



UNITED NATIONS

UNITED NATIONS CHILDREN'S FUND
REPORT OF THE EXECUTIVE BOARD

12-21 MARCH 1956

ECONOMIC AND SOCIAL COUNCIL
OFFICIAL RECORDS: TWENTY-FIRST SESSION
SUPPLEMENT No. 2A

NEW YORK

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UNITED NATIONS CHILDREN'S FUND
Report of the Executive Board (12-21 March 1956)

CHAPTER I

ORGANIZATION OF THE SESSION

Representation

1. The Executive Board held its 153rd to 160th meetings at the United Nations Headquarters on 12, 13, 20 and 21 March 1956. The following representatives of States members of the Board attended:

*Chairman:*¹ Mr. B. Rajan (India)

Australia: Mr. T. W. Cutts, Mr. M. J. Wilson

Belgium: Mr. J. Raeymaeckers

Brazil: Mr. J. F. da Costa

Byelorussian Soviet Socialist Republic: Mr. V. G. Molchanov

Canada: Mrs. A. Sinclair

China: Mr. P. Y. Tsao

Colombia: Mrs. M. Lopez

Czechoslovakia: Mr. J. Svoboda

Dominican Republic: Mr. R. O. Galvan, Miss B. Bernardino

Ecuador: Mr. P. Gallegos

Egypt: Dr. M. O. Shoib

France: Dr. R. Debré, Mr. B. Epinat, Mr. J. Turpin

Greece: Mr. D. Carayannis, Mr. E. Kalamidas, Mr. J. Gregoriades

Israel: Mr. Z. Harman

Italy: Mr. L. Montini

Japan: Mr. H. Kitahara, Miss T. Yamane

Pakistan: Mr. M. Shafqat, Mr. N. Naik

Philippines: Miss L. Tongson

Sweden: Mr. C. Carbonnier

Switzerland: Mr. A. Lindt, Mr. D. Grandjean

Union of Soviet Socialist Republics: Mr. A. Roslov, Mr. F. Talyzin

United Kingdom: Mr. R. C. Barnes

United States: 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 J. Henderson, Mr. S. K. Dey and Miss M. Branscombe.

3. The specialized agencies were represented as follows:

Food and Agriculture Organization of the United Nations (FAO): Dr. W. R. Aykroyd, Dr. A. G. van Veen, Dr. H. Pedersen and Miss J. McNaughton.

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

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

4. Also attending were Miss K. Lenroot, representing the American International Institute for the Protection of Childhood, and Dr. N. Masse, representing the International Children's Centre, Paris.

5. The Non-Governmental Organizations Committee on UNICEF was represented by Mrs. G. Freeman, Chairman. The members of the NGO Committee on UNICEF were represented as follows:

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

Boy Scouts International Bureau: Mr. W. Johnston

Consultative Council of Jewish Organizations: Mrs. H. Kadane

Friends World Committee for Consultation: Miss M. Ermen, Mrs. E. Jackson

International Alliance of Women: Mrs. G. Brown

International Confederation of Free Trade Unions: Mr. W. Kemsley

International Conference of Catholic Charities: Mr. L. Longharzo

International Conference of Social Work: Miss R. Williams

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

International Council of Nurses: Miss A. Petersen, Miss R. Martin

International Council of Women: Mrs. G. Freeman

International Movement of Friendly Relations among Races and Peoples: Miss M. Krijnen

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

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

International Union against Tuberculosis: Mrs. A. Dunn

International Union against the Venereal Diseases and the Treponematoses: Mrs. J. Tuller, Miss B. Bierman, Mrs. A. Abè

Pan Pacific and South East Asia Women's Association: Mrs. H. Fowler, Mrs. Stanwood, Mrs. R. Mendez

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

¹ Mr. C. Carbonnier, Fourth Vice-Chairman, acted as Chairman during parts of the 158th and 159th meetings on 20 and 21 March.

