an urgent need for stepping up efforts of all interested agencies.

#### AMBULATORY CHEMO-THERAPY IN TUBERCULOSIS CONTROL

44. In accordance with the recommendations of the UNICEF/WHO Joint Committee on Health Policy (E/ICEF/297, paras. 14 to 20), the Board approved, in principle, UNICEF aid for: (a) drugs for existing tuberculosis control centres; and (b) pilot projects for the development of simple preventive control measures

in which home care, including drug treatment, forms an important part. In accordance with the Board's usual policy, each project will be considered on its merits and be subject to the normal provision of WHO technical approval.

45. At the JCHP session it was pointed out that a distinction must be drawn between the beneficial effect of drugs on individual patients and the control of tuberculosis in a community from a public health point of view. At the present time, because of the large number of unknown factors, it is not possible to predict whether or not the community load of tuberculosis infection would increase or decrease after applying drug treatment to all known cases of tuberculosis. The JCHP concluded, therefore, that it would be premature to embark upon programmes of mass ambulatory chemotherapy. The Committee noted that special studies are to be initiated which are to be planned, conducted, and evaluated along scientific lines and which it is hoped will give a better basis for consideration of the question of mass treatment at a later stage.

46. While support of mass treatment does not at present seem realistic, the JCHP noted the highly curative effect of drugs like isoniazid on pulmonary tuberculosis, and felt that simple preventive measures against the spread of the infection from the patient would be possible, and that adoption of those measures in any programme could be effective from a community point of view.

47. The centres for which drugs would be provided by UNICEF (see para. 44, item (a) above) would be those which direct prophylactic tuberculosis control work. The pilot projects (see para. 44, item (b), above) would have as their main purpose the development of simple methods for tuberculosis control in countries where the facilities for hospitalization are limited and where, therefore, the patients must remain in their homes. The problems requiring study are: the feasibility of home care with drug treatments, night isolation of the patient, and instruction in prophylactic measures to avoid the spread of infection. The type of personnel to be chosen for the supervision of the patient and the training to be given to such personnel should also be studied. The projects should be planned to last for a considerable period of time, not less than five years, and special attention should be given to the keeping of exact records.

48. On the basis of the recommendations of the JCHP, the Executive Board, at its present session, approved UNICEF aid for domiciliary treatment of tuberculosis for a project in Indonesia for the first time (see document E/ICEF/L.825 and Corr.1; see also the report of the Programme Committee (E/ICEF/L.830, para. 25) and para. 50 of this report). The Board requested that a report on the progress of the project be submitted to the JCHP at its next session.

#### UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY

49. The Executive Board approved the report of the eighth session of the UNICEF/WHO Joint Committee on Health Policy held in May 1955 (E/ICEF/297). The recommendations of the JCHP contained in the report related to two subjects: malaria eradication and ambulatory chemo-therapy in tuberculosis control. (Board action concerning these recommendations is discussed in paragraphs 19 to 27 and 44 to 48 of this report.)

50. The Executive Board requested that two items be

included in the agenda of the next session of the JCHP: a progress report on domiciliary treatment of tuberculosis in Indonesia (see para. 111) and a consideration of steps to be taken in assessing the protective effects on children of BCG-vaccination campaigns and the potency and quality of various BCG vaccines used (E/ICEF/L.830, para. 10).

#### CO-OPERATION WITH THE UNITED NATIONS BUREAU OF SOCIAL AFFAIRS

51. The Board welcomed the many new developments reflected in the report of the United Nations Bureau of Social Affairs on "Activities in the field of family and child welfare" (E/ICEF/304), particularly those in connexion with community development and the training of welfare personnel. As the Bureau's plans for strengthening its regional staff are put into effect, and if the General Assembly approves the recommendation of the Economic and Social Council (Council resolution 585 G (XX)) to increase funds for advisory social welfare services, there will be an increasing opportunity for co-operative activity with UNICEF at the country level.

#### FINANCIAL RELATIONS WITH SPECIALIZED AGENCIES *World Health Organization*

52. In considering the question of financial relations with WHO, the Executive Board had before it a paper on "Financial relations with WHO" (E/ICEF/299), which reproduced the resolution on this subject adopted by the World Health Assembly in May 1955 and included a statement made to the Assembly by Mrs. Adelaide Sinclair, of Canada, who represented the Executive Board of UNICEF. It also had before it a recommendation of the Executive Director to reimburse WHO for the costs of certain international project personnel (E/ICEF/L.827). In addition, it had the benefit of a statement by the Assistant Director-General of WHO for Administration and Finance (see document E/ICEF/SR.147).

53. The Board expressed its satisfaction that, as a result of the World Health Assembly's action, very considerable progress had been made in resolving the financial problems that existed between the two agencies, particularly through the request to the Director-General to include in his annual programme and budget estimates, beginning in 1957, full provision for international project personnel in jointly-assisted projects (WHA 8.12, operative paragraph 5, reproduced in E/ICEF/299, p. 10). This will implement the principle already agreed upon that the financial responsibilities of each organization should correspond to the functions which it assumes.

54. The Board appreciated that this implementation would in fact begin in 1956, since an additional \$249,000 in the regular budget and \$75,000 in the technical assistance budget of WHO for 1956 will take care of the costs of international project personnel in 1956 in the uncovered projects originally estimated to require \$480,000 (see E/ICEF/L.827, paras. 2 to 5).

55. Because of differences in the budgetary cycles of the two agencies, the Board recognized that certain costs of international project personnel might need to be assumed by UNICEF when they had not been foreseen at the time of the preparation of the last WHO budget and would therefore not be taken over until the next annual WHO budget went into effect. In submitting projects including such costs, the Board requested the Executive Director to bear in mind the Board criteria,



approved in March 1955, which allow for this flexibility in the case of projects "which [the Board] believes especially important to start" (E/ICEF/294, para. 124). This would permit the Executive Director discretion to decide on the best timing for bringing forward a programme proposal, and each project involving this type of reimbursement would be judged on its own merits.

56. In accordance with this decision, the Executive Board approved allocations totalling \$55,000 to reimburse WHO for certain international project personnel in 1955 and 1956. It also approved allocations totalling \$12,500 for the costs of international project personnel in earlier years which, upon final accounting, exceeded the amounts allocated. These allocations are identified separately in the summary list of country allocations given in paragraph 85 below. (See also E/ICEF/L.830, paras. 4 and 5 and E/ICEF/L.827, paras. 7 and 8.)

57. The Board noted that a total of \$290,884, which had previously been allocated for reimbursement to WHO for international project personnel, was being returned to the general resources of the Fund either because WHO had subsequently found itself in a position to assume these costs or because of delays in the recruitment of personnel in the implementation of projects. (For details see table IV in the annex to this report.)

#### *Food and Agriculture Organization of the United Nations*

58. The Executive Board welcomed the action of the Director-General of FAO in proposing to the FAO Conference, which meets in Rome in November 1955, that it should provide the funds to meet the full costs of FAO support of jointly-aided UNICEF/FAO projects in 1956 and subsequent years (E/ICEF/300, paras. 41 to 43). The Board recognized that the same type of problem as will remain with WHO resulting from diffi-

culties in budgetary cycles might also occur in relation to FAO. It agreed therefore, that the same flexibility set forth in paragraph 55 for WHO would also apply for FAO.

#### TARGET PROGRAMME OF ALLOCATIONS FOR 1956

59. Since 1951, the Executive Board has adopted an annual target programme of allocations. The major purpose of this target programme is to state the amount of allocations, finances permitting, the Board would be requested to make during the year, by geographic area and major type of programme. It gives an overall view of the needs of children for international assistance through the Fund, and facilitates the weighing of assistance to programmes on their relative merits. The target programme is not regarded as inflexible, but rather as a guide, subject to changes on the basis of new information and experience. The target does not include the local expenses contributed to UNICEF-aided programmes within the countries themselves.

60. The target programme of allocations for 1956 recommended by the Executive Director (E/ICEF/L.826) and approved by the Board is set at the same level of \$20 million as has been in effect since 1953. In the course of the Programme Committee's discussion of the target programme, the \$20 million level was examined in relation to revenue prospects for the year (E/ICEF/L.830, paras. 26 to 30). If the expectations of resources in 1956 are fulfilled (including balances carried over from 1955) the Fund will be in a position to meet its target completely for the first time since the adoption of the concept of annual targets. Accordingly, stress should be placed on increased programme planning and preparation.

61. The target programme of allocations for 1956 is as follows:

TARGET PROGRAMME OF ALLOCATIONS FOR 1956  
(In thousands of US dollars)

<i>Type of programme</i>	<i>Africa</i>	<i>Asia</i>	<i>Eastern Mediterranean</i>	<i>Europe</i>	<i>The Americas</i>	<i>Total</i>	<i>Per cent</i>
<b>A. LONG-RANGE AID</b>							
<b>I. Maternal and child welfare</b>							
(i) MCW services and training .....	330	2,200	430	75	440	3,475	17.4
(ii) Environmental sanitation .....	—	300	50	—	175	525	2.6
(iii) Other projects .....	—	—	—	150	—	150	0.7
SUB-TOTAL	330	2,500	480	225	615	4,150	20.7
<b>II. Mass health</b>							
(i) Malaria and other insect-borne diseases .....	930	700	250	—	2,895	4,775	23.9
(ii) Control of yaws, bejel, VD .....	300	750	50	—	270	1,370	6.9
(iii) TB control, including BCG .....	50	360	170	—	45	625	3.1
(iv) Anti-trachoma campaigns .....	300	400	100	50	—	850	4.3
(v) Leprosy control .....	500	270	—	—	—	770	3.8
(vi) Production of antibiotics, insecticides, sera and vaccine .....	—	150	—	—	—	150	0.7
SUB-TOTAL	2,080	2,630	570	50	3,210	8,540	42.7
<b>III. Child nutrition</b>							
(i) Feeding through schools and MCW centres .....	110	540	125	—	300	1,075	5.4
(ii) Milk and other food conservation projects .....	—	860	500	525	100	1,985	9.9
SUB-TOTAL	110	1,400	625	525	400	3,060	15.3
<b>IV. Projects benefiting more than one region...</b>							
TOTAL, long-range aid .....	2,520	6,530	1,675	800	4,225	16,100	80.5
<b>B. EMERGENCY AID</b>							
						1,000	5.0
<b>C. OPERATIONAL SERVICES</b>							
						1,400	7.0
<b>D. ADMINISTRATION</b>							
						1,500	7.5
GRAND TOTAL						20,000	100.0
<hr/>							
Area percentage (78.7 per cent of total target)	12.6	32.6	8.4	4.0	21.1		

## Countries and programmes receiving assistance

62. The Fund is currently assisting 92 countries and territories. For almost half of these (44), UNICEF aid is a relatively recent development, having been approved in 1952 or later. This includes all of the 20 countries in Africa which are receiving aid and more than one-third of the countries of the Americas which are receiving aid.

63. The Fund is currently assisting a total of 268 programmes, including one regional project and three which affect more than one region.

64. The following table shows the geographical distribution of the 264 country programmes currently receiving assistance:

	Countries and territories	Programmes
Africa .....	20	37
Asia .....	22	76
Eastern Mediterranean Area.....	13	46
Europe .....	7	17
The Americas .....	30	88
	<u>92</u>	<u>264</u>

65. By major categories of programmes aided, the distribution is as follows:

	MCW	Mass health	Nutrition	Emergency aid	Total
Africa .....	9	25	3	—	37
Asia .....	24	42	6	4	76
Eastern Mediterranean..	14	19	10	3	46
Europe .....	10	4	3	—	17
The Americas .....	24	28	35	1	88
	<u>81</u>	<u>118</u>	<u>57</u>	<u>8</u>	<u>264</u>

66. A list of countries and programmes receiving UNICEF assistance is given in document E/ICEF/305.

### Beneficiaries

67. By 30 June, over 16.9 million children and nursing and pregnant mothers had benefited in 1955 in the principal programmes, as compared with a target of over 32 million for the year.<sup>2</sup> The situation as of 30 June

1955 and the 1955 targets are given in the following table:<sup>3</sup>

	Situation as of 30 June 1955	1955 target
BCG anti-tuberculosis vaccination (Children vaccinated) .....	8,293,000	14,510,000
Anti-malaria campaigns (Children and mothers protected with DDT provided by UNICEF) ..	3,536,000	9,260,000
Yaws control (Children and mothers treated) ..	622,000	1,827,000
Trachoma control (Children treated) .....	468,000	1,593,000
Feeding through school lunches and maternal and child welfare centres (Peak number of children and mothers receiving daily ration)...	2,076,000	2,740,000
Emergency feeding (Peak number of children and mothers receiving daily ration)...	1,956,000	2,180,000

68. The total number of beneficiaries of certain of these programmes from the time of their inception to mid-1955 was as follows:

*BCG campaigns:* 135 million children tested and 51.5 million vaccinated;

*Yaws control:* 21.9 million children and mothers and 43.8 million persons of all ages tested; 4.2 million children and mothers and 8.3 million persons of all ages treated;

*Trachoma control:* 1.4 million children treated;

*Maternal and child welfare centres:* Taking into account the action of the Board at the session under review, UNICEF aid has been approved for almost 10,000 maternal and child welfare centres in the form of basic equipment and "expendables" (i.e., various drugs, skim and whole milk powder, fish liver oil capsules and soap). By mid-1955 over 5,300 centres had received UNICEF expendables and were distributing them, and over 4,700 centres (including most of those receiving the expendables) had received basic equipment from UNICEF.

## CHAPTER III

### FINANCIAL POSITION

#### Resources available for allocation

69. The resources available for allocation at the September 1955 session totalled \$15,347,301, as follows:

	Dollars
Unallocated funds at end of March 1955 session of the Executive Board .....	5,016,416
New resources, end of March session to end of September session .....	9,795,051
Return of certain unused allocations .....	535,834
<b>TOTAL</b>	<b>15,347,301</b>

70. The allocations made by the Executive Board totalled \$10,299,515. Of this amount \$4,607 was available

as a transfer from a previous allocation.<sup>4</sup> The new funds thus allocated totalled \$10,294,908 and left unallocated resources of \$5,052,393 at the end of the Executive Board's session.

71. The return of unused allocations results from action by the Board at the September 1955 session with regard to an unused amount of \$100,000 in the Brazil milk conservation allocation (E/ICEF/L.781); a return of a Honduras milk conservation allocation of \$144,950 (E/ICEF/L.782); and the return of certain unused amounts previously allocated for reimbursement to WHO for international project personnel in 1953, 1954 and 1955, the details of which are given in table IV in the annex to this report.

<sup>3</sup> For details see E/ICEF/300/Add.1.

<sup>2</sup> Children and nursing and pregnant mothers receiving direct benefits (i.e., vaccinated rather than tested in BCG campaigns; treated rather than examined in yaws control campaigns).

<sup>4</sup> For a deficit allocation for WHO project personnel in Cambodia and Viet-Nam in 1954 (E/ICEF/L.827, para. 13) to be taken from a previous allocation to the Associated States of Indo-China.

## Government contributions and pledges

72. As of 15 September, 61 Governments had contributed or pledged a total of \$14,834,000 to UNICEF for 1955. A number of other Governments are expected to contribute, bringing the total number of donor Governments for 1955 to about 70, as compared with 61 for 1954.