World Federation for Mental Health: Mrs. C. Ascher
 World Federation of United Nations Associations:
 Mrs. C. Fox, Mr. Barratt-Brown
 World Jewish Congress: Mr. G. Jacoby
 World Organization for Early Childhood Education:
 Miss A. Snyder
 World Union of Catholic Women's Organizations:
 Miss C. Schaefer, Miss A. Zizzamia
 World Union for Progressive Judaism: Miss J. Evans
 World Veterans Federation: Col. G. Arneman, Mrs.
 Rogger
 World Young Women's Christian Association:
 Mrs. G. Britt

Programme Developments in Eastern Mediterranean
 Area (E/ICEF/309/Add.4 & Corr.1)
 Programme Developments in Europe (E/ICEF/309/
 Add.5)
 Programme Developments in the Americas (E/ICEF/
 309/Add.6)

- (b) Report on activity of United Nations Bureau of So-
 cial Affairs in the field of family and child welfare
 (E/ICEF/315)
 (c) Report by Dr. C. G. King, special FAO/UNICEF
 Consultant, on observations in India with special re-
 ference to nutrition (E/ICEF/313 & Corr.1)

2. Reports of non-governmental organizations (E/ICEF/
 NGO/20 to 30)
 3. Report of Programme Committee (E/ICEF/L.913)

7. A statement made by the Executive Director in
 introducing the various sections of his Progress Report
 was subsequently reproduced as E/ICEF/314. A list
 of all documents circulated in connexion with the
 session is given in E/ICEF/INF.5/Rev.2.

Election of Third Vice-Chairman

8. Mr. J. Svoboda of Czechoslovakia was elected
 Third Vice-Chairman of the Executive Board for 1956
 to fill a vacancy in that office.

Agenda

6. The agenda of the session (E/ICEF/311) was
 as follows:

1. Reports
 (a) General Progress Report of the Executive Director
 (E/ICEF/309)
 Beneficiaries (E/ICEF/309/Add.1)
 Programme Developments in Africa (E/ICEF/309/
 Add.2 & Corr.1)
 Programme Developments in Asia (E/ICEF/309/
 Add.3 & Corr.1)

CHAPTER II

ALLOCATIONS

9. The Executive Board at the present session approved allocations totalling
 \$8,398,800 for seventy-three programmes. Of these, sixty-nine were for long-range
 programmes in forty-seven countries and territories; two were for programmes
 benefiting more than one region; and two were for emergency aid.

10. The Board noted with appreciation the large amount of matching commit-
 ments by Governments in connexion with programmes approved at the session,
 totalling over \$24 million (E/ICEF/L.911, page 18).

11. The allocations approved by the Executive Board are summarized by region
 and type of programme in the following table:

SUMMARY OF ALLOCATIONS APPROVED BY THE EXECUTIVE BOARD, MARCH 1956—
 BY REGION AND TYPE OF PROGRAMME
 (in United States dollars)

	Africa	Asia	Eastern Mediterranean	Europe	The Americas	Inter- regional	Total	Per cent
Maternal and child welfare.....	150,500	1,270,300			113,000	25,000	1,558,800	18.5
Disease control campaigns.....	40,000	1,149,600	2,289,300	—	618,500	—	4,097,400	48.8
Malaria	18,500	486,000	2,123,000		618,500		3,246,000	38.7
BCG vaccination and other TB control		88,000	129,300				217,300	2.6
Yaws/VD		528,600	37,000				565,600	6.7
Trachoma	21,500						21,500	0.3
Leprosy		37,000					37,000	0.4
Typhus		10,000					10,000	0.1
Nutrition	—	509,600	191,000	125,000	962,000	100,000	1,887,600	22.5
Milk and food conservation.....		280,000	100,000	125,000		100,000	605,000	7.2
Child feeding		229,600	91,000		962,000		1,282,600	15.3
TOTAL, long-range aid	190,500	2,929,500	2,480,300	125,000	1,693,500	125,000	7,543,800	89.8
Emergency aid							855,000	10.2
GRAND TOTAL							8,398,800	100.0