### CONTRIBUTIONS

73. The Government contributions for 1955, as of 15 September, totalled \$14,534,313, received from 58 Governments, as follows:

	<i>Dollars</i>
Afghanistan .....	6,000
Antigua .....	117
Austria .....	30,769
Belgium (Belgian Congo) .....	24,738
Brazil .....	180,505
Burma .....	56,000
Canada .....	507,574
Ceylon .....	7,497
Chile .....	7,998 <sup>a</sup>
China .....	14,704
Czechoslovakia .....	34,722
Denmark .....	50,680
Dominican Republic .....	20,000
Ecuador .....	2,634
Egypt .....	43,050 <sup>b</sup>
Ethiopia .....	8,000
Finland .....	21,739
France .....	785,714
Germany (Federal Republic of) .....	190,476
Greece .....	14,555
Guatemala .....	30,550 <sup>c</sup>
Haiti .....	10,000
Honduras .....	20,000
Hong Kong .....	3,500
Iceland .....	6,139
India .....	336,000
Indonesia .....	100,000
Iran .....	100,000
Ireland .....	14,000
Israel .....	27,778
Jordan .....	1,392
Lebanon .....	4,600
Libya .....	2,000
Liechtenstein .....	468
Luxembourg .....	3,000
Malayan Federation .....	24,500
Mexico .....	150,000
Monaco .....	1,143
Morocco .....	1,429
Netherlands .....	39,474
New Zealand .....	210,000
Nicaragua .....	10,000
Norway .....	67,200
Pakistan .....	52,500
Peru .....	78,947
Philippines .....	50,000
Saar .....	28,571
Sarawak .....	8,167
Sweden .....	193,050
Switzerland .....	163,800
Thailand .....	500,000
Tunisia .....	847
Turkey .....	26,786
Union of Soviet Socialist Republics .....	500,000

<sup>a</sup> Contribution for 1954, entered after closure of 1954 UNICEF accounts, in addition to \$37,002 previously announced for 1954.

<sup>b</sup> Contribution for 1954, entered after closure of 1954 UNICEF accounts, in addition to \$12,197 previously announced for 1954.

<sup>c</sup> Includes \$10,550 contribution for 1954, entered after closure of 1954 UNICEF accounts, in addition to \$20,000 previously announced for 1954.

	<i>Dollars</i>
United Kingdom of Great Britain and Northern Ireland .....	560,000
United States of America .....	9,000,000
Vatican State .....	1,000
Yugoslavia .....	200,000
	\$14,534,313

### PLEDGES

74. The pledges for 1955 (not yet included in UNICEF accounts as of 15 September) were from the following 7 Governments, representing a United States dollar equivalent value of about \$300,000:

Belgium .....	3,000,000 Belgian francs
Ceylon (additional) .....	35,000 rupees
Chile (additional) .....	55,000 dollars (US)
Grenada .....	3,000 dollars (BWI)
Indonesia (additional) .....	10,000 dollars (US)
Italy .....	30,000,000 lire
Japan .....	35,990,768 yen

75. Included in the above list are contributions or pledges for the first time from 9 Governments, as follows:

Antigua	Morocco
Grenada	The Saar
Lebanon	Tunisia
Libya	Union of Soviet Socialist Republics
Mexico	

76. In addition, as shown in the following list, 16 Governments had, as of 15 September, increased their contributions or pledges over those of 1954, half of them by 50 per cent or more:

Austria .....	from 500,000 to 800,000 schillings
Belgium .....	from 3,500,000 to 4,250,000 Belgian francs
Brazil .....	from 3,000,000 to 5,000,000 cruzeiros
Ceylon .....	from 35,700 to 70,700 rupees
Chile .....	from 45,000 to 55,000 dollars (US)
China (Republic of) .....	from 10,000 to 14,704 dollars (US)
Finland .....	from 1,400,000 to 5,000,000 Finnish mark
France .....	from 175,000,000 to 275,000,000 francs
Germany .....	from 500,000 to 800,000 mark
Iceland .....	from 50,000 to 100,000 kronur
India .....	from 1,500,000 to 1,600,000 rupees
Indonesia .....	from 100,000 to 110,000 dollars (US)
Israel .....	from 25,000 to 50,000 Israeli pounds
Monaco .....	from 300,000 to 400,000 francs
Norway .....	from 400,000 to 480,000 kroner
Pakistan .....	from 200,000 to 250,000 rupees

77. Contributions from Governments other than the principal donor, the United States of America, have shown a steady rise in recent years, as shown in the following table:

*Contributions from Governments,  
excluding that of the  
United States of America*

1950 .....	\$3,162,000
1951 .....	4,101,000
1952 .....	4,140,000
1953 .....	4,453,000
1954 .....	5,308,000

The amount in 1954 was 19 per cent higher than in the preceding year.

78. As has already been noted, progress is being made in increasing the number of donor Governments. Of special interest is the recent growth in the number of States non-members of the United Nations (including Non-Self-Governing Territories) which are contributing.

	<i>Number of donor Governments</i>		
	<i>Member States</i>	<i>Non-member States (including Non-Self-Governing Territories)</i>	<i>Total</i>
1950.....	24	6	30
1951.....	29	6	35
1952.....	30	9	39
1953.....	39	16	55
1954.....	41	20	61

79. Of the 19 Member States which did not contribute in 1954, 8 have since made contributions or pledged their support for 1955. Efforts will be continued to enlist the participation of the others. The Governments of 6 non-member States which had not previously contributed have made contributions or pledges to UNICEF for 1955. This trend is encouraging and reflects the increased confidence of Governments in UNICEF. At the same time, it is necessary to consider the matter in greater detail.

80. One element in strengthening the financial position of the Fund would be for all contributors to establish a pattern of regular annual contributions. About one-third, it would appear, have not yet adopted this as a firm policy.

81. The greatest need, however, is to obtain more support from Governments whose contributions are at present relatively low. Additional resources are, of course, anticipated from successful negotiations with Governments which have not made regular annual contributions in the past, or which have never contributed.

With a few exceptions, however, this source of potential income cannot yield considerable amounts; the major part of the additional support needed must come from Governments which have supported UNICEF steadily in the past. The Fund will have to address itself particularly to Governments which were not in a position to raise their contributions in 1955 and those whose support has been limited in the past for one reason or another. For the most part, these will be countries of relatively advanced economic development.

82. In this connexion, it is relevant to note that the Governments of a number of under-developed countries have made unusual efforts to support the work of the Fund, often contributing a relatively higher percentage of the \$20 million annual target of allocations than their proportionate assessment for the United Nations budget. In spite of the low average *per caput* income and the need to provide internal matching funds for projects assisted by UNICEF (currently averaging almost \$2 for every \$1 allocated by UNICEF), these Governments make contributions to the Fund which compare favourably with, and are often more substantial than, the relative support from a number of Governments economically more favoured.

83. This undoubtedly reflects the fact that there is sometimes a greater understanding of the value of UNICEF aid in countries which receive assistance than in those which contribute only. While the humanitarian objectives of UNICEF aid are readily understood in all countries, it is evident that the economic values of UNICEF activities need to be more widely explained in some countries where contributions have been relatively small, particularly the importance of UNICEF aid as an essential element in the whole scheme of international aid for under-developed countries.

84. At both the March and the September 1955 sessions, the effects of UNICEF aid in the field of malaria eradication were discussed by the Board. The economic importance of this work (which will have a high priority demand on UNICEF resources for some years in the future) and of UNICEF work in other mass disease control programmes, in the field of nutrition, and in the development of networks of permanent rural maternal and child welfare services, undoubtedly needs to be told to contributors more effectively than in the past.

## CHAPTER IV

### COUNTRY ALLOCATIONS

#### Summary

85. Allocations to countries approved by the Executive Board are listed below by area.

<i>Document E/ICEF/L.:</i>	<i>Allocation (Dollars)</i>
<b>LONG-RANGE PROGRAMMES</b>	
<b>AFRICA</b>	
<i>Bechuanaland</i>	
775	Immunization (diphtheria/whooping-cough)** . . . . . 18,000
<i>French West Africa and Togoland under French administration</i>	
882	Malaria control..... 285,000

\*\* Programmes receiving UNICEF aid for the first time.

<i>Document E/ICEF/L.:</i>		<i>Allocation (Dollars)</i>
<i>Liberia</i>		
810	Malaria control.....	110,000
827	Malaria control (deficit 1953).....	595*
827	Yaws control (deficit 1953).....	594*
811	Yaws control.....	96,000
		207,189
<i>Morocco</i>		
814	VD control.....	176,000
827	Trachoma control (deficit 1954).....	1,073*
		177,073
<i>Nigeria</i>		
767	Malaria control.....	160,000
805 and Corr.1	Leprosy control.....	55,000
		215,000
<i>Sierra Leone</i>		
788	Yaws control**.....	63,000
<i>Togoland under French administration (see also French West Africa above)</i>		
797 and Corr.1	Yaws control**.....	50,000
<i>Tunisia</i>		
824	Trachoma control.....	24,000
		1,039,262
<b>TOTAL, AFRICA</b>		
 <i>ASIA</i>		
<i>Afghanistan</i>		
798	MCW.....	45,000
<i>Burma</i>		
819	MCW.....	58,000
<i>Cambodia</i>		
827	BCG vaccination (deficit 1954).....	2,304*
<i>China</i>		
774	MCW in Taiwan.....	55,000
790	VD control in Taiwan.....	43,000
770	Trachoma control in Taiwan.....	342,000
		440,000
<i>India</i>		
818	MCW (Assam).....	109,000
827	MCW (1956).....	16,409*
771	BCG vaccination.....	88,000
813	Long-range feeding programme.....	90,000
		303,409
<i>Indonesia</i>		
792 and Corr.1	MCW.....	266,000
779	BCG vaccination.....	115,000
825 and Corr.1	TB control (domiciliary treatment)**.....	12,000
800	Food conservation (vegetable milk).....	50,000
		443,000
<i>Japan</i>		
799	MCW**.....	38,000
<i>Pakistan</i>		
773	MCW.....	63,000
808	Malaria control.....	280,000
		343,000

\* Funds approved for reimbursement to WHO of costs of international project personnel.

\*\* Programmes receiving UNICEF aid for the first time.

<i>Document E/ICEF/L..</i>		<i>Allocation (Dollars)</i>	
<i>Philippines</i>			
820	MCW.....	302,000	
784	Long-range feeding programme.....	83,000	
			385,000
<i>Solomon Islands</i>			
776	Yaws control**.....	12,500	
776	Leprosy control**.....	3,500	
			16,000
<i>Thailand</i>			
786	MCW.....		172,000
<i>Viet-Nam</i>			
827	BCG (deficit 1954).....		2,303*
<i>Western Pacific area</i>			
827	BCG assessment team (deficit 1954).....		2,999*
	TOTAL, ASIA		2,251,015
EASTERN MEDITERRANEAN			
<i>Egypt</i>			
787	MCW.....		183,000
<i>Ethiopia</i>			
801 and Corr.1	MCW (environmental sanitation).....	42,000	
793	Leprosy control**.....	25,000	
			67,000
<i>Iran</i>			
827	MCW (1956).....		10,849*
<i>Iraq</i>			
812	Long-range feeding programme.....		148,000
<i>Sudan</i>			
807	MCW**.....	33,000	
806 and Corr.1	Malaria control**.....	34,000	
			67,000
<i>Syria</i>			
780	MCW.....		49,000
<i>Turkey</i>			
794	BCG vaccination.....		28,500
	TOTAL, EASTERN MEDITERRANEAN		553,349
EUROPE			
<i>Yugoslavia</i>			
804	MCW.....	250,000	
785	Penicillin plant.....	100,000	
769 and Corr.1	Trachoma control.....	11,000	
			361,000
	TOTAL, EUROPE		361,000
THE AMERICAS			
<i>Brazil</i>			
802	Long-range feeding programme.....		26,000

\* Funds approved for reimbursement to WHO of costs of international project personnel.

\*\* Programmes receiving UNICEF aid for the first time.

Document E/ICEF/L.:		Allocation (Dollars)
<i>British Guiana</i>		
827	BCG vaccination (deficit 1954).....	1,315*
<i>British Virgin Islands</i>		
796	Long-range feeding programme**.....	2,500
<i>Chile</i>		
823	Food conservation (fish-flour production)**.....	60,000
<i>Colombia</i>		
783	MCW.....	\$109,000
772	BCG vaccination (includes \$12,000 for reimburse- ment to WHO 1955).....	35,000*
827	BCG vaccination (1956).....	6,084*
		150,084
<i>Dominica</i>		
791	Long-range feeding programme.....	13,000
<i>El Salvador</i>		
815	Malaria eradication.....	105,000
789	Long-range feeding programme.....	21,000
		126,000
<i>Grenada</i>		
803	Yaws and VD control.....	4,500
<i>Guatemala</i>		
795	MCW.....	4,400
778 and Corr.1	BCG vaccination**.....	29,000
827	BCG vaccination (1956).....	3,900*
		37,300
<i>Honduras</i>		
777	BCG vaccination**.....	16,000
827	BCG vaccination (1956).....	3,900*
		19,900
<i>Jamaica</i>		
816	Long-range feeding programme**.....	96,000
<i>Mexico</i>		
809	Malaria eradication.....	2,400,000
<i>Paraguay</i>		
827	BCG vaccination (1956).....	2,475*
<i>St. Kitts</i>		
817	MCW (environmental sanitation)**.....	\$22,000
827	BCG vaccination (deficit 1954).....	1,315*
803	Yaws and VD control.....	2,100
		\$25,415
<i>St. Vincent</i>		
803	Yaws and VD control.....	3,700
		\$2,968,189
TOTAL, THE AMERICAS		
PROJECTS BENEFITING MORE THAN ONE REGION		
821	International Children's Centre, Paris.....	300,000
		\$7,472,815
TOTAL, LONG-RANGE AID		
EMERGENCY AID		
<i>Pakistan</i>		
829	Emergency feeding (flood relief).....	15,000
		\$7,487,815
GRAND TOTAL PROGRAMME ALLOCATIONS		

\*Funds approved for reimbursement to WHO of costs of international project personnel.

\*\*Programmes receiving UNICEF aid for the first time.

## Description of projects

86. Projects for which allocations were approved at the session under review are described below. Allocations which include funds for reimbursement to WHO for costs of project personnel are designated by an asterisk.

87. New programmes (those for which UNICEF aid has been approved for the first time) are designated by two asterisks.

### LONG-RANGE PROGRAMMES

#### AFRICA

##### 88. *Bechuanaland*

*Diphtheria/whooping-cough immunization\*\**  
\$18,000 (E/ICEF/L.775)

to provide diphtheria toxoid, whooping-cough vaccine, campaign supplies and equipment, and three vehicles to be used in a two-year mass immunization campaign from May 1956 to May 1958 to immunize 120,000 children, representing 80 per cent of the total child population. Immunization will be carried out by mobile teams to reach approximately 26,000 school children aged six to eighteen, about 44,000 of the same age group not attending school, and some 50,000 children under six years of age. The pre-school group will receive combined diphtheria and whooping-cough immunization, while those aged six to eighteen will be inoculated against diphtheria only. Medical and qualified nursing staff in Government and mission hospitals will assist in the inoculation project in their own districts. Established maternal and child welfare clinics will be used as assembly centres. Government matching expenditures for the two-year period of the campaign are estimated at \$24,000. At the conclusion of the mass campaign, the Government will follow up with booster inoculations as required, and will arrange for the regular immunization of the newborn.

##### 89. *French West Africa and Togoland under French administration*

*Malaria control* . . . . . \$285,000 (E/ICEF/L.822)

to provide insecticides, equipment and transport to continue and expand malaria control campaigns in the territories of Senegal, Haute-Volta and Dahomey in French West Africa and in the territory of Togoland under French administration to permit protection in 1956 of 842,000 in addition to the 1,350,000 to be protected under allocations previously approved by the Board. Following two years of house-spraying in 1953 and 1954, there has been a remarkable reduction of anopheles density in the area of operations. Transmission of malaria continues, nevertheless, on a reduced scale. The continuing infection is believed to be due mainly to the mobility of the population, and it is proposed to prevent this re-infection by extending the coverage of house-spraying out to the natural boundaries of the areas within which concentrations of people live and travel. The increased coverage proposed for 1956 represents about half of the extension necessary, and there would remain a further 900,000 people to be covered in future years to protect

these particular areas. The ultimate objective in these territories is the eradication of malaria. An effort will be made in the next phase of the campaign to determine the eradication technique, which has not yet been approved. Governmental matching related to the protection of the additional 842,000 persons in 1956 is estimated at \$300,000.

##### 90. *Liberia*

*Malaria control*  
\$110,595\* (E/ICEF/L.810 and E/ICEF/L.827)

for insecticides and sprayers, anti-malaria drugs and transport to expand the pilot malaria control project previously aided by UNICEF, increasing the number of persons protected from 150,000 to 250,000. The sprayed area will have as boundaries either natural barriers of sea or thick forest, or defensible barriers where satisfactory control measures will be established. This allocation will permit continuation of the project for two years (1956-1957), the situation to be reviewed at the end of each year. Experience has shown that the population is more mobile than was previously thought, and many infections are contracted by persons visiting unsprayed areas. Research to determine the most suitable insecticide and cycle for application are not yet complete and will continue at least through 1956. In some places a high degree of control has been achieved. Gaps between the sprayed areas must be filled in by extension of dieldrin spraying and results evaluated in each blanket-sprayed area. Government matching is estimated at \$130,000 for the two-year period, in addition to contributions by local communities. The World Health Organization will provide the services of a malarialogist, an entomologist, a sanitarian and an administrative officer who will also serve the yaws control campaign. The apportionment includes \$595 for reimbursement to WHO to cover a deficit in 1953 expenditures for international project personnel.

##### 91. *Liberia*

*Yaws control*  
\$96,594\* (E/ICEF/L.811 and E/ICEF/L.827)

for penicillin and transport to permit an expansion of the yaws control programme in 1956 and 1957 beyond the present pilot area. In the first six months of 1955, a total of 13,000 persons were treated. The target for 1956 is 500,000 persons; with an equal number of persons to be treated in 1957 it is believed that almost the whole country will be covered by the end of the two-year period. A plan has been developed for re-survey and surveillance following the mass campaign in each area and for integration of subsequent treatment into the work of existing health centres and clinics. Government matching for this phase of the programme is estimated at \$200,000 for the two-year period. The World Health Organization will provide the services of a yaws specialist, a serologist, and a male nurse, as well as the administrative officer who also serves the malaria control campaign. The allocation includes \$594 for reimbursement to WHO to cover a deficit in 1953 expenditures for international project personnel.



92. Morocco

*Syphilis control* . . . . . \$176,000 (E/ICEF/L.814)

for penicillin, vehicles and field and laboratory supplies to continue and expand the syphilis control programme in 1956 and 1957. A mass campaign was started with six special teams in 1954 with aid from UNICEF. Simultaneously, anti-VD work was intensified through the fixed public health institutions, and it is now intended to combine the mass action and the regular public health programme into one national campaign. The combined programme will be carried out by: (a) the *Opération Famille* (which will examine 1,100,000 and treat 523,000) through systematic examination, case-finding, treatment and contact-tracing in groups of people accessible to fixed health centres and special VD dispensaries; and (b) *Opération Collectivité* (which will examine 3,500,000 and treat 1,115,000) through a continuation of the mass campaign to be carried out by three special VD teams and by teams established in each of the seven regional services of preventive medicine. Thus, by the end of 1957, half of the total population of Morocco will have been examined and more than 1,600,000 cases and contacts will have received treatment. It is anticipated that a request will be submitted to UNICEF at a later time for assistance in the final phase of this programme. Government expenditures to match the proposed UNICEF contribution for 1956 and 1957 will be equivalent to \$312,000. In view of the large scale of the programme, the cost of operations is a key factor: on the basis of the first ten months of operations, the Government tentatively estimates the total cost at 25 cents per person examined, of which 7 cents represents the UNICEF contribution.

93. Morocco

*Trachoma control* . . . . . \$1,073\* (E/ICEF/L.827)

for reimbursement to WHO to cover a deficit in 1954 expenditures for international project personnel.

94. Nigeria

*Malaria control* . . . . . \$160,000 (E/ICEF/L.767)

to provide insecticides, sprayers and transport for a mass malaria control campaign in part of Sokoto Province during 1956-1958, 244,000 persons to be protected in the first year and 487,000 in the second. A further expansion is planned for 1958-1959 to protect a total of 1,000,000 persons. The pilot malaria control project, for which the Board first approved aid in March 1953, began in April 1954, and is now protecting 124,000 persons. By the end of the first year, transmission of malaria in the pilot zone had been effectively reduced to such a degree that it is expected that it may be completely stopped. The house-spraying techniques and the field organization which have proven effective in the pilot project will be used in the mass campaign, as will also the workers trained in this project. Four teams, comprising 36 spraymen and 12 recorders, will be deployed for each 250,000 persons to be protected, and the number of teams will be increased as the campaign progresses. Government match-

ing costs for staff, labour, local materials, transport maintenance, accommodation and storage facilities are estimated at 18 cents per inhabitant protected in the first year and 22 cents in the second, compared with approximately 17 cents to be provided by UNICEF per inhabitant protected per year. Spraying is to be continued in any one area of the province until malaria is eradicated, or for six years, whichever period is the shorter. The Government will then maintain surveillance and control measures to prevent reinfestation of areas from which malaria has been eradicated. The Government will continue its commitments each year until malaria is eradicated in the area concerned, and will require further UNICEF aid for this purpose.

95. Nigeria

*Leprosy control* . . \$55,000 (E/ICEF/L.805 and Corr.1)

for the provision of additional sulphone tablets and for one vehicle needed in the northern region to increase treatment for victims of leprosy in 1955 and 1956. A previous UNICEF allocation provided drugs for treatment of 100,000 patients in a three-year anti-leprosy programme, 1954-1956. In 1953, the Government was treating 52,000 patients. During 1954 alone, the first year of the campaign carried on with UNICEF assistance, 31,000 new cases were brought under treatment, almost all of them in the northern region, and it is now estimated that a total of 195,000 lepers can be reached by the end of 1956, approximately twice the original target for the three-year campaign. The goal of the programme is to make treatment available to all cases. There are an estimated 900,000 leprosy cases in Nigeria and, as frequently happens, when treatment facilities are increased, more cases may come to light. The goal of 195,000 patients under treatment by 1956 would bring treatment to 22 per cent of the estimated total number of cases. A request for further UNICEF aid may be expected for the period after 1956. The cost to UNICEF for the sulphone tablets averages between 25 and 50 cents per year per patient. The local cost of arranging their distribution and of running a leprosy service is considerably more. The Government of the northern region, where most of the expansion will take place, will reinforce the senior staff of the leprosy service and augment the training of auxiliary staff. The Governments of the northern and eastern regions are expending \$82,244 more in 1955 than in 1954 on leprosy control, and further increases are expected in subsequent years of the campaign. Local authorities will construct several hundred more treatment clinics and employ more auxiliary staff.

96. Sierra Leone

*Yaws control*\*\* . . . . . \$63,000 (E/ICEF/L.788)

for penicillin, vehicles, field serological laboratory and field equipment to expand current yaws control work throughout the northern province of Sierra Leone to treat 774,000 persons during a two-year period (1956-1957). This is the first phase of a campaign which will eventually extend to the whole of the territory. Forty per cent of the total population and half the area of the

territory will be covered in the first phase. The project is based on smaller campaigns begun in 1950 in the north and south-eastern provinces by the Endemic Diseases Control Unit and on a study made in the campaign area by a WHO adviser on yaws. Two mobile teams, each comprising twelve locally trained attendants, will diagnose and treat yaws throughout the northern province. Following the mobile treatment campaign, stationary treatment centres will be set up with a view to a substantial reduction or elimination of the disease and ultimate eradication of yaws infection. The incidence of other prevalent diseases will be investigated simultaneously—in particular, leprosy and intestinal infestations—and the two mobile teams and stationary treatment centres will organize treatment and preventive measures in co-operation with local health authorities. The matching commitment of the Government for this campaign will be approximately equal to that of UNICEF. During the two-year period of the campaign WHO will provide a project leader, a serologist and a public health nurse or health superintendent.

97. *Togoland under French administration*  
*Malaria control* ..... (E/ICEF/L.822)  
 See French West Africa (para. 89, above).

98. *Togoland under French administration*  
*Yaws control\*\** ..\$50,000 (E/ICEF/L.797 and Corr.1)  
 to provide penicillin, campaign materials and vehicles for a yaws control campaign to be conducted in 1956 and 1957 in which the entire population of 1,050,000 inhabitants will be examined. An estimated 525,000 cases and contacts will be treated. The campaign will be conducted by two existing field teams and five additional field teams to be organized by the Government. Treatment will also be provided by hospitals and by those dispensaries which are attended by doctors. A system of treatment by male nurses will also be tried. The aim of the mass campaign is to reduce the incidence of yaws throughout the territory; after that an effort will be made to achieve complete elimination of the disease by supervision and detection of remaining cases. At the same time, the Government will encourage transformation of existing dispensaries into rural public health centres to combat contagious diseases, improve public health conditions generally and supervise the last stages of the yaws control campaign. The Government will contribute approximately \$50,000 each year to the campaign.

99. *Tunisia*  
*Control of trachoma and associated eye diseases*  
 \$24,000 (E/ICEF/L.824)

to provide antibiotic ointment and spare parts for vehicles, in order to expand and continue through 1956 the campaign carried on with UNICEF assistance for the control of trachoma and seasonal conjunctivitis in southern Tunisia. Treatment will be continued in seven southern districts already covered, in which 350,000 persons received treatment in 1954-1955, and, in addition, the 1956 operation will provide treatment for

another 150,000 persons in a new area (Gafsa), bringing the total protected to one-half million, or one-seventh of the population of Tunisia. Extension of the campaign into Gafsa will be the first step in extending the scheme to the north and ultimately to all of Tunisia. An estimated 12,000 trachomatous children will be given intensive treatment in schools in addition to 16,500 treated during the 1954-1955 school campaign. There will be two new aspects of the 1956 operation: (a) development of self-treatment against conjunctivitis in the seven districts treated during the 1954-1955 mass campaign, through demonstrations and free distribution of ointment; and (b) the beginning of thorough technical assessment of the results of the campaign. Government matching for the 1956 operation will be equivalent to \$70,000, primarily for personnel. The services of technical personnel and fellowships will be provided by WHO.

## ASIA

100. *Afghanistan*  
*Maternal and child welfare* ..\$45,000 (E/ICEF/L.798)  
 to assist in continuation through 1957 of the maternal and child welfare programme carried out with UNICEF aid. The new allocation will provide:

- (a) Equipment for six MCW centres;
  - (b) Supplementary equipment and a small quantity of drugs for the hospital in Kabul, which maintains the only full training course for midwives and the only post-graduate training course in obstetrics for doctors;
  - (c) Teaching equipment and transport for the training school at Kandahar for training of assistant nurses and assistant midwives;
  - (d) Equipment for the training of *dais* (indigenous midwives) in two provincial towns;
  - (e) Dried milk, drugs, fish-liver-oil capsules and soap for distribution through MCW centres. (Skim milk will be distributed to 8,000 beneficiaries to the end of June 1956, and whole milk will be distributed under medical control to 1,000 or more infants to the end of 1957).
- The Government's contribution to match UNICEF aid for 1956-1957 is estimated at \$176,500. Since the beginning of the programme WHO has provided international personnel, as many as nine advisers and experts being assigned at various times. For 1956, five international posts are planned.

101. *Burma*  
*Maternal and child welfare* ..\$58,000 (E/ICEF/L.819)

for the expansion and continuation of maternal and child welfare services for which the Board has previously approved aid. The new allocation will provide 60 sets of equipment for maternal and child welfare centres, 65,000 pounds of whole milk, 100 sets of simple drugs, 2.4 million fish-liver-oil capsules, and 130 bicycles, all for use during 1956 in rural health or MCW centres and 900,000 pounds of skim milk for distribution through the centres to pre-school children and mothers and to reach 75,000 school children until the end of December 1956. The World Health

Organization expects to provide about fifteen international experts in 1956 to engage in training and demonstration activities directly or closely related to the expanded rural health and MCW programme. The Government budget for the rural health services programme in 1956 is estimated at \$2 million, of which approximately \$350,000 represents matching of UNICEF aid.

102. *Cambodia*

*BCG vaccination* . . . . . \$2,304\* (E/ICEF/L.827)  
for reimbursement to WHO to cover a deficit in 1954 expenditures for international project personnel.

103. *China*

*Maternal and child welfare in Taiwan*  
\$55,000 (E/ICEF/L.774)

for the provision of equipment for maternal and child welfare centres, midwifery and public health nurses' kits, and bicycles for an additional 110 health stations to extend maternal and child welfare services throughout Taiwan in 1956-1957. Skim milk will also be provided for distribution through 353 health stations, and whole milk through 77 stations. Under previous allocations, UNICEF has provided maternal and child welfare equipment for 77 of the 365 health stations which serve the entire population of Taiwan. Further requests are foreseen to provide equipment for the remaining 178 stations in subsequent years (1958-1960). The Board gave its approval in principle for the entire plan. The programme will be carried on as follows: at least one doctor and one nurse from each health station will receive training at the demonstration and training centre at Taichung, which receives assistance from UNICEF and WHO. After training, these workers will return to their health stations and set up services especially for mothers and children. The new MCW services will include: ante-natal and post-natal care, domiciliary midwifery, well-baby clinics, educational classes for mothers (nutrition, hygiene, child care), group care of pre-school children and home visiting. Equipment including kits and a bicycle for transportation of the nurse or midwife, will be released to a health station by UNICEF after its staff has had this training. Since 1952 WHO has provided a team comprising an MCH medical officer and a nurse-midwife, and will maintain these posts in 1956. The Government's matching commitments for the two years of this programme will total about \$61,000.

104. *China*

*Venereal disease control in Taiwan*  
\$43,000 (E/ICEF/L.790)

for the continuation and expansion of the venereal disease control campaign carried on in Taiwan with UNICEF assistance for eighteen months from August 1955. The Fund will supply supplementary equipment for a reference laboratory, 20 provincial laboratories, and simple equipment for 365 health stations, as well as 103,000 vials of penicillin. The objective for the period from September 1955 until March 1957 is the examination by serologic tests of 600,000 persons (including an estimated 400,000 children, and women of child-bearing age and their conjugal

partners) and the treatment of all sero-positive cases. The objective for the next five years is to reduce the incidence of venereal disease to a point where control may be maintained by the regular public health services. A five-year plan is under study which envisages the serologic testing of at least 2.5 million persons and the treatment of an estimated 250,000 cases. It is expected that further requests for assistance will be made to the Board at later sessions. A WHO venereologist has served the project since August 1953, and this post will be maintained by WHO until August 1956. Government matching for the eighteen months from August 1955 will total \$71,000, including salaries and subsidies for local staff, maintenance supplies for 20 laboratories, the reference laboratory, and the main demonstration venereal disease clinic. Not included in this figure is the cost of operating 22 health centres, 365 health stations and 12 provincial hospitals which are also participating in the campaign.

105. *China*

*Trachoma control in Taiwan*  
\$342,000 (E/ICEF/L.770)

for the provision of antibiotic ointment, sulfa drugs, and minor supplies to extend and continue through 1956 the trachoma control programme carried on with UNICEF assistance in the schools in Taiwan, and to continue experimentally the treatment of family contacts. The new allocation will provide supplies to treat 813,000 children beyond the original goal of 1,200,000. The objective is to complete the examination of the total of 2,013,000 children by the end of 1956 and to treat those who are found to have trachoma or conjunctivitis. This campaign will reach all children currently in school, and treatment by school teachers has proved to be very satisfactory. In future years, the Government plans to examine each incoming class and to extend treatment as far as necessary and feasible to pre-school children and home contacts. It is expected that these measures will gradually reduce the incidence of trachoma to the point where regular health centres can maintain control. Until that time, it may be expected that continued international support will be required. A further request may be made for UNICEF aid if the current campaign proves successful. A WHO trachoma consultant is to visit Taiwan in 1956 to evaluate the work done and consider the future of the campaign. The Government's commitments for the mass campaign for the two-year period 1954-1956 total \$890,000, of which approximately \$360,000 is applicable as matching to the new allocation.

106. *India*

*Maternal and child welfare (Assam)*  
\$125,000\* (E/ICEF/L.818 and E/ICEF/L.827)

to aid the State of Assam in expanding the maternal and child welfare aspects of rural health services and to assist in the training of maternal and child welfare supervisory personnel. This allocation includes \$16,409 for reimbursement to WHO for costs of providing a medical officer, two public health nurses and a sanitarian for six months in 1956. The assistance now approved is for the first two years of the programme, until

the end of March 1958; additional aid may be requested later for further development. UNICEF will provide:

(a) MCW centre equipment for 80 rural health units and a two years' supply of drugs, skim milk and fish-liver-oil capsules. Of the rural health units, 30 will be new and 50 will be established by up-grading existing dispensaries or MCW centres;

(b) Supplies and teaching equipment for a new pediatric training unit and a children's hospital at the Assam Medical College;

(c) Teaching and ward demonstration equipment for expanded training of public health nurses, auxiliary nurse-midwives and *dais*; also for additional training in health and hygiene of sanitarians and school teachers;

(d) Health education equipment;

(e) Transport for field training activities;

(f) Stipends for 20 junior medical officers at 10 rupees per day for 90 days and travel grants up to 200 rupees for each of these officers. (The Government will be responsible for all tuition costs and will meet the cost of replacement for the personnel taking the refresher training.)