12. The percentage distribution by region of the amounts allocated was as follows:

	Percentage
Africa	2.3
Asia	34.8
Eastern Mediterranean	29.5
Europe	1.5
The Americas	20.2
Interregional	1.5
Emergencies	10.2
	<hr/> 100.0

13. The allocations were approved as recommended by the Executive Director in his individual project recommendations. Considerations in connexion with certain of these allocations are set forth in the Report of the Programme Committee, E/ICEF/L.913, paras. 43-60. The allocations are listed as follows:

COUNTRY ALLOCATIONS

SUMMARY

<i>Documents E/ICEF/L:</i>		<i>Allocation (Dollars)</i>
LONG-RANGE PROGRAMMES		
AFRICA		
<i>Algeria (French Depts. of)</i>		
860 ²	Trachoma control	21,500
<i>Kenya</i>		
893	Malaria control	13,000
902	Maternal and child welfare.....	140,000
		<hr/>
		153,000
<i>Zanzibar</i>		
889 ²	Maternal and child welfare.....	10,500
889 ²	Malaria survey	5,500
		<hr/>
		16,000
	TOTAL, AFRICA	<hr/> 190,500
ASIA		
<i>Afghanistan</i>		
850	Typhus control	10,000
855	Malaria eradication	60,000
		<hr/>
		70,000
<i>Burma</i>		
853 & Corr. ¹²	Leprosy control	22,000
869 & Corr.1	Malaria eradication	426,000
897	Maternal and child welfare.....	9,300
		<hr/>
		457,300
<i>Ceylon</i>		
885 ²	Milk conservation	150,000
<i>China</i>		
891	BCG anti-tuberculosis vaccination in Taiwan	15,500
<i>Gilbert and Ellice Islands</i>		
841 ²	Yaws control	6,600
<i>Hong Kong</i>		
843	Feeding through MCW centres.....	5,200
<i>India</i>		
879	Maternal and child welfare (All India).....	1,041,000
882	Long-range feeding	210,000
888 & Add.1	MCW (State of Andhra).....	204,000*
896	Tuberculosis control: domiciliary treatment...	4,000
		<hr/>
		1,459,000

² First UNICEF aid to this programme.

* Includes \$11,000 for WHO project personnel in 1956.

Documents E/ICEF/L.		Allocation (Dollars)	
Indonesia			
861	Yaws control	423,000	
904	Vegetable milk production.....	130,000	
			553,000
Korea			
851	Maternal and child welfare.....		12,000
Netherlands New Guinea ³			
890 ²	Maternal and child welfare.....	4,000	
890 ²	Pre-school and school feeding.....	7,200	
890 ²	BCG anti-tuberculosis vaccination.....	3,000	
892	Yaws control	9,000	
			23,200
Pakistan			
874	BCG anti-tuberculosis vaccination.....	60,000	
881	Tuberculosis control: domiciliary treatment...	5,500	
			65,500
Philippines			
854	Leprosy control		15,000
Singapore			
842	Pre-school and school feeding.....		7,200
Thailand			
868	Yaws control		90,000
			2,929,500
TOTAL, ASIA			
EASTERN MEDITERRANEAN			
Ethiopia			
886 ²	Malaria eradication, pilot project.....		29,000
Iran			
877 & Corr.1	Malaria eradication	1,848,000	
895	BCG anti-tuberculosis vaccination.....	107,000	
908 ²	Bejel/syphilis control	37,000	
			1,992,000
Iraq			
848	Milk conservation		100,000
Jordan			
880 ²	Malaria eradication		72,000
Lebanon			
910	Malaria eradication		20,000
Syria			
866 & Corr.1	Malaria eradication		154,000
Turkey			
875	BCG anti-tuberculosis vaccination.....	22,300	
887	School feeding	91,000	
			113,300
			2,480,300
TOTAL, EASTERN MEDITERRANEAN			
EUROPE			
Italy			
876	Milk conservation		125,000
			125,000
TOTAL, EUROPE			

³ The Executive Director of UNICEF has received a communication from the Acting 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.

THE AMERICAS		
<i>Antigua</i>		
863	Pre-school and school feeding.....	24,900
<i>Brazil</i>		
901 & Corr.1	Infant, pre-school and school feeding.....	451,000
<i>British Guiana</i>		
858	School feeding	27,800
<i>British Honduras</i>		
862	Pre-school and school feeding.....	10,000
<i>Chile</i>		
859	Pre-school and school feeding.....	18,000
<i>Colombia</i>		
903	Pre-school and school feeding.....	44,000
907	Malaria eradication survey.....	40,000
		<hr/>
		84,000
<i>Dominican Republic</i>		
898	Malaria eradication	62,000
<i>El Salvador</i>		
871	Pre-school and school feeding.....	25,700
<i>French Guiana</i>		
849 ²	Pre-school feeding through MCW centres....	9,600
852 ²	Maternal and child welfare.....	12,500
		<hr/>
		22,100
<i>Grenada</i>		
845	Pre-school and school feeding.....	13,500
867	Malaria eradication	4,400
		<hr/>
		17,900
<i>Guatemala</i>		
872	Infant, pre-school and school feeding.....	35,300
878	Malaria eradication	254,000
		<hr/>
		289,300
<i>Honduras</i>		
846	Pre-school and school feeding.....	36,000
883	Malaria eradication	207,000
		<hr/>
		243,000
<i>Montserrat</i>		
865	Pre-school and school feeding.....	5,700
<i>Panama</i>		
905	Pre-school and school feeding.....	4,700
<i>Paraguay</i>		
900	Infant, pre-school and school feeding.....	34,500
<i>Peru</i>		
864	Pre-school and school feeding.....	138,000
<i>St. Kitts</i>		
857	Pre-school and school feeding.....	21,000
<i>St. Lucia</i>		
870	Malaria eradication	8,600
<i>St. Vincent</i>		
847	Pre-school and school feeding.....	15,400
<i>Surinam</i>		
873	Pre-school and school feeding.....	27,300
<i>Trinidad and Tobago</i>		
840	Malaria control	42,500
906	Pre-school and school feeding.....	19,600
		<hr/>
		62,100
<i>Uruguay</i>		
909	MCW (environmental sanitation).....	100,500
		<hr/>
TOTAL, THE AMERICAS		1,693,500

<i>Documents E/ICEF/L:</i>		<i>Allocation (Dollars)</i>
BENEFITING MORE THAN ONE REGION		
<i>Fellowships for non-Indian doctors to study at Calcutta Training Centre</i>		
856	25,000
<i>Purchase or development of new food products for testing</i>		
894 ²	100,000
TOTAL, BENEFITING MORE THAN ONE REGION		125,000
TOTAL, LONG-RANGE AID		7,543,800
EMERGENCY AID		
899	India (drugs)	55,000
844	Korea (feeding)	800,000
		855,000
GRAND TOTAL PROGRAMME ALLOCATIONS		8,398,800

14. Certain adjustments in previous allocations were also made by the Executive Board. It approved an adjustment of freight allocations to various countries, as set forth in E/ICEF/L.838, table I, column 6. The purpose of these adjustments was to align the amounts previously allocated for freight with actual freight costs and current estimates. The Board also approved an allocation of \$476.40 to cover an underestimate in the cost of rice provided by UNICEF in an emergency relief programme for the Maldives Islands (E/ICEF/L.839, para. 7).

15. The Board noted that programme savings totalling \$552,513 had been returned to the general resources of the Fund, as listed in E/ICEF/L.839. These savings were, for the most part, from projects in which UNICEF commitments had been fulfilled. In some cases, however, they constituted savings on

projects whose scope had been reduced or which had been cancelled. The Board also noted the return to general resources of a balance of \$36,685 in the 1955 administrative and operational services budget.

16. The allocations adopted by the Executive Board were all based upon recommendations by the Programme Committee, whose report, E/ICEF/L.913, was approved by the Board.