Government matching is estimated at \$531,000 in capital expenditures and \$140,000 for other expenditures during the first year.

#### 107. India

*BCG vaccination* . . . . . \$88,000 (E/ICEF/L.771)

for the provision of transport and field equipment and supplies to maintain through 1956 and 1957 the BCG vaccination campaign which was started in 1949 with UNICEF assistance. The objective is to test 126 million children and vaccinate non-reactors. By the end of 1955 about 66 million will have been tested, and 21.5 million vaccinated. The target for 1956 and 1957 is 30 million tests and 11 million vaccinations each year. The campaign is carried out by mobile teams, of which 121 are now in the field (about 875 workers). In 1956 and 1957, the number of teams will be maintained at 130 (about 925 workers). Further aid from UNICEF may be needed later to carry the campaign until arrangements have been made to continue BCG vaccination as an integral part of the country's permanent health services. Plans for this consolidation phase are being prepared. The WHO senior adviser and administrative officer were withdrawn at the end of June 1955, but two BCG nurses will be continued till the end of 1955. The Government's expenditures on this campaign to the end of 1955 will total the equivalent of \$1.8 million. Matching commitments for 1956 and 1957 are estimated at about 1 million each year. The Government has declared its intention of continuing the programme as a mass operation as long as necessary, and later as a permanent part of the country's health services.

#### 108. India

*Long-range feeding programme*

\$90,000 (E/ICEF/L.813)

to provide 3,000 short tons of skim milk to expand and continue the UNICEF-assisted feeding programmes through schools, MCW centres, hospital maternity and pediatric wards and other

child-care institutions. The Board also approved transfer to this project of 2,000 short tons of milk from the current UNICEF stockpile for emergency relief in India. The total of 5,000 tons will provide 40 grammes of milk daily to approximately 600,000 mothers and children (for approximately one year beginning June 1956) including 350,000 in schools and 250,000 in hospital wards and at MCW centres. The cost to the Government of handling and distributing the milk will be equivalent to \$150,000.

#### 109. Indonesia

*Maternal and child welfare*

\$266,000 (E/ICEF/L.792 and Corr.1)

to expand the maternal and child welfare programme carried on with UNICEF assistance and permit its continuation through 1956 by providing additional MCW centre equipment, midwifery kits, teaching equipment for midwives, transport, and whole and skim milk. The work falls into the following categories:

(a) Expansion of a network of rural MCW centres. In 1951 there were 183 centres which received about 200,000 visits from mothers and children; in 1954 there were 1,121 centres, which received over 2 million visits from mothers and children. By the end of 1955 there will be another 100 centres, and by 1957 a total of over 1,400 centres receiving more than 3 million visits a year from mothers and children.

(b) The training of personnel to staff these continually expanding services. In 1950, 88 midwives graduated; in 1954, 285; in 1955, an estimated 300. The student capacity of the teaching hospitals is still being expanded and new types of training instituted, so that within the next two or three years the Government can expect more than 500 graduates a year, most of whom will be available for assignment to rural services.

Requests for further aid to this programme may be expected for later years until the country's economic situation improves substantially. Three advisers will be provided by WHO in connexion with the post-graduate school of nursing at Bandung. The Government has also asked for a national adviser in MCH to be provided in 1956. The Government's matching commitments for 1956 are estimated at the equivalent of \$217,000 including central and provincial government subsidies, expenditures for opening 200 new centres, the central government's subsidy to existing centres during 1956, subsidies to midwife-training schools, and costs of maintaining UNICEF transport and internal distribution of milk.

#### 110. Indonesia

*BCG vaccination* . . . . . \$155,000 (E/ICEF/L.779)

for the provision of additional vaccine and tuberculin, field equipment, and supplies and transport to continue and expand during 1957 the BCG campaign undertaken with UNICEF assistance. The objectives of the expanded project will be to increase the number of field teams from twenty-seven to forty and to complete the testing of 15,770,000 children by the end of 1957. Thereafter, by maintaining the forty field

teams and carrying out an additional 5 million tests each year, the Government hopes to complete the testing of 30 million children and young persons by the end of 1960. Consolidation units will then be established in each of the 200 regencies of the country. The Administration expects to recommend further UNICEF aid for the consolidation phase of the campaign. The World Health Organization is expected to provide two international posts for this campaign in 1956. The Government's commitments against previous UNICEF allocations for this programme amount to \$493,000. Additional matching costs in 1956 and 1957 will amount to the equivalent of \$340,000.

#### 111. Indonesia

##### *TB control (domiciliary treatment)\*\**

\$12,000 (E/ICEF/L.825 and Corr.1)

for the provision of transport, isoniazid tablets, films and film-processing chemicals, to start a pilot project on domiciliary treatment of infectious tuberculosis cases in selected areas of the city of Bandung in West Java. The total population to be surveyed over a period of two years is approximately 100,000, of which about 65 to 70 per cent are mothers and children. This is the first project of its kind to receive UNICEF assistance. The objectives are as follows:

(a) To find the prevalence of pulmonary tuberculosis in the population of the selected areas by means of a house-to-house investigation of hygienic conditions and tuberculin testing by miniature radiography, examination of sputum specimens etc.;

(b) To give domiciliary treatment by isoniazid to all infectious cases found;

(c) To advise patients and their contacts on prophylactic measures through the home-visiting service;

(d) To assess the preventive effect of this method.

The Government's ultimate objective, if the pilot project is found to be successful, is to extend such tuberculosis control measures to other areas. It is expected that UNICEF will be asked to assist the Government with supplies and equipment if the project is extended. The Government's expenditure on this project over the two-year period will be approximately \$31,000.

#### 112. Indonesia

##### *Vegetable-milk production . . \$50,000 (E/ICEF/L.800)*

to provide supplementary equipment and to cover increased costs of specially built equipment for the vegetable-milk plant for which the Board first approved funds in September 1953. The plant is to process locally grown soybeans and peanuts by a formula developed by FAO to produce a vegetable-milk (called "Saridele"), somewhat comparable in nutritional value to cow's milk, which will be distributed to approximately 13,500 children and expectant and nursing mothers. It is probable that a further allocation will be required at a later Board meeting to complete the installation. The Government's commitments for the entire programme are estimated at the equivalent of \$1,392,000, of which approximately \$1,000,000 is for the purchase for

free distribution of 1,500 tons of the vegetable-milk powder to be produced.

#### 113. Japan

##### *Maternal and child welfare\*\**

\$38,000 (E/ICEF/L.799)

to provide 2,500,000 pounds of powdered skim milk to be distributed under the supervision of 133 health centres and 290 voluntary maternal and child welfare groups for approximately one year, starting January 1956. The milk will be sufficient to provide rations of 40 grammes daily to about 66,000 nursing and pregnant mothers and 16,000 infants and pre-school-age children. Distribution will take place in seventeen prefectures in the country. The milk distribution is part of the Government's plan for strengthening maternal and child welfare services, which includes the increased use of locally available animal proteins and an intensified campaign for nutrition education. It is expected that the feeding programme will strengthen the ties between the MCW and health centres and the voluntary groups. The Government commitments for this programme total \$75,000, mostly for internal transportation and distribution costs. In addition, the value of voluntary services for the programme is estimated at \$47,000.

#### 114. Pakistan

##### *Maternal and child welfare . . \$63,000 (E/ICEF/L.773)*

for the provision of drugs and diet supplements and whole and skim milk to continue through 1956 the programme for improving and extending the work of the maternal and child welfare centres. Under previous allocations, UNICEF has provided simple equipment for 250 centres. Equipment and supplies are issued to centres as soon as they are adequately staffed and operating. When the programme started in 1950 there were 133 operating centres. By the end of 1955, 200 centres are expected to be in operation and reporting, and the number is expected to reach 250 in 1956. An average of from 40 to 50 mothers, babies, and children attend clinic session, though some of the larger centres have an attendance of from 100 to 200 daily. The Government provides some expendable supplies for these centres, not duplicating the assistance from UNICEF, to a value of about \$420 per centre per year. The estimated commitment for 1956 for this purpose is equivalent to \$94,500.

#### 115. Pakistan

##### *Malaria control . . . . . \$280,000 (E/ICEF/L.808)*

for the purchase of 500 tons of 75 per cent DDT and 600 pressure sprayers to expand and continue the existing mass malaria control programme through 1956 with modifications in the direction of an eradication programme. The target for 1956 is the protection of 14.4 million persons, for which the total DDT requirement is 1,440 tons. The DDT plant equipped by UNICEF is expected to provide 400 tons; UNICEF and United States aid will provide 500 tons each. The Constituent Assembly of Pakistan is expected to approve a malaria-eradication plan as part of a long-term economic plan not later than the end of 1955. The Government undertakes to appoint a national director for malaria eradication within ninety days of the Assembly action and to apply

eradication techniques as extensively as possible in 1956. The Government will continue to meet all obligations set forth in the plan of operations. Eradication techniques will be applied as extensively as possible in 1956 and the anti-malaria organization developed to provide the necessary basis for a nation-wide eradication programme. With assistance from WHO and UNICEF, a plan of operations for 1956 will be completed by the end of 1955, to be modified as necessary as the plans for eradication get under way. The Government will also undertake to improve the reporting on malaria control operations, including monthly technical reports, and to prepare an assessment of the year's work within sixty days after the end of the year. The Government's financial commitments for the 1956 operation will be equivalent to \$294,000, plus \$117,600 to produce DDT for use in the programme.

116. *Philippines*

*Maternal and child welfare*. \$302,000 (E/ICEF/L.820) to provide basic equipment, drugs, midwifery and nursing kits and transport for 1,300 rural health units to be in operation by mid-1958, and for the training of MCW workers to staff these units. If the programme succeeds, the Administration will recommend continuing UNICEF support in the form of expendables and supplies and equipment to aid additional developments in the field of services or of training, especially the establishment of village (*barrio*) health stations. The Fund has previously provided equipment for 305 centres. The new allocation will provide supplementary equipment for clinics already equipped by the Government with funds obtained through bilateral agreements with the United States. Midwives and nurses on the staffs of the 1,300 units will receive midwifery and nursing kits. Drugs supplied by UNICEF will go to 867 of the rural health units and to 500 child welfare (puericulture) centres for a year from mid-1956 to mid-1957. In 1954, when 800 centres were in operation, registration of "first visits" by mothers and children in 483 centres assisted by UNICEF totalled 450,000. The expanded services will reach 1,250,000 mothers and children a year, twice the number currently assisted. For the training of MCW workers UNICEF help will go to the Manila Maternity and Children's Hospital and School of Midwifery, which is the Government's main centre for training midwives, to Cebu Maternity House, which is reopening its midwifery school, and to five regional training centres. The proportion of the Government's expenditure which may be considered as "matching" this allocation from UNICEF is \$888,000, including \$363,000 for capital expenditure.

117. *Philippines*

*Long-range feeding programme*

\$83,000 (E/ICEF/L.784)

to provide 5,500,000 pounds of skim milk-powder for the continuation and expansion of the child-feeding programme for approximately one year, from September 1956 through August 1957, during which milk will be distributed to 203,000 mothers and children through schools, maternal and child welfare centres, and institutions. During 1955 the number receiving milk

has averaged 100,000 daily. The proposed distribution plan for the period from September 1956 to the end of August 1957 will double the number of beneficiaries, with particular emphasis on increasing the number of pre-school-age children to be benefited. The effect of the UNICEF contribution to the child feeding programme over the past five years may be measured not only by the number of children receiving milk (an average of almost 72,000 daily during 1953-1954 and 100,000 during the current year) but also by the increased community participation in the work of the MCW centres and in the provision by the Government of supplementary school lunches. Lectures and demonstrations on nutrition are a regular part of the work of milk supervisors and of the teachers and MCW centre staffs participating in the programme. The enrichment of milled rice is now compulsory. The results of these efforts are reflected in a recent decline in morbidity and mortality rates for the nutrition-deficiency diseases, particularly beriberi. The Government's matching costs for warehousing and internal distribution of milk and for the administration and supervision of the feeding operations will be equivalent to \$170,000 for the year 1956-1957. This is in addition to the cost of providing supplementary lunches, local costs of distribution to centres, local disbursements for equipment or building, and voluntary services. The milk which UNICEF is asked to provide for expansion of the programme (2.7 million pounds) will be made available subject to the condition that the Central Government provides funds for paying freight charges within the country when the recipient communities are too poor to do so. The Government will continue the programme within the scope of its available resources when assistance from UNICEF has been completed.

118. *Solomon Islands*

*Yaws control*\*\* . . . . . \$12,500 (E/ICEF/L.776)

to provide sufficient penicillin for the treatment of 100,000 cases and contacts, a vehicle, field laboratory equipment and miscellaneous supplies for a mass treatment campaign to be carried out over a period of three years beginning in June 1956. Personnel for three field teams will be trained during a pilot project during March, April, and May 1956. World Health Organization advisers now working in the Fiji yaws control programme will assist the Solomon Islands project for three to six months. It is expected that the entire population of approximately 100,000 will receive treatment, either as actual cases or as latent cases or contacts. Field teams will be supervised by the respective district medical officers and will work closely with the resident health staff in the districts, who will carry out routine follow-up work when the mass campaign is completed. Clinical and serologic resurveys of selected sample populations will be carried out six to twelve months after the mass campaign is completed in any given area and will be repeated as necessary until the disease can be kept under control by resident medical staff and dressers who visit each village at least once a year. The yaws control work will be carried out jointly with a programme of intensive leprosy case-find-

ing and treatment, as described below. The cost to the Government for the joint programme will be the equivalent of \$48,000 for the three-year period, including \$22,800 for the services of medical and para-medical personnel and \$25,200 for the use of two medical vessels and their personnel.

119. *Solomon Islands*

*Leprosy control\*\** . . . . . \$3,500 (E/ICEF/L.776)

to provide diagnostic equipment and drugs for the treatment of 1,000 cases of leprosy in a project to be carried out jointly with the yaws control campaign described above. During the examination and treatment of the entire population for yaws, there will be an opportunity to detect cases of leprosy, all of which will be registered and later treated at the time of the yaws re-survey. Personnel for this part of the joint campaign will have been trained in the early diagnosis and treatment of leprosy, and will work under a fully qualified medical officer experienced in the treatment of the disease. Cases which do not respond satisfactorily to field treatment will be referred to government and mission leprosaria. In remote villages, village headmen will distribute tablets under the supervision of medical department staff. The cost to the Government for the joint yaws-leprosy control campaign will be the equivalent of \$48,000 for the three-year period.

120. *Thailand*

*Maternal and child welfare* . \$172,000 (E/ICEF/L.786)

for the provision of additional maternal and child welfare centre equipment, midwifery kits, bicycles and expendables, and training stipends for midwives, so that the programme for improving the services of health centres may be expanded to include all 733 centres now in operation. These centres will be equipped by the end of 1956 and will distribute UNICEF milk, fish-liver-oil capsules and soap until the end of 1957. Equipment is also to be provided by UNICEF for a midwifery school, the student capacity of which is being increased from 92 to 150. The first step in the up-grading of a centre is to ensure adequate staff by providing refresher training for its personnel or by appointing graduates from reorganized training programmes to its staff. The centre is then given modern equipment and a supply of drugs and diet supplements and arrangements are made to supervise the centre so that the new and higher standards of work are maintained. Further requests may be made for UNICEF aid if the Government is able to build additional centres. The World Health Organization is providing a tutor for the School of Public Health, and a nurse-midwife who will help to train travelling supervisors. It will also provide an MCH adviser in 1956 to help in the planning and development of this programme. Under a bilateral agreement the United States has allocated \$835,000 for public health aspects of this programme for the period 1953 to 1955. For 1956 and 1957, Government commitments are estimated at the equivalent of \$200,000 each year.

121. *Viet-Nam*

*BCG vaccination* . . . . . \$2,303\* (E/ICEF/L.827)

for reimbursement to WHO to cover a deficit in 1954 expenditures for international project personnel.

122. *Western Pacific area*

*BCG assessment team* . . . . . \$2,999\* (E/ICEF/L.827)

for reimbursement to WHO to cover a deficit in 1954 expenditures for international project personnel.

**EASTERN MEDITERRANEAN**

123. *Egypt*

*Maternal and child welfare* . \$183,000 (E/ICEF/L.787)

for the provision of basic equipment, drugs, fish-liver-oil capsules and soap, nurses' and midwives' kits and some training aids to continue and expand the MCW programme carried on with UNICEF assistance during 1956 and 1957. This allocation will permit the Government to upgrade and strengthen 170 existing centres of the Ministry of Social Welfare and to assist 150 new centres which will be opened in 1956; encourage expansion of the services of 275 rural and urban centres of the Ministry of Health; expedite the putting into operation of the 200 new collective rural centres; provide equipment and supplies to 19 child welfare centres in the Calioub training and demonstration project; and provide vitamins and soap for distribution through 80 voluntary welfare centres supervised and subsidized by the Ministry of Social Affairs. This two-year expansion of the programme includes the beginning of the co-ordination of rural MCW services. The Government foresees the establishment of 1,000 collective rural centres by 1960. One such centre, co-ordinating services in all aspects of social welfare, including maternal and child welfare services, will serve a community of approximately 15,000 persons; thus, by 1960, MCW services will be provided for a rural population of about 15 million. In its provisional budget WHO has made provision for a nursing adviser for this programme during 1956 and 1957. A request for additional UNICEF assistance to this programme may be made to the Board at a later time. Matching commitments of the Government over the two-year period are estimated at the equivalent of \$1 million.

124. *Ethiopia*

*Leprosy control\*\** . . . . . \$25,000 (E/ICEF/L.793)

for sulphone drugs, laboratory equipment, and transport for the three-year initial phase of a programme for leprosy control in which sulphone treatment will be provided through small stations to 15,000 out-patients in limited areas of high incidence. Central leprosaria will provide qualified supervision. On the basis of the experience gained, the Board will later be asked to consider further aid for expansion of the programme. The World Health Organization is being requested to arrange a short-term fellowship for the Director of the Leprosy Control Department to study leprosy control work in one of the well-established internationally-assisted programmes in Africa. The Government is at present negotiating with Sweden for supple-

mentary assistance, under a bilateral agreement, for certain technical advisory help, including specialized surgical equipment and laboratory staff, a rehabilitation workshop, the establishment of a preventorium for the uninfected children of lepers in the leprosaria, and an X-ray apparatus for bone lesions. Government matching is estimated at \$115,000 for training, establishment of out-patient stations, and supervision. In addition, improvements and renovations will be made to existing leprosaria.

125. *Ethiopia*

*Maternal and child welfare (environmental sanitation)*  
\$42,000 (E/ICEF/L.801 and Corr. 1)

to strengthen the sanitation aspects of the comprehensive model rural health service programme which is being developed in the province of Begedemer. A first allocation for this programme was made by the Board in March 1954 to provide maternal and child welfare equipment and supplies, maternity and pediatric ward equipment, teaching equipment, transport and stipends for the training of health visitors. The new apportionment will provide, over a two-year period: equipment and supplies for the construction of wells and latrines; training and health educational materials; stipends for the training of auxiliary sanitarian health educators; and token amounts of rodenticides and appropriate insecticides to be used for training purposes. A WHO sanitarian made extensive field studies for this programme, and his services will be continued in 1956 and 1957. Certain Ethiopian key personnel for the project have already been trained abroad on WHO fellowships. The Government matching for the recommendation in this paper is estimated at \$60,000, exclusive of the expenditures by the village councils and the labour to be provided by the villagers.

126. *Iran*

*Maternal and child welfare*

\$10,849\* (E/ICEF/L.827)

for reimbursement to WHO to cover the cost of providing a midwife tutor and a nurse-midwife for one year for the Teheran Midwifery School.

127. *Iraq*

*Long-range feeding programme*

\$148,000 (E/ICEF/L.812)

for a two-year expansion through May 1957 of a school feeding programme reaching at its peak 340,000 primary school children. Of this number 100,000 will be receiving school lunches, and 240,000 will be receiving only a glass of milk and fish-liver-oil capsules. The Fund will provide 3,240 tons of powdered skim milk and 14.4 million fish-liver-oil capsules. Extension of the programme to new schools will pave the way for a more rapid expansion to a full school lunch programme. The Government has as its objective the development of a permanent school feeding programme and has made arrangements for the continuation of the school feeding programme through the school year 1957-1958, with a peak of 120,000 children to receive school lunches and 250,000 children to receive milk and fish-liver-

oil capsules only. However, the uncertainty of availability to UNICEF of free surplus skim milk from the United States for consumption beyond 1957 prevents UNICEF at this stage from extending aid for the third year. A request for further UNICEF aid may be made at a later time when the situation regarding the availability of powdered skim milk becomes clearer.

128. *Sudan*

*Maternal and child welfare\*\**

\$33,000 (E/ICEF/L.807)

for the provision of basic maternal and child welfare equipment and one year's supply of expendables (drugs, skim and whole milk powder, and fish-liver-oil capsules) for 25 rural health centres; equipment for 4 training centres for auxiliary health personnel (medical assistants, sanitarians, nurses, midwives); and transport for 2 of the training centres to facilitate field practice. This aid will help the Government upgrade selected health centres, broaden the training of medical auxiliaries, and create a new cadre of female nurses. Government matching is estimated at the equivalent of \$90,000 for the next two years.

129. *Sudan*

*Malaria control\*\**

\$34,000 (E/ICEF/L.806 and Corr.1)

for insecticides, sprayers, laboratory equipment, and transport to extend malaria control from the Blue Nile province, where 500,000 persons are already covered, in order to protect an additional 200,000 in the surrounding area during 1956. The Government will increase its expenditures for malaria control by the equivalent of \$70,000. Plans now under discussion for an eradication campaign will be developed further during the visit of a WHO malariologist in the second half of 1955. The Board was advised that the Administration of UNICEF expects to request aid for this project at a later time if an eradication plan is agreed on.

130. *Syria*

*Maternal and child welfare..* \$49,000 (E/ICEF/L.780)

to assist in a two-year project for the development and expansion of school feeding and school health services in which training of school personnel, community participation, and health and nutritional education of the public will be important elements. The Fund will provide:

(a) Dried skim milk, fish-liver-oil and stoves for school feeding in 240 primary schools to benefit 10,000 children in 1956 and 30,000 in 1957;

(b) Basic health equipment for school clinics to extend school health services to fifty additional schools;

(c) Seeds and hand pumps for school garden projects in fifty rural agricultural schools; and

(d) Transport for co-ordinated supervision of the various services.

Government matching for the two-year period will be the equivalent of \$185,000 for personnel, equipment and utensils for the school feeding programme, vehicles for supervisory and inspec-



tion work and miscellaneous facilities and services. Technical advice will be provided by FAO and WHO during the implementation of the programme.

131. *Turkey*

*BCG vaccination* . . . . . \$28,500 (E/ICEF/L.794) for continuation in 1956 and 1957 of the BCG anti-tuberculosis mass vaccination campaign. The Fund will provide campaign equipment, tuberculin, one vehicle and miscellaneous transport spares, and a small amount of supplementary equipment for the BCG laboratory equipped by UNICEF at Ankara. To date, with UNICEF assistance 5.5 million have been tested and 2.5 million vaccinated in the mass campaign. A national immunization campaign tested about 1.2 million and immunized 440,000 in the Istanbul district from 1948 to 1952. Thus, of the population of 22.5 million, 6.7 million persons in various age groups have been tested. Additional UNICEF assistance will be requested for the final period of the mass campaign in 1958 and 1959 and the period of consolidation when BCG vaccination will become a permanent part of the national public health service. Costs to the Government are estimated at the equivalent of \$707,000 for capital expenditures and operating costs for the next two years. At the conclusion of the mass campaign, it is the Government's intention to include tuberculin testing and BCG vaccination of negative reactors as a normal function of 154 established health centres of the sixty-four provinces.

**EUROPE**

132. *Yugoslavia*

*Maternal and child welfare* . \$250,000 (E/ICEF/L.804) to provide supplies and equipment for the fourth phase (1956) of Yugoslavia's five-year programme for extension of maternal and child welfare services throughout the country. The new allocation will provide supplies and equipment for:

(a) Extension of the basic MCW services to 200 additional communities, bringing to 720 the total number of centres to receive UNICEF equipment and expendables;

(b) Establishment of two additional training and demonstration centres, one at Skoplje, the capital of Macedonia, and the other at Nis, the second largest city of Serbia;

(c) Development of school polyclinics in connexion with 60 MCW centres so that MCW services, now limited to mothers and pre-school children, may be extended to school children; and

(d) Provision, as a pilot project, of comprehensive school health services in rural areas along the lines proposed by the Executive Director to the Board in March 1954 ("Expanding UNICEF aid to rural primary school services" (E/ICEF/249)).

The Board has previously approved allocations for the first three phases of this programme to provide equipment for: 121 major MCW centres, 393 village MCW stations, 4 republic

training and demonstration centres, 27 nurse training schools, and 14 midwives' training schools. In its 1956 budget, WHO has included, under Technical Assistance Priority I, the following assistance for the MCW programme in Yugoslavia: lecturers, \$3,000; fellowships, \$3,100.

133. *Yugoslavia*

*Trachoma control*

\$11,000 (E/ICEF/L.769 and Corr.1)

for antibiotic ointment and minor laboratory equipment to assist in continuing trachoma control through 1956 with the aim of treating 21,000 persons in the period from April 1955 to September 1956 in a second phase of the national trachoma control programme. In the first phase, UNICEF gave help for the diagnosis and treatment of trachoma within the broad maternal and child welfare programme under which 9,000 children had received treatment by March 1955. The second phase of the national trachoma control programme will include:

(a) Continuation along present lines of campaigns in Serbia, Croatia and Slovenia;

(b) Special programmes of intensive action in certain selected areas of Serbia and Croatia where there are remaining pockets of infection; and

(c) An intensified campaign and reorganization to overcome the special difficulties in Bosnia.

The Government plans a third phase of the programme to begin late in 1956 to bring trachoma under control in all affected areas within four or five years and to eradicate the disease in many areas. Further UNICEF aid may be requested later. The Government has budgeted 89 million dinars for the broad and expanding national trachoma control project. In the second phase of the programme, the Government will continue to provide, as required, all local personnel, supplies, building, storage, dispensaries, stations and other facilities, the precise value of which will be reported to the Board at a later date.

134. *Yugoslavia*

*Penicillin production* . . . . . \$100,000 (E/ICEF/L.785)

for supplementary equipment to permit an increase in production of the penicillin production plant which receives assistance from UNICEF from its present capacity of 1,200 milliard units of crystalline penicillin per year to 3,000 milliard units, which would provide for the most essential national health requirements and ensure the 1,600 milliard units required annually for free distribution to children and mothers. The Technical Assistance Administration has made the necessary budgetary provision to provide a technologist for a period not exceeding six months to supervise the final installation of equipment and initial operation. Government matching in relation to the expanded production will amount to a further capital investment of \$338,000. In addition, the estimated dollar value of the penicillin to be distributed free to children and mothers each year is \$200,000 which, during the

five years of plant operation during the plan of operations, will amount to \$1 million.

#### THE AMERICAS

##### 135. *Brazil*

###### *Long-range feeding programme*

\$26,000 (E/ICEF/L.802)

for the provision of 1,760,000 pounds of dry skim milk for a school feeding programme in the States of Bahia and Pernambuco. The milk will be distributed to 100,000 school children for one year, beginning March 1956, and represents an extension to two additional states of the programme approved by the Board in August 1954 for school feeding in six states: Alagoas, Ceara, Paraiba, Piaui, Rio Grande do Norte, and Sergipe. This will bring the target number to be aided by UNICEF in Brazil to 495,000; 350,000 children receiving school meals, and 145,000 infants, pre-school children and nursing and pregnant mothers receiving milk through maternal and child welfare centres. The federal and state governments will spend the equivalent of \$199,000 in 1956 for receiving and distributing the milk and for providing additional local foods.

##### 136. *British Guiana*

*BCG vaccination* . . . . . \$1,315\* (E/ICEF/L.827)  
for reimbursement to WHO to cover a deficit in 1954 expenditures for international project personnel.

##### 137. *British Virgin Islands*

###### *Long-range feeding programme\*\**

\$2,500 (E/ICEF/L.796)

to provide 170,000 pounds of dry skim milk for a two-year feeding programme beginning early in 1956 to reach 2,900 children and nursing and pregnant mothers. Distribution will be through all of the schools and health centres in the Islands. It is hoped that distribution through the centres will constitute a first step toward the development of preventive and prenatal child health services. To support the programme, the Government estimates that it will spend a total of \$7,300 over two years for storage and distribution of the milk, provision of drinking cups, fuel, mixing apparatus and other administrative expenses.

##### 138. *Chile*

###### *Food conservation (fish flour production)\*\**

\$60,000 (E/ICEF/L.823)

to provide equipment and supervisory engineering services for a plant at Quintero to produce fish flour for use in supplementary child feeding. This is the first UNICEF assistance for such a programme and will serve as a pilot project for development of fish flour production plans in other countries. It is the result of three years of study of various production processes and of suitable locations for the project carried out in close co-operation with FAO and the Government of Chile. The plant will be located at a site where abundant high-quality fish are landed, close to major arteries for distribution. The Government will provide its school feeding programmes with a daily supplement for each child of 100 grammes of bread enriched with 5 per cent high-protein fish flour and lunch dishes enriched with 5 grammes of fish flour. Considera-

tion will later be given to increasing the proportion of fish flour in the bread up to 10 per cent. Production of the fish flour is expected to start in August 1956, and feeding in October 1956. In the first year, 45 tons of fish flour will be used to provide enriched bread for 45,000 children in selected primary schools in the provinces of Valparaiso, Aconcagua, and Santiago, and five tons for experimental work throughout the country. Production of the plant is estimated at 300 tons per annum and will benefit a minimum of 300,000 school children. If production exceeds the 300 tons, the number of beneficiaries will be increased. Government matching is estimated at \$299,000 over a five-year period, including \$24,000 for the capital cost of the plant, \$11,000 for the purchase of 50 tons of fish flour during the first year, and \$66,000 for the purchase of 300 tons of fish flour in each of the four subsequent years. In addition, the Government will spend \$200,000 for the purchase of wheat bread in the first year and correspondingly increased amounts for the following years. The Government will extend the feeding programme, should additional production become available from this plant, and it looks forward to the establishment of additional plants in the future.

##### 139. *Colombia*

###### *Maternal and child welfare.* \$109,000 (E/ICEF/L.783)

to aid in the reorganization and expansion of a rural public health programme in five Departments of Colombia, by providing equipment for training and health centres, stipends for the training of auxiliary workers in the fields of public health nursing, sanitary inspection and health education, and vehicles for the supervision of rural centres. The project is an extension of a programme for which the Board approved aid in 1950 and will be developed with WHO technical advice and UNICEF material aid over a period of five years, beginning in 1955. Twenty-six rural health networks will be organized in the five Departments. The main health centre in each of the twenty-six areas will receive supplementary equipment and one vehicle from UNICEF to permit it to undertake the technical supervision of six to eight sub-centres in its zone of influence. The main emphasis of the project will be on training, UNICEF providing supplementary training equipment for the national School of Hygiene (Escuela Superior de Higiene) at Bogotá, and for the five departmental training centres for nursing auxiliaries, as well as stipends for five and six months' training of auxiliaries in public health nursing, sanitary inspection and health education. The Government will provide instructional staff, stipends for professional personnel in training, demonstration equipment for the national training school, and premises for the five departmental training centres. The Fund's commitments for the training aspects of the programme total approximately \$48,000, while those of the Government will be equivalent to \$600,000 over the three-year period 1955-1958. The Government's total financial commitments for the five-year programme are estimated at the equivalent of \$5,656,000, of which approximately \$3,000,000 will be new funds, to match the pro-

posed UNICEF aid. The programme will be continued in these same areas after the first five-year period and will be gradually extended to the entire country on the pattern to be established under this project.