17. Various suggestions were made by the Board members regarding the organization of future Board sessions and, in particular, the presentation of the Programme Committee report to the Executive Board in the future. The Board established an *ad hoc* committee, consisting of the Chairman of the Board, the Chairman of the Programme Committee, and the four Vice-Chairmen of the Board, to examine these suggestions.

CHAPTER III

SUMMARY OF PROGRAMME TRENDS

Beneficiaries

18. More than 39.5 million children and nursing and pregnant mothers are expected to benefit in 1956 from the principal large-scale disease control campaigns and child feeding programmes aided by UNICEF.⁴ The number of beneficiaries in these programmes continues to grow, as can be seen in the following table:

	<i>Number of children and mothers benefiting in principal UNICEF- aided programmes (in millions)</i>
1953	21.0
1954	28.3
1955	32.5
1956 target	39.5

19. In large part this increase reflects the increasing scope and effectiveness of programmes as field techniques and governmental organization and planning are improved with experience.

20. Not included in the above are the many children and nursing and pregnant mothers who receive benefits (other than milk) from the over 7,000 maternal and child welfare centres, clinics, and children's and maternity hospitals aided by UNICEF (see para. 61). Still more children and mothers benefit from UNICEF assistance for vaccine production plants; campaigns for the control of communicable diseases such as diphtheria, whooping cough, and leprosy; and milk-drying and pasteurization plants. When all the projected milk conservation plants are in full operation, they will provide free or low-cost milk to over 4 million children and mothers. Many times this number will benefit from the availability of safe milk.

21. Following is a table showing the 1956 targets for children and mothers to be aided in the principal programmes:

⁴ Children and nursing and pregnant mothers receiving *direct* benefits (i.e., vaccinated rather than tested in BCG campaigns; treated rather than examined in yaws campaigns).

BCG anti-tuberculosis vaccination (children to be vaccinated)	15,590,000
Anti-malaria campaigns (children and mothers to be protected with UNICEF DDT)	10,948,000
Yaws control (children and mothers to be treated)	3,013,000
Control of trachoma and related eye diseases (children to be treated)	623,000
Feeding through school lunches and maternal and child welfare centres (peak number of children and mothers to receive daily ration of milk)	3,927,900
Emergency feeding (peak number of children and mothers to receive daily ration)	1,861,000

22. The total number of beneficiaries of three of these programmes from the time of their inception to the end of 1955 is as follows:

BCG campaigns: 154.5 million children tested and 59.9 million vaccinated.

Yaws control: 28.2 million children and mothers and 56.5 million persons of all ages tested; 4.9 million children and mothers and 8.3 million persons of all ages treated.

Trachoma and related eye disease control: 1.6 million children treated.

Number of currently-assisted countries and programmes

23. The geographic coverage of UNICEF aid was further expanded at the session by the approval of aid for the first time to three territories: French Guiana; Gilbert and Ellice Islands and Zanzibar. This brings the number of countries and territories currently receiving UNICEF aid to ninety-five.

24. The Fund is currently assisting a total of 282 programmes. The following table shows the geographical distribution of these programmes:

Countries and territories	Programmes
Africa	39
Asia	85
Eastern Mediterranean ..	48
Europe ..	15
The Americas	91
Interregional	4
TOTAL 95	282

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

	Maternal and child welfare	Disease control	Nutrition	Emergency	Total
Africa	10	26	3	—	39
Asia	24	46	12	3	85
Eastern Mediterranean	15	20	11	2	48
Europe	9	3	3	—	15
The Americas ..	26	30	35	—	91
Interregional ...	2	—	2	—	4
TOTAL 86	125	66	5		282

Disease control programmes

26. Approximately half of the amount allocated at the current session was in the field of disease control, the bulk (39 per cent) for malaria programmes. Other allocations were for yaws, bejel and syphilis, tuberculosis, leprosy, trachoma and typhus control.

27. A major interest of the Executive Board was the problem of maintaining a balance in allocations among the various types of disease control programmes, and between disease control programmes as a whole and maternal and child welfare and nutrition. This is discussed more fully in paras. 135-136.