140. *Colombia*

*BCG vaccination*

\$11,084\* (E/ICEF/L.772 and E/ICEF/L.827) for additional vaccine and tuberculin to complete the BCG vaccination campaign now being carried out with UNICEF assistance. As a result of the very effective implementation of the campaign and the accelerated rate and increased targets of accomplishments, greater quantities of supplies are required than originally estimated, and it has been necessary to extend the term of service of the WHO technical adviser. The new allocation includes \$18,084 to reimburse WHO for the services of the BCG adviser in 1955 and through April 1956 when the campaign is scheduled for completion. The Government's matching commitments for 1954 were equivalent to \$280,000, and expenses in 1955 are continuing at approximately the same rate so that the total matching until completion of the campaign in March 1956 will be approximately equivalent to \$630,000.

141. *Dominica*

*Long-range feeding programme*

\$13,000 (E/ICEF/L.791) for the provision of 866,000 pounds of skim milk powder for a two-year feeding programme during 1956 and 1957 to reach 13,800 beneficiaries through schools and health centres, more than two-fifths of them being pre-school-age children and nursing and pregnant mothers. This will constitute an expansion of the programme for which, in March 1954, UNICEF allocated 290,000 pounds of skim milk powder, which will be exhausted by the end of this year. The expanded programme now approved will provide for increased daily milk rations of 60 grammes per day for pre-school-age children and nursing and pregnant mothers. Estimated governmental and local expenditure for this programme for the two-year period will be equivalent to \$18,500.

142. *El Salvador*

*Malaria eradications* . . . . . \$105,000 (E/ICEF/L.815) for the provision of insecticides, transport, sprayers and laboratory equipment for 1956, the first year of a three-year nation-wide malaria-eradication campaign which will protect an estimated 1,282,000 persons. The Board gave its approval in principle to the entire three-year project. The Government has provided the necessary supplies and equipment for preparatory work in 1955. For the purposes of the eradication campaign, the governmental malaria service has been completely reorganized, special training has been instituted, new legislation introduced and additional financing assured through a presidential decree. The eradication campaign will be a continuation and expansion of a malaria control project which has been carried on by the Government since 1949 and to which UNICEF gave assistance during the period 1950-1952. A plan is being developed for co-ordination with

similar projects in Guatemala and Honduras. The World Health Organization will provide technical guidance to the programme through the special personnel assigned to the inter-country malaria programme for Central America. The total annual cost to the Government for insecticides, personnel and operations will be equivalent to \$470,500 during the preparatory period and three years of eradication work. Approximately \$600,000 is considered as Government matching for UNICEF aid over three years. Additional aid, which will be required from UNICEF for 1957 and 1958, is estimated at \$90,000 per year.

143. *El Salvador*

*Long-range feeding programme*

\$21,000 (E/ICEF/L.789) to provide 1,119,000 pounds of dried skim milk and 1,500,000 fish-liver-oil capsules to continue and enlarge the feeding programme carried on with UNICEF assistance for one additional year, beginning with 1956. In 1958 or 1959, the milk conservation plant set up with UNICEF aid is expected to come into operation, after which the Government will support the programme in full from local resources. In March 1954, 485,000 pounds of dried skim milk were allocated by UNICEF in order to enable the Government to continue its feeding programme for approximately 30,000 children and mothers, of whom 80 per cent live in the rural areas. The new allocation will provide daily milk for 25,000 school children during the school year and for 15,000 pre-school-age children, pregnant and nursing mothers. This constitutes an increase of about 10,000 pre-school-age children and expectant and nursing mothers over the current programme. Infants, pre-school-age children and expectant and nursing mothers will receive fish-liver-oil capsules containing vitamin A and a ration of 60 grammes of milk per day, principally in powdered form to be reconstituted at home or to be incorporated in foods. School children will continue to receive 40 grammes per day as in the past. The Government will continue its financial support for the feeding programme, which in 1954 amounted to \$381,000.

144. *Grenada, St. Kitts and St. Vincent*

*Yaws and venereal disease control*

\$4,500, \$2,100 and \$3,700, respectively (E/ICEF/L.803)

to provide additional supplies of penicillin and equipment in order to convert previously approved yaws control programmes into mass campaigns against both yaws and venereal diseases. These three programmes were originally planned as yaws eradication programmes (St. Kitts providing syphilis therapy in certain urban areas). As a result of further expert study, it is clear that the general incidence of syphilis in the three territories is so high that to fail to attack it simultaneously with yaws control measures, which call for basically the same technique, would be short-sighted and uneconomical. The joint yaws/VD control campaign will be carried out in three phases:

(a) Penicillin injection of all the inhabitants of the three territories during a three-month period;

(b) A second examination of the whole population over a three-month period to treat all persons who were not treated during the first cycle and to detect and treat all cases which have appeared in the interval;

(c) Check-up of cases and reporting of any new cases and contacts, to be carried out by the regular public health services.

The Government laboratory in Trinidad will act as a control and reference laboratory for the smaller islands. Two WHO experts will arrive in the Islands by the middle of August 1955 to assist in implementation of the programme. Government commitments total \$16,700 for Grenada, \$20,300 for St. Kitts, and \$12,140 for St. Vincent. All three Governments will undertake to consolidate and maintain the programme with their own resources after completion of international assistance.

#### 145. Guatemala

*Maternal and child welfare . . . \$4,400 (E/ICEF/L.795)* to provide two additional vehicles for the maternal and child welfare programme for which the Executive Board previously approved aid in September 1954. The project approved by the Board is part of a broad rural public health programme emphasizing preventive medicine, the development of effective methods of public health administration, the training of health personnel for the expanded services, and organization of a model training centre and of an adequate system for collection of vital statistics. The plan calls for the establishment of a model health centre at Amatitlan, two auxiliary centres, and six sub-centres. Under the allocation approved in 1954, the Fund is providing equipment for each of these centres, public health nurses' and midwives' kits, materials for training and health education, and a vehicle to be used for supervision of auxiliary centres and sub-centres. The Fund is also providing one-half of the cost of stipends for the training of twelve health auxiliaries, and the Government the other half. The Government's annual budget for premises, supplies, personnel and training is approximately \$50,000.

#### 146. Guatemala

##### *BCG vaccination\*\**

*\$32,900\* (E/ICEF/L.778 and Corr.1 and (E/ICEF/L.827)*

for the provision of vaccine and tuberculin, field equipment and transport for a mass BCG vaccination campaign to commence in March 1956. The allocation includes \$3,900 for reimbursement to WHO of the cost of providing a BCG consultant for three months. It is planned over a period of three years to test 1.2 million persons between the ages of one and twenty-five years and to vaccinate an estimated 600,000 persons. The campaign will begin in Guatemala City where a BCG Section in the Public Health Service has already tested 138,000 persons and vaccinated 50,000. The training of field staff will be carried out by the BCG Section. The campaign will then proceed to the other four major cities of the country, after which testing and vaccination will be extended to rural areas. As the campaign progresses, consolidation and follow-up

will be integrated within the regular health services. The Government will contribute the equivalent of \$280,590 over the three-year period to cover personnel, office facilities and administration, travel and vehicle maintenance. Fellowships for two doctors and two nurses and the services of a technical adviser for six months will be provided by WHO and the Pan American Sanitary Bureau.

#### 147. Honduras

##### *BCG vaccination\*\**

*\$19,900\* (E/ICEF/L.777 and E/ICEF/L.827)* to provide transport, vaccination kits, propaganda equipment, record cards, BCG vaccine and tuberculin for a mass BCG vaccination campaign to be conducted throughout the accessible areas of the country. The allocation includes \$3,900 for reimbursement to WHO of the cost of providing a BCG consultant for three months. The aim of the campaign is to test some 400,000 persons within the age group of from one to twenty-five years and to vaccinate negative reactors. The group to be tested represents over one-fourth of the total population. The mass campaign will last three years, commencing January 1956, and at the end of this period the Government will continue the routine BCG vaccination services as one of the permanent public health activities through organized health services. Government matching for the three-year period of the mass campaign is estimated at \$88,220 in addition to the regular health budget. The services of a technical consultant (for which, as indicated above, UNICEF will reimburse costs) and four fellowships for national doctors and nurses will be provided by WHO/PASB.

#### 148. Jamaica

##### *Long-range feeding programme\*\**

*\$96,000 (E/ICEF/L.816)* for the provision of 6,436,000 pounds of skim milk powder for a two-year feeding programme to reach 150,000 school children, 6,000 pre-school-age children and 6,000 expectant and nursing mothers, distribution to begin in February 1956. This programme represents an expansion of the present school lunch programmes in Jamaica, reaching 80,000 school children, which have been developed by the Government from its own resources. School children will receive reconstituted skim milk (40 grammes of powder per day). Pre-school-age children and expectant and nursing mothers will receive dry rations of 60 grammes daily through the child welfare clinics of the Medical Department. For the two-year period the Government will expend \$150,000 for reception, warehousing, re-packaging of milk for MCW centres, distribution of the milk and additional foods for school lunches. In addition, the Government will continue its present programme of furnishing school meals to 80,000 children, and of distributing 200 tons of sweetened condensed milk at a cost of approximately \$237,000 annually.

#### 149. Mexico

*Malaria eradication . . . . \$2,400,000 (E/ICEF/L.809)* to provide insecticides, vehicles, sprayers and

other equipment for the first eighteen months of a five-year campaign of insecticide spraying to eradicate malaria from Mexico. (Funds for a malaria-control campaign were allocated to Mexico in September 1953.) Approval in principle for the entire five-year eradication project was also given by the Board at the session under review. The first year of the programme (September 1955-September 1956) will be devoted to the recruitment and training of personnel, organization of the campaign and spraying in relatively limited pilot areas. The campaign will be extended to the whole country in September 1956. The UNICEF allocation now approved will provide for a year of preparation and the first six months of the campaign. Three-fourths of the area of Mexico is malarious, and at the peak of the spraying operation, which will be maintained for four consecutive years, 1956-1960, 13.4 million persons will be directly protected. The malarious area in Mexico represents nearly 45 per cent of all non-protected malarious territory and about 64 per cent of unprotected population in the Americas. Techniques to be used in the eradication programme are based on the recommendations of WHO and of the UNICEF/WHO Joint Committee on Health Policy (JCHP). The Board found that the plan for the Mexican malaria-eradication campaign met the three minimum conditions set by the JCHP: that the assisted Government should ensure an adequate central anti-malaria organization; that it should enact the necessary supporting legislation; and that it should pledge the necessary financial support for the duration of the programme. Under its technical assistance budget, WHO will provide six technical advisers and nineteen fellowships for Mexican technicians. The fellows are already in training in Venezuela and in the United States. During the five years of the programme, it is expected that UNICEF will be requested to provide supplies and equipment to the total value of approximately \$8,400,000. During this same period, the Mexican Government will spend the equivalent of \$12,500,000 for the programme.

150. *Paraguay*

*BCG vaccination* .....\$2,475 (E/ICEF/L.827)  
for reimbursement to WHO of the cost of providing the services of one nurse for an additional six weeks for the BCG vaccination campaign undertaken with UNICEF assistance, as well as the cost of repatriation of the nurse.

151. *St. Kitts*

*BCG vaccination* .....\$1,315\* (E/ICEF/L.827)  
for reimbursement to WHO to cover a deficit in 1954 expenditures for international project personnel.

152. *St. Kitts*

*MCW (environmental sanitation)\*\**  
\$22,000 (E/ICEF/L.817)  
to provide supplies and equipment for the improvement of water supplies and excreta-disposal facilities for a two-year programme (1956-

1957), to strengthen the sanitation aspects of the maternal and child welfare services in the islands of St. Kitts, Nevis and Anguila. Work will be carried out in close co-ordination with the present health services of the Presidency, which have undergone considerable improvement in recent years. Under the two-year plan it is proposed to put at least 50 wells into proper functioning order and to construct at least 4,000 latrines. A programme of health education of the public with special emphasis on the importance of good sanitary conditions will be developed, particularly in the schools and health centres, using as a foundation the present extensive health education activities.

**PROJECTS BENEFITING MORE THAN ONE REGION**

153. *International Children's Centre, Paris*

\$300,000 (E/ICEF/L.821)  
to contribute towards the Centre's budget for the financial year 1956. This is the third annual allocation under a three-year arrangement entered into by the Executive Board under which UNICEF has provided 60 per cent of the Centre's expenses, the French Government contributing the balance of 40 per cent. The programme of the Centre in 1956 represents for the most part a continuation of activities undertaken in previous years in training specialized personnel in the field of child care, the study of problems of childhood, and disseminating information about child care. The activities concerned with social aspects of childhood problems are being expanded, and for this purpose the Centre has entered into closer relations with the United Nations Bureau of Social Affairs. Training and educational activities, the most important and most broadly developed phase of the programme, are being strengthened as regards both curricula and teaching methods. Emphasis is being placed on work affecting under-developed areas. Relations of the Centre with the United Nations and specialized agencies dealing with child problems continue to be strengthened. A report to the Board on activities of the Centre in 1955 is given in part II of document E/ICEF/303, and a draft programme and plan of expenditures for 1956 appear in part III of the document.

**EMERGENCY SITUATIONS**

154. *Pakistan*

*Emergency feeding* .....\$15,000 (E/ICEF/L.829)  
for the provision of 500 short tons of skim milk powder for the relief of mothers and children who suffered from the floods in the Summer of 1955, which were among the worst in the history of the country. Distribution is to be made by the Pakistan Red Cross under the general supervision of the Ministry of Health. The milk would be sufficient to provide a daily ration to 80,000 children and mothers for four months. Detailed distribution plans will be developed on the spot in agreement with the UNICEF representative in Dacca. The Government has appropriated the equivalent of approximately \$2.1 million for flood relief.

## REPORT OF THE COMMITTEE ON ADMINISTRATIVE BUDGET

155. The Executive Board noted the report of the Committee on Administrative Budget (E/ICEF/L.766) and approved the Committee's recommendations.

#### Estimated administrative and operational services budget for 1956

156. The Executive Board approved the estimated administrative and operational services budget for 1956 as submitted by the Executive Director (E/ICEF/L.765) and amended by the Committee (E/ICEF/L.766, paras. 31 to 33) for the following purposes:

	<i>Dollars</i>
New York: headquarters .....	1,196,850
Asia: regional, area and country offices.....	436,150
Africa, Eastern Mediterranean and Europe: regional, area and country offices .....	772,970
The Americas: regional, area and country offices....	263,280
South-West Pacific office .....	42,450
TOTAL (gross)	2,711,700
Administrative Contingency Fund .....	100,000
TOTAL estimated administrative and operational services budget and Administrative Contingency Fund (gross) .....	2,811,700

157. Of the amount recommended (excluding the Administrative Contingency Fund of \$100,000), \$1,381,-810 is estimated for administration and \$1,329,890 for operational services. The net expenditures for administrative and operational services in 1956 are estimated at \$2,376,280 (after deduction of revenue from staff assessments, agency procurement commissions from the United Nations Relief and Works Agency for Palestine Refugees in the Near East and the United Nations Korean Reconstruction Agency, and other revenue).

#### Budget estimates for Greeting Card Fund, 1955-1956 season

158. The Board noted that the Committee had approved the budget estimates of the Greeting Card Fund for the 1955-1956 season, totalling \$207,250 (net), as detailed in document E/ICEF/L.764.

159. During the 1954-1955 season, approximately 3 million cards were sold. The Executive Board, at its March 1955 session, approved the continuation of the Greeting Card Fund for the 1955-1956 season, with the balance of the net income of the 1954 project (approximately \$90,000) to be used as working capital (E/ICEF/294, para. 206). A goal of 5 million cards has been set for the 1955-1956 season sales. It is planned that

sales will be undertaken in more than twenty-five countries.

160. It will be noted that the working capital is less than the budget estimates approved by the Board. This is in accordance with the experience of previous years in which early proceeds from the sale of the cards were used to cover the expenses during the latter part of the main selling season.