28. Another interest emerging in the Board discussion related to planning and organization for the period beyond the mass phase of disease control programmes, when the gains of the campaigns need to be consolidated and integrated into permanent health services. The Board noted that, both at the recent WHO-sponsored Second International Conference on Yaws Control and the meeting of the WHO Expert Committee on Trachoma, emphasis was placed on deliberate planning of campaigns through their various stages to the point where they become integrated into the normal activities of the public health service. In the field of tuberculosis control, particularly where BCG campaigns have reached or passed their zenith, it was clear that additional means need to be found for pressing forward and for consolidation (see paras. 40-43 below).

MALARIA CAMPAIGNS

29. A major portion of the Board's discussion at the session revolved around the financial implications of UNICEF aid for malaria campaigns which are estimated to require an average of \$10 million a year from UNICEF during the period 1957-1960 (see para. 127).

30. Malaria not only undermines the health of many millions of mothers and children but gravely handicaps many countries in their economic development. The implications of malaria control versus eradication were considered in detail at Board sessions in March and September 1955. Control programmes not only lead to recurrent expenditures which heavily burden Governments but also, if unduly prolonged, increase the danger of DDT-resistant malaria-bearing mosquitoes. Eradication is more expensive in the short run, but after an eradication campaign has been in progress for four to five years, virtual elimination can be achieved and activity restricted to surveillance. Thus, eradication in the long run is not only safer but cheaper.

31. The Board therefore joined with WHO in offering to help Governments begin full-scale eradication campaigns. It is apparent now that this decision stimulated more rapid development of governmental planning than was foreseen, despite the greater initial expenditure required of Governments and despite the greater administrative and technical burden upon them in carrying out the thorough coverage and technical safeguards required.

32. With programmes approved at the present session, eradication campaigns are now launched in two regions, the Americas and the northern countries of the Eastern Mediterranean area. Initial aid was approved for nine country eradication programmes in the Americas and four in the Eastern Mediterranean area, and active planning is under way to convert into eradication a number of other control programmes in these areas. Some of the proposed eradication programmes will, in all likelihood, be submitted to the next session of the Executive Board for approval. The largest single allocation made at the present session, \$1,848,000, was for malaria eradication in Iran.

33. The Executive Board agreed, as an exception, to receive for mail-poll vote before its next session a

recommendation for aid to malaria eradication in Ecuador. It endorsed the position of the Programme Committee that established procedures for consideration of long-range programmes should be adhered to, and noted the intention of the Committee to request its members' comment on a draft proposal for aid to Ecuador before it was circulated by the Executive Director to the Board for mail-poll vote. (For a fuller account see the Report of the Programme Committee, E/ICEF/L.913, paras. 67-71).

34. UNICEF is currently aiding two malaria eradication programmes in Asia, in Afghanistan and Burma, and three control programmes, Netherlands New Guinea,³ North Borneo and Pakistan (the latter being assisted also through bilateral aid). In addition, UNICEF is aiding in the construction of DDT plants in Ceylon and India. The construction of the DDT plant in Ceylon has been delayed because a survey by the World Bank resulted in revision of plans for related plants. Discussions have gone forward with the Government for construction of a smaller plant adequate to meet Ceylon's lowered requirements following a successful eradication campaign which in 1955 reached the surveillance stage in many parts of the island.

35. The recent WHO Conference on Malaria in Africa has confirmed that the techniques of interrupting transmission have not yet been worked out for Africa, south of the Sahara. However, control action based upon results already achieved is encouraged, with coverage being extended to defensible barriers as far as possible. Pilot projects or control campaigns are currently being aided by UNICEF in nine territories with the object of working out the techniques of eradication both in areas of equatorial forest and savannah. For several adjoining territories the area of control is a continuous one; because of population movements this is a point of some importance for ultimate eradication.

36. It is expected that by 1960 the over-all spraying phases of the eradication campaigns in the Americas and the Eastern Mediterranean area will be completed in most of the countries. No engagements have been undertaken by UNICEF for additional aid to the Governments during the surveillance period which follows the over-all spraying. With present financial prospects UNICEF will not be in a position to undertake any aid to new eradication areas which would involve going beyond the financial peak of \$10 million a year. At the same time, as is set forth in para. 136 below, the Board considers that every effort should be made to achieve economy in developing technically sound projects in order to permit Governments to meet the heavy commitments involved, and permit UNICEF to aid as many projects as possible.

37. The total number of children and mothers to be protected with UNICEF DDT in 1956 is about 11 million (as compared with 6.1 million protected in 1955); the total number of persons to be protected with UNICEF DDT is about 22 million.

	<i>Number of children and mothers protected with UNICEF DDT. Target for 1956</i>	<i>Number of countries</i>
Africa	1,445,000	9
Asia	2,120,000	5
Eastern Mediterranean. .	1,477,000	8
The Americas	5,906,000	12
TOTAL	10,948,000	34

BCG VACCINATION AND OTHER TUBERCULOSIS CONTROL

38. The target for BCG vaccination in 1956 is almost 15.6 million, as follows:

	<i>Number of children to be</i>		<i>Number of countries</i>
	<i>Tested</i>	<i>Vaccinated</i>	
	<i>(in 000)</i>		
Africa ...	120	80	1
Asia	36,558	12,537	11
Eastern Mediterranean .	5,640	2,330	4
The Americas	1,362	645	7
TOTAL	43,680	15,592	23

This is slightly fewer than in 1955, the peak year when over 44 million were tested and 16.5 million vaccinated.

39. At the present session the Board approved allocations for the continuation of BCG campaigns in four countries (two in Asia and two in the Eastern Mediterranean) and the start of a new campaign in one country (Netherlands New Guinea).³

40. In September 1955 the Executive Board approved an allocation for a pilot project in Indonesia for the ambulatory treatment of active tuberculosis cases through chemotherapy. At the present session it approved small allocations for isoniazid to be provided through several tuberculosis centres in India and Pakistan. While it is recognized that there are many problems related to ambulatory chemotherapy of tuberculosis, it is apparent that if the method could be used, it would open the way for simple methods of tuberculosis control through home treatment in countries where hospital accommodation is limited. The Board therefore asked to be informed of the results of these projects as early as possible.

41. At the same time the Board was interested generally in policies to be followed by UNICEF in its future aid in the field of tuberculosis control. The Board discussed the possibility of preventing the spread of the disease through prophylactic use of drugs for tuberculin-positive children. It also expressed interest in methods for consolidation of the gains made in BCG campaigns in Asia and the Americas, since in several of these the mass phase has been or will shortly be concluded. In Africa, on the other hand, the best method of approach to tuberculosis control on a mass basis has not yet been decided; at present, two WHO regional tuberculosis survey teams are at work in East and West Africa collecting data upon which decisions can be made. In the Eastern Mediterranean areas, WHO Regional Assessment team surveys have collected data on certain technical problems, making possible the conclusion of plans for an extension of BCG vaccination.

42. The Board also hoped that studies might be possible which would give a more precise assessment than is at present available on the value of BCG vaccination of children in under-developed countries. Evidence on the value of BCG vaccination of children now relates mainly to economically advanced countries with a relatively low incidence of tuberculosis.

43. In connexion with these matters, the Board requested two items to be placed on the agenda of the next session of the UNICEF/WHO Joint Committee on Health Policy, as is set forth in para. 139 below.

44. In 1956, UNICEF will be aiding yaws control programmes in nineteen countries, with a target of almost 3 million children and mothers to be treated (as compared with almost 1.7 million treated in 1955).