161. The Board expressed the hope that the greeting card project would continue to grow, and also expressed its appreciation of the large degree of volunteer effort in many countries which constituted an essential factor in its success. The Board noted the intention of the Executive Director to rely upon this volunteer effort and to extend it, so far as possible, in the promotion and distribution of the cards in the future.

#### Financial report for 1954

162. The Board noted that the Committee had reviewed the following documents concerning accounts and audit for the year ended 31 December 1954:

Financial report and accounts for the year ended 31 December 1954, and report of the Board of Auditors (E/ICEF/295);

Report of the Executive Director on administrative and operational services expenditures for the year 1954 (E/ICEF/L.762 and Add.1);

Financing by assisted Governments of local currency administrative expenditures of UNICEF country offices (E/ICEF/L.763).

163. The Executive Board was pleased to note that the ratio of administrative costs to total expenditures in 1954—8.3 per cent—was lower than originally estimated and compared with 10 per cent for 1953 and 9.1 per cent for 1952. As was noted by the Board in December 1954, the computation of the ratio of administrative costs to total expenditures depends largely upon the amount of money spent on assistance during the year and, for a variety of reasons, this amount of money does not necessarily reflect the administrative workload of the agency. For some important supply items, such as milk and penicillin, there has been a considerable drop in the prices paid by UNICEF. Consequently the ratio of administrative costs to total expenditures can only be used with considerable reserve as a measure of the administrative efficiency of the organization.

## CHAPTER VI

## REPORT OF THE SUB-COMMITTEE ON FUND-RAISING

164. At its March 1955 session, the Executive Board referred questions relating to the selection of designs for UNICEF greeting cards to the Sub-Committee on Fund Raising of the Programme Committee (E/ICEF/294, para. 207).

165. The Board approved the report of the Sub-Committee on this question (E/ICEF/296), in which

the Sub-Committee endorsed the procedures in effect for the selection of greeting card designs and made several suggestions to the Executive Director—which are being acted upon by him—for enlarging the scope of artistic contribution to the designs and enlarging the world-wide sales.

166. The Board noted that the Sub-Committee, in

considering the question of Universal Children's Day (see para. 173(b), below), will examine the possibility of making available greeting cards that could be used by countries observing a Universal Children's Day. The purpose of this would be to provide an additional means of making children and the public more aware of the work and objectives of UNICEF.

167. In view of the public relations nature of the activities which are now within the purview of the Sub-Committee, including the question of greeting cards and Universal Children's Day, the Board decided to change the name of the Sub-Committee to "Sub-Committee on Public Relations and Fund Raising".

## CHAPTER VII

### MISCELLANEOUS

#### Universal Children's Day

168. In December 1954, the Executive Board authorized the Executive Director, on the basis of General Assembly resolution 836 (IX), to ascertain from Governments the dates and the manner in which Universal Children's Day was observed (E/ICEF/279, para. 14).

169. The Executive Board had before it replies from 23 Governments (E/ICEF/298 and Add.1 to 4)<sup>5</sup> to a circular letter sent by the Executive Director on 31 January to 83 Governments (E/ICEF/284). Most of the reporting Governments stated that they already observed a Children's Day, the type of celebration varying according to the customs of the country; the others stated their intention of instituting a Universal Children's Day in 1956.

170. A number of the reporting Governments indicated their intention of incorporating in their celebrations, beginning in 1956, information about the activities of UNICEF and the United Nations. The dates designated for Children's Day fall at different times of the year, with no day being favoured decisively. Some countries have had, or plan to have, their celebrations within their United Nations Week observances in late October of each year; others have set the first Monday in October, the date established by the International Union for Child Welfare (IUCW) as "World Children's Day"; several have set June 1 as the date, in accordance with a decision of the Women's International Democratic Federation.

171. In addition to replies from Governments, the Board had before it a statement by the IUCW relating to Universal Children's Day (E/ICEF/NGO/18) containing several suggestions regarding the relationship between "World's Children's Day", promoted annually by the Union since 1953, and Universal Children's Day.

172. Within the limits of its present public information staff and budgetary resources, the UNICEF Administration has been furnishing, upon request, information materials on UNICEF to countries which wish to incorporate them in their Children's Day celebrations.

173. In the light of the above developments, the Executive Board decided:

(a) To send a reminder to Governments that had not yet replied to the circular letter of 31 January and to request them to include in their replies information on the methods by which they proposed to observe Universal Children's Day, with any suggestions on how the observance of the day could be strengthened generally to meet the objectives of General Assembly resolution 836 (IX);

<sup>5</sup> Replies from additional Governments after the Board session (E/ICEF/298/Add.5) bring the total number of replies to 28 as of the date of preparation of this report.

(b) To refer to the Sub-Committee on Public Relations and Fund Raising of the Programme Committee the review of the replies from Governments; of the suggestions made by the International Union for Child Welfare (see para. 171); and of such other suggestions as might arise in connexion with Universal Children's Day (see, for example, para. 166). The Sub-Committee will report to the March 1956 session of the Programme Committee and Executive Board. Representatives of UNESCO, of the Non-Governmental Organizations Committee on UNICEF, and of the IUCW will be invited to attend the meetings of the Sub-Committee when it deals with this question;

(c) To transmit this section of the Executive Board's report to the General Assembly at its tenth session, for its information.

#### Relations with non-governmental organizations

174. The Executive Board had before it a report of the Non-Governmental Organizations Committee on UNICEF (E/ICEF/NGO/17) and a resolution adopted by the International Federation of Business and Professional Women in support of UNICEF (E/ICEF/NGO/19). It also heard an announcement from the Women's International League for Peace and Freedom that its annual Jane Addams children's book award had been given to a story about UNICEF, *Rainbow Round the World*, by Elizabeth Yates.

175. The Executive Board was encouraged at the increasingly important role which non-governmental organizations were playing in awakening popular interest and enthusiasm for the work of UNICEF in many ways, including the establishment and strengthening of UNICEF National Committees. It was gratified, moreover, that the membership of the NGO Committee on UNICEF was growing (there are now 52 members), that the studies of the sub-committees of the NGO Committee were of increasing practical value, and that the educational efforts of the non-governmental organizations were beginning to yield concrete results in many countries.

#### Annual conference pattern

176. The Executive Board decided to advance the opening date of its second session of the year by one and one-half days in order to be in a position to conclude its work somewhat earlier in advance of the General Assembly session.

177. The revised annual conference pattern of the Executive Board is thus as follows:

Date of opening of sessions	Period of time scheduled
First Monday in March.....	8 working days
Afternoon of Tuesday following the first Monday in September .....	8 working days

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## ANNEX

TABLE I

UNICEF allocations approved by the Executive Board in September 1955,  
and cumulative to the end of September 1955

(in US dollars)

(1)	Allocations cumulative to end of March 1955 (2)	Action taken in September 1955			Allocations cumulative to end of September 1955 <sup>b</sup> (5)
		Allocations to cover		Allocations returned <sup>a</sup> (4)	
		Long-range aid (3)	Emergencies		
I. AFRICA.....	4,812,088	1,039,262	—	58,026	5,793,324
II. ASIA.....	39,969,792	2,251,015	15,000	193,753	42,042,054
III. EASTERN MEDITERRANEAN.....	24,782,648	553,349	—	32,461	25,303,536
IV. EUROPE.....	101,502,475	361,000	—	1,504	101,861,971
V. THE AMERICAS.....	14,244,388	2,968,189	—	254,697	16,957,880
VI. ASSISTANCE BENEFITING MORE THAN ONE REGION.....	2,924,852	300,000	—	—	3,224,852
<b>TOTAL (I-VI)</b>	<b>188,236,243</b>	<b>7,472,815</b>	<b>15,000</b>	<b>540,441</b>	<b>195,183,617</b>
VII. OTHER ASSISTANCE:					
Freight.....	200,000	—	—	—	200,000
Operational services.....	7,482,840	1,329,890	—	—	8,812,730
VIII. ADMINISTRATION.....	10,872,655	1,481,810	—	—	12,354,465
<b>TOTAL (VII-VIII)</b>	<b>18,555,495</b>	<b>2,811,700</b>	—	—	<b>21,367,195</b>
<b>GRAND TOTAL</b>	<b>206,791,738</b>	<b>10,299,515<sup>c</sup></b>	—	<b>540,441</b>	<b>216,550,812</b>
<b>I. AFRICA</b>					
Basutoland.....	23,000	—	—	—	23,000
Bechuanaland.....	43,900	18,000	—	—	61,900
Belgian Congo and Ruanda-Urundi.....	260,800	—	—	—	260,800
French Equatorial Africa.....	397,100	—	—	—	397,100
French West Africa, Cameroons and Togoland.....	1,267,600	285,000	—	—	1,552,600
Gambia.....	47,000	—	—	—	47,000
Gold Coast.....	39,600	—	—	—	39,600
Kenya.....	126,200	—	—	—	126,200
Kenya, Tanganyika and Uganda.....	57,800	—	—	—	57,800
Liberia.....	149,900	207,189**	—	—	357,089
Mauritius.....	12,100	—	—	—	12,100
Morocco.....	703,073	177,073**	—	1,256	878,890
Nigeria, Federation of.....	938,600	215,000	—	—	1,153,600
Northern Rhodesia.....	39,500	—	—	—	39,500
Nyasaland.....	62,500	—	—	—	62,500
Sierra Leone.....	22,000	63,000	—	—	85,000
Southern Rhodesia.....	24,200	—	—	—	24,200
Tanganyika under British administration.....	178,300	—	—	—	178,300
Togoland under French administration.....	—	50,000	—	—	50,000
Tunisia.....	216,915	24,000	—	6,770	234,145
Uganda.....	22,000	—	—	—	22,000
Regional TB survey teams.....	180,000	—	—	50,000	130,000
<b>AREA TOTAL</b>	<b>4,812,088</b>	<b>1,039,262</b>	<b>—</b>	<b>58,026</b>	<b>5,793,324</b>
<b>II. ASIA</b>					
Afghanistan.....	583,223	45,000	—	—	628,223
Brunei.....	33,662	—	—	258	33,404
Burma.....	1,666,347	58,000	—	4,002	1,720,345
Cambodia.....	76,775	2,304*	—	—	79,079
Ceylon.....	1,048,846	—	—	1,390	1,047,456
China—Taiwan.....	903,900	440,000	—	1,968	1,341,932
China—Mainland.....	3,445,593	—	—	—	3,445,593
Fiji.....	24,200	—	—	—	24,200
Hong Kong.....	234,900	—	—	238	234,662
India.....	13,270,113	303,409**	—	130,571	13,442,951
Indonesia.....	4,741,932	443,000	—	658	5,184,274
Japan.....	1,062,300	38,000	—	—	1,100,300
Korea.....	3,513,279	—	—	—	3,513,279

TABLE I (continued)

(1)	Allocations cumulative to end of March 1955 (2)	Action taken in September 1955			Allocations cumulative to end of September 1955 (5)
		Allocations to cover		Allocations returned* (4)	
		Long-range aid (3)	Emergencies		
Malaya.....	282,785	—	—	14	282,771
Maldive Islands.....	15,000	—	—	—	15,000
Netherlands New Guinea <sup>d</sup> .....	65,000	—	—	—	65,000
North Borneo.....	135,799	—	—	—	135,799
Pakistan.....	4,107,028	343,000	15,000	3,416	4,461,612
Philippines.....	2,139,931	385,000	—	3,452	2,521,479
Sarawak.....	121,309	—	—	309	121,000
Singapore.....	80,292	—	—	—	80,292
Solomon Islands.....	—	16,000	—	—	16,000
Thailand.....	1,848,913	172,000	—	16,096	2,004,817
Viet-Nam.....	302,620	2,303*	—	23,641	281,282
Western Samoa under New Zealand administration....	8,800	—	—	—	8,800
Indo-China (unapportioned).....	146,600	—	—	4,607	141,993
BCG regional assessment teams.....	110,645	2,999*	—	3,133	110,511
AREA TOTAL	39,969,792	2,251,015	15,000	193,753	42,042,054
<b>III. EASTERN MEDITERRANEAN</b>					
Aden.....	12,200	—	—	—	12,200
British Somaliland.....	16,000	—	—	—	16,000
Egypt.....	1,386,683	183,000	—	2,360	1,567,323
Ethiopia.....	192,800	67,000	—	161	259,639
Iran.....	1,452,300	10,849*	—	3,614	1,459,535
Iraq.....	1,056,942	148,000	—	22,139	1,182,803
Israel.....	1,164,100	—	—	—	1,164,100
Italian Somaliland.....	89,000	—	—	—	89,000
Jordan.....	1,161,800	—	—	37	1,161,763
Lebanon.....	95,470	—	—	—	95,470
Libya.....	327,900	—	—	71	327,829
Sudan.....	60,040	67,000	—	—	127,040
Syria.....	476,817	49,000	—	1,778	524,039
Turkey.....	699,100	28,500	—	2,301	725,299
Palestine refugees.....	16,521,496	—	—	—	16,521,496
BCG regional assessment teams.....	70,000	—	—	—	70,000
AREA TOTAL	24,782,648	553,349	—	32,461	25,303,536
<b>IV. EUROPE</b>					
Albania.....	324,592	—	—	—	324,592
Austria.....	6,930,573	—	—	753	6,929,820
Bulgaria.....	5,515,926	—	—	—	5,515,926
Czechoslovakia.....	5,622,898	—	—	—	5,622,898
Finland.....	2,093,362	—	—	—	2,093,362
France.....	2,732,917	—	—	—	2,732,917
Germany.....	3,034,596	—	—	—	3,034,596
Greece.....	9,889,695	—	—	—	9,889,695
Hungary.....	2,039,571	—	—	—	2,039,571
Italy.....	19,013,073	—	—	751	19,012,322
Malta.....	188,612	—	—	—	188,612
Poland.....	18,961,539	—	—	—	18,961,539
Portugal.....	62,800	—	—	—	62,800
Romania.....	7,191,172	—	—	—	7,191,172
Spain.....	90,000	—	—	—	90,000
Yugoslavia.....	17,811,149	361,000	—	—	18,172,149
AREA TOTAL	101,502,475	361,000	—	1,504	101,861,971
<b>V. THE AMERICAS</b>					
Antigua.....	20,200	—	—	—	20,200
Barbados.....	56,000	—	—	—	56,000
Bolivia.....	533,700	—	—	—	533,700
Brazil.....	3,292,543	26,000	—	100,000	3,218,543
British Guiana.....	60,500	1,315*	—	1,575	60,240
British Honduras.....	78,400	—	—	—	78,400
British Virgin Islands.....	—	2,500	—	—	2,500
Chile.....	1,214,829	60,000	—	—	1,274,829
Colombia.....	764,678	150,084**	—	—	914,762
Costa Rica.....	442,400	—	—	—	442,400
Dominica.....	14,600	13,000	—	—	27,600
Dominican Republic.....	175,400	—	—	—	175,400

TABLE I (continued)

(1)	Allocations cumulative to end of March 1955 (2)	Action taken in September 1955			Allocations cumulative to end of September 1955 <sup>b</sup> (5)
		Allocations to cover		Allocations returned <sup>a</sup> (4)	
		Long-range aid (3)	Emergencies		
Ecuador.....	1,013,591	—	—	—	1,013,591
El Salvador.....	645,700	126,000	—	—	771,700
Grenada.....	44,500	4,500	—	—	49,000
Guatemala.....	648,400	37,300**	—	—	685,700
Haiti.....	1,112,300	—	—	—	1,112,300
Honduras.....	487,100	19,900**	—	144,950	362,050
Jamaica.....	165,200	96,000	—	—	261,200
Mexico.....	967,797	2,400,000	—	8,172	3,359,625
Montserrat.....	4,400	—	—	—	4,400
Nicaragua.....	513,100	—	—	—	513,100
Panama.....	178,300	—	—	—	178,300
Paraguay.....	327,650	2,475*	—	—	330,125
Peru.....	1,034,100	—	—	—	1,034,100
St. Kitts.....	46,600	25,415**	—	—	72,015
St. Lucia.....	38,800	—	—	—	38,800
St. Vincent.....	15,700	3,700	—	—	19,400
Suniram.....	87,900	—	—	—	87,900
Trinidad and Tobago.....	177,900	—	—	—	177,900
Uruguay.....	82,100	—	—	—	82,100
AREA TOTAL	14,244,388	2,968,189	—	254,697	16,957,880
VI. ASSISTANCE BENEFITING MORE THAN ONE REGION					
Group training courses.....	586,864	—	—	—	586,864
Calcutta training centre (fellowship).....	25,000	—	—	—	25,000
WHO regional BCG advisers and Skive project.....	61,488	—	—	—	61,488
International Children's Centre, Paris.....	2,246,500	300,000	—	—	2,546,500
Fish flour acceptability tests.....	5,000	—	—	—	5,000
TOTAL	2,924,852	300,000	—	—	3,224,852

<sup>a</sup>Consists of funds from previous allocations:  
 Return of previous country apportionments (E/ICEF/L.781 and E/ICEF/L.782)..... \$244,950  
 WHO project personnel..... 290,884  
 From block allocation to Associated States of Indo-China (this figure is included in the total of allocation in column 3)..... 4,607  
 \$540,441

<sup>b</sup>Equals sum of column 2 plus column 3 minus column 4.