<i>Target for 1956</i>			
<i>Number of children and mothers to be</i>			
	<i>Examined</i>	<i>Treated</i>	<i>Number of countries</i>
	<i>(Surveys and resurveys)</i>		
Africa	1,538,000	1,538,000	6
Asia	9,145,000	1,296,000	9
The Americas..	1,529,000	129,000	4
TOTAL	12,212,000	2,963,000	19

45. In Africa, and in some countries in Asia and the Americas, the policy followed is that of treating the total population, since in the areas covered the incidence of active yaws cases is so high that the rest of the population are treated as either latent cases or contacts.

46. At the present session UNICEF approved aid for four programmes. While large-scale campaigns assisted by UNICEF have been undertaken in Haiti, Indonesia and Thailand, the only approach which has hitherto involved several countries at once has been in the Western Pacific Islands: Fiji, Netherlands New Guinea,³ Solomon Islands, Western Samoa and (approved at the present session) the Gilbert and Ellice Islands. Now, however, the Second International Conference on Yaws Control, held in Nigeria in November 1955, has recommended continental action in Africa, which has the largest incidence of any continent of this crippling tropical disease, with an estimated 25 million cases and 90 million exposed contacts. (The report of the Conference is reproduced as an annex to E/ICEF/309/Add.2 and Corr.1).

47. The Executive Board expressed its appreciation of the work of the Conference, the result of which not only pointed to the need for a continental attack on this disease but also showed the importance of simultaneously strengthening rural public health and community services if the gains achieved in the mass campaigns were to be consolidated.

48. UNICEF is already participating in yaws programmes in Africa, which will eventually extend to 20 million people. If the disease is to be attacked on a continent-wide basis, UNICEF may be asked to give assistance in the protection of 40 million more, with the remaining 30 million of the 90 million people exposed to yaws cared for through other channels. In spite of the desire of the authorities concerned to go ahead with vigour and rapidity, it appears that new programmes will not be developed simultaneously in all countries but in successive country efforts during the course of the next few years. The financial implications of UNICEF participation in this continent-wide campaign are discussed in para. 123.

OTHER DISEASES

49. The Board approved aid for the first time for trachoma control in Algeria, leprosy control in Burma, and bejel/syphilis control in Iran. It also approved an allocation to expand a typhus control programme in Afghanistan.

(a) Trachoma and related eye diseases

50. The treatment target for 1956 for trachoma and other related eye diseases is as follows:

	<i>Target for 1956</i>		
	<i>Number of children to be treated for</i>		
	<i>Trachoma</i>	<i>Conjunctivitis</i>	<i>Number of countries</i>
Africa	84,000	212,000	3
Asia	232,000	75,500	2
Eastern Mediter- ranean	5,000	5,200	1
Europe	22,300	—	2
TOTAL	343,300	292,700	8

51. The meeting of the WHO Expert Committee on Trachoma has been referred to above (see para. 28). In the Eastern Mediterranean area, where eye diseases constitute one of the most important communicable disease problems affecting children, UNICEF is aiding a pilot project in Egypt. A number of countries are interested in aid for this problem. It is hoped that the pilot project will show how measures which have proved their value elsewhere can be adapted to the conditions of the region.

52. The largest trachoma programme assisted by UNICEF is being carried out in Taiwan, where it is chiefly concerned with schoolchildren. Although it has been successful, it has demonstrated that trachoma cannot be eliminated rapidly until effective methods of reaching home contacts are found. The same is true in North Africa, where future progress against the disease, which is associated with epidemic conjunctivitis, depends upon consolidating the gains of the mass campaigns with a system of self-treatment and follow-up.

(b) Leprosy

53. With the development of sulphone drugs for the out-patient treatment of leprosy, the main strategy of leprosy-control work aided by UNICEF is based upon the encouragement of patients to come forward voluntarily for treatment, and the application of case-finding methods. UNICEF has now approved aid for nine leprosy-control programmes, the largest of them being in French Equatorial Africa and Nigeria. With the approval of an allocation at the present session to Burma there will be three pilot projects for leprosy control in Asia, the other two being for the Philippines and Thailand.

54. Extension of mass treatment over a whole country—and in some countries even the starting of a campaign—is likely to take some time. Solutions must be found to a number of complex