\*Includes \$4,607 from previous block allocation to Associated States of Indo-China, which the Board at its September session authorized to be used for programmes in Cambodia and Viet-Nam (E/ICEF/L.827, para. 13).

<sup>d</sup>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.

\*Reimbursement to WHO of the costs of international project personnel: Cambodia (deficit 1954); Viet-Nam (deficit 1954); Western Pacific-BCG assessment team (deficit 1954); Iran (1956); British Guiana (deficit 1954); Paraguay (1956).

\*\*Includes reimbursement to WHO of the costs of international project personnel, as follows: Liberia—\$1,189 (deficit 1953); Morocco—\$1,073 (deficit 1954); India—\$16,409 (1956); Colombia—\$12,000 (1955) and \$6,084 (1956); Guatemala—\$3,900 (1956); Honduras—\$3,900 (1956); St. Kitts—\$1,315 (deficit 1954).

	Maternal and Child Welfare			Malaria eradication and control (4)	BCG and other TB control (5)	Compt. Year (6)
	MCW centres (1)	Other MCW projects (2)	Subtotal (3)			
<b>I. AFRICA</b>						
Bechuanaland.....	—	—	—	—	—	—
French West Africa, Cameroons and Togoland.....	—	—	—	259,285	—	—
Liberia.....	—	—	—	100,595	—	85,000
Morocco.....	—	—	—	—	—	162,000
Nigeria, Federation of.....	—	—	—	146,000	—	—
Sierra Leone.....	—	—	—	—	—	55,000
Togoland under French administration.....	—	—	—	—	—	45,000
Tunisia.....	—	—	—	—	—	—
AREA TOTAL	—	—	—	505,880	—	352,000
<b>II. ASIA</b>						
Afghanistan.....	25,930 <sup>d</sup>	10,070	36,000	—	—	—
Burma.....	40,000 <sup>d</sup>	—	40,000	—	—	—
Cambodia.....	—	—	—	—	2,304*	—
China (Taiwan).....	44,000 <sup>d</sup>	—	44,000	—	—	39,000
India.....	68,309**	48,100	116,409	—	80,000	—
Indonesia.....	205,000 <sup>d</sup>	—	205,000	—	116,000	—
Japan.....	— <sup>d</sup>	—	—	—	—	—
Pakistan.....	53,000 <sup>d</sup>	—	53,000	255,000	—	—
Philippines.....	275,000	—	275,000	—	—	—
Solomon Islands.....	—	—	—	—	—	11,000
Thailand.....	138,500 <sup>d</sup>	10,500	149,000	—	—	—
Viet-Nam.....	—	—	—	—	2,303*	—
BCG regional assessment team.....	—	—	—	—	2,999*	—
AREA TOTAL	849,739	68,670	918,409	255,000	203,606	50,000
<b>III. EASTERN MEDITERRANEAN</b>						
Egypt.....	167,000	—	167,000	—	—	—
Ethiopia.....	—	38,000	38,000	—	—	—
Iran.....	—	10,849*	10,849	—	—	—
Iraq.....	—	—	—	—	—	—
Sudan.....	14,500	16,000	30,500	31,000	—	—
Syria.....	—	37,500 <sup>d</sup>	37,500	—	—	—
Turkey.....	—	—	—	—	26,000	—
AREA TOTAL	181,500	102,349	283,849	31,000	26,000	—
<b>IV. EUROPE</b>						
Yugoslavia.....	183,000	47,000	230,000	—	—	—
<b>V. THE AMERICAS</b>						
Brazil.....	—	—	—	—	—	—
British Guiana.....	—	—	—	—	1,315*	—
British Virgin Islands.....	—	—	—	—	—	—
Chile.....	—	—	—	—	—	—
Colombia.....	55,200	47,800	103,000	—	39,084**	—
Dominica.....	—	—	—	—	—	—
El Salvador.....	—	—	—	96,300	—	—
Grenada.....	—	—	—	—	—	4,000
Guatemala.....	4,000	—	4,000	—	29,900**	—
Honduras.....	—	—	—	—	18,400**	—
Jamaica.....	—	—	—	—	—	—
Mexico.....	—	—	—	2,195,000	—	—
Paraguay.....	—	—	—	—	2,475*	—
St. Kitts.....	—	20,000	20,000	—	1,315*	—
St. Vincent.....	—	—	—	—	—	—
AREA TOTAL	59,200	67,800	127,000	2,291,300	92,489	8,000
<b>VI. ASSISTANCE BENEFITING MORE THAN ONE REGION</b>						
International Children's Center, Paris.....	—	300,000	300,000	—	—	—
TOTAL PROJECT AID	1,273,439	585,819	1,859,258	3,083,180	322,095	415,000
FREIGHT DISTRIBUTION.....	—	—	268,400	291,415	28,000	35,000
GRAND TOTAL	—	—	2,127,658	3,374,595	350,095	451,000

<sup>a</sup> All project allocations (columns 1 to 13 inclusive) exclude freight, which is shown in column 14.

<sup>b</sup> Includes aid to hospitals, school feeding and related training. Also includes environmental sanitation totalling \$58,000 (without freight) from the following: Ethiopia \$38,000; St. Kitts \$20,000.

<sup>c</sup> Diphtheria/whooping-cough immunization.

Programmes in September 1955, by type of programme

Country	Communicable Diseases				Child Nutrition			Grand Total (15)
	Trachoma control (8)	Leprosy control (9)	Other communicable diseases (10)	Subtotal (11)	Long-range feeding (12)	Food conservation (13)	Freight (14)	
—	—	—	16,600*	16,600	—	—	1,400	18,000
—	—	—	—	259,285	—	—	25,715	285,000
85	—	—	—	189,189	—	—	18,000	207,189
162	1,073*	—	—	163,073	—	—	14,000	177,073
—	—	50,000	—	196,000	—	—	19,000	215,000
55	—	—	—	58,000	—	—	5,000	63,000
45	—	—	—	45,000	—	—	5,000	50,000
—	22,000	—	—	22,000	—	—	2,000	24,000
353	23,073	50,000	16,600	949,147	—	—	90,115	1,039,262
—	—	—	—	—	—	—	9,000	45,000
—	—	—	—	—	—	—	18,000	58,000
—	—	—	—	2,304	—	—	—	2,304
39	311,000	—	—	350,000	—	—	46,000	440,000
—	—	—	—	80,000	d	—	107,000	303,409
—	—	—	—	116,000	—	50,000	72,000	443,000
—	—	—	—	—	—	—	38,000	38,000
—	—	—	—	255,000	—	—	35,000	343,000
—	—	—	—	—	d	—	110,000	385,000
11	—	3,000	—	14,000	—	—	2,000	16,000
—	—	—	—	—	—	—	23,000	172,000
—	—	—	—	2,303	—	—	—	2,303
—	—	—	—	2,999	—	—	—	2,999
50	311,000	3,000	—	822,606	—	50,000	460,000	2,251,015
—	—	—	—	—	—	—	16,000	183,000
—	—	23,000	—	23,000	—	—	6,000	67,000
—	—	—	—	—	—	—	—	10,849
—	—	—	—	—	38,000 <sup>d</sup>	—	110,000	148,000
—	—	—	—	31,000	—	—	5,500	67,000
—	—	—	—	—	—	—	11,500	49,000
—	—	—	—	26,000	—	—	2,500	28,500
—	—	23,000	—	80,000	38,000	—	151,500	553,349
—	10,000	—	—	102,000	—	—	29,000	361,000
—	—	—	—	—	d	—	26,000	26,000
—	—	—	—	1,315	—	—	—	1,315
—	—	—	—	—	d	—	2,500	2,500
—	—	—	—	—	—	55,000	5,000	60,000
—	—	—	—	39,084	—	—	8,000	150,084
—	—	—	—	—	d	—	13,000	13,000
—	—	—	—	96,300	4,000 <sup>d</sup>	—	25,700	126,000
4	—	—	—	4,150	—	—	350	4,500
—	—	—	—	29,900	—	—	3,400	37,300
—	—	—	—	18,400	—	—	1,500	19,900
—	—	—	—	—	d	—	96,000	96,000
—	—	—	—	2,195,000	—	—	205,000	2,400,000
—	—	—	—	2,475	—	—	—	2,475
15	—	—	—	3,265	—	—	2,150	25,415
3	—	—	—	3,440	—	—	260	3,700
85	—	—	—	2,393,329	4,000	55,000	388,860	2,968,189
—	—	—	—	—	—	—	—	300,000
415	344,073	76,000	16,600	4,347,082	42,000	105,000	1,119,475	7,472,815
35	34,000	7,500	1,400	408,575	437,500	5,000	(1,119,475)	—
451	378,073	83,500	18,000	4,755,657	479,500	110,000	—	7,472,815

Free skim milk provided under this allocation is available without cost except for ocean freight, which was charged to country allocated. The average cost of 1.5 cent per pound. These freight costs are included in columns 14 and 15.

Includes reimbursement to WHO of the costs of international project personnel.

Assistance approved by the Executive Board, by type  
(in thousands of dollars)

1947-1950

	Africa	Asia	Eastern Mediterranean	Europe	The Americas	Far East and Russia
<b>A. LONG-RANGE AID</b>						
1. <i>Maternal and Child Welfare</i> .....	—	3,769.3	54.0	2,408.8	690.1	1,349.3
2. <i>Mass Health</i>						
(i) Combating insect-borne diseases.....	—	249.3	—	613.7	735.0	—
(ii) Production:						
insecticides.....	—	—	—	—	—	—
antibiotics.....	—	850.0	—	—	—	—
sera and vaccine.....	—	—	—	592.1	—	—
(iii) Control of bejel, yaws, VD.....	—	1,697.6	123.3	861.7	320.0	—
(iv) BCG anti-tuberculosis vaccination.....	378.7	625.5	383.8	1,766.1	342.2	—
(v) Other tuberculosis control.....	—	913.1	—	1,947.5	82.6	—
(vi) Trachoma control.....	—	—	—	—	—	—
(vii) Leprosy control.....	—	—	—	—	—	—
(viii) Control of other communicable diseases....	—	33.1	—	270.4	234.6	—
SUB-TOTAL, MASS HEALTH	378.7	4,368.6	507.1	6,051.5	1,714.4	—
3. <i>Child nutrition</i>						
(i) Long-range feeding programme.....	—	1,156.0	—	—	639.4	—
(ii) Food conservation.....	—	—	—	3,788.2	135.0	—
SUB-TOTAL, CHILD NUTRITION	—	1,156.0	—	3,788.2	774.4	—
TOTAL, LONG-RANGE AID	378.7	9,293.9	561.1	12,248.5	3,178.9	—
<b>B. EMERGENCY AID</b>						
(i) Feeding.....	—	1,469.2	9,684.3	65,526.4	140.9	—
(ii) Raw materials (clothing, shoes, blankets, etc.)	—	764.6	450.5	6,339.7	79.3	—
(iii) Miscellaneous.....	—	189.0	774.8	2,005.8	13.6	—
TOTAL, EMERGENCY AID	—	2,422.8	10,909.6	73,871.9	233.8	—
SUB-TOTAL (A AND B)	378.7	11,716.7	11,470.7	86,120.4	3,412.7	—
<b>C. FREIGHT DISTRIBUTION.....</b>						
	—	1,628.3	1,514.9	10,370.2	540.0	—
TOTAL, LONG-RANGE AND EMERGENCY AID	378.7	13,345.0	12,985.6	96,490.6	3,952.7	—

†Unprogrammed: Asia, \$1,740,000; Eastern Mediterranean, \$800; Europe, \$12,800; the Americas, \$55,400; more than one type, \$25,000; total: \$1,834,000.



TABLE IV

## Return of unused balances of allocations approved for WHO international project personnel

## SUMMARY

	<i>Dollars</i>
Returns from allocations approved for 1955 costs.....	165,041.00
Returns from allocations approved for 1954 costs.....	96,375.41
Returns from allocations approved for 1953 costs.....	29,467.62
<b>TOTAL</b>	<b>290,884.03</b>

## DETAIL BY YEAR

*Returns from allocations approved for 1955 costs*

	<i>Dollars</i>
<i>Africa</i>	
Regional tuberculosis survey teams.....	50,000.00
<i>India</i>	
MCW, Bombay.....	26,660.00
MCW, Hyderabad.....	31,320.00
MCW, Saurashtra.....	9,000.00
MCW, Utter Pradesh.....	12,420.00
Yaws adviser.....	12,000.00
<i>Viet-Nam</i>	
MCW.....	23,641.00
<b>TOTAL 1955</b>	<b>165,041.00</b>

*Returns from allocations approved for 1954 costs*

		<i>Dollars</i>
<i>Africa</i>		
Tunisia	Trachoma.....	6,769.91
<i>Asia</i>		
Burma	BCG.....	3,189.45
Ceylon	BCG.....	1,390.08
India	MCW, Hyderabad.....	10,187.36
India	MCW, Travancore Cochin.....	27,780.00
Philippines <sup>1</sup>	BCG.....	2,558.41
South-east Asia	BCG assessment team.....	3,133.47
Thailand	BCG.....	12,169.14
		<b>60,407.91</b>
<i>Eastern Mediterranean</i>		
Iraq	MCW.....	18,846.95
Turkey	BCG.....	1,507.63
		<b>20,354.58</b>
<i>Europe</i>		
Austria	Sera vaccine production.....	671.39

TABLE IV (continued)

*The Americas*

Mexico	MCW.....	8,171.62
	<b>TOTAL 1954</b>	<b>96,375.41</b>
<i>Returns from allocations approved for 1953 costs</i>		
<i>Africa</i>		
Morocco	Trachoma.....	1,256.24
<i>Asia</i>		
Brunei	BCG.....	257.95
Burma	BCG.....	812.41
China	BCG.....	89.25
China	Trachoma.....	733.05
China	VD.....	1,145.24
Hongkong	BCG.....	237.65
India	BCG.....	1,203.62
Indonesia	BCG.....	657.61
Malaya	BCG.....	13.56
Pakistan	MCW.....	1,062.98
Pakistan	BCG.....	2,353.51
Philippines	MCW.....	728.72
Philippines	BCG.....	165.11
Sarawak	BCG.....	309.05
Thailand	BCG.....	3,927.35
		<b>13,697.07</b>
<i>Eastern Mediterranean</i>		
Egypt	BCG.....	2,359.53
Ethiopia	BCG.....	161.36
Iran	BCG.....	3,613.70
Iraq	MCW.....	804.66
Iraq	BCG statistician.....	741.09
Iraq	BCG.....	1,746.23
Jordan	BCG.....	37.00
Libya	BCG.....	71.43
Syria	Bejel syphilis.....	1,777.95
Turkey	BCG statistician.....	741.09
Turkey	BCG.....	52.67
		<b>12,106.71</b>
<i>Europe</i>		
Austria	Sera/vaccine production.....	81.71
Italy	MCW (handicapped children).....	750.56
		<b>832.27</b>
<i>The Americas</i>		
British Guiana	BCG.....	1,575.33
	<b>TOTAL 1953</b>	<b>29,467.62</b>







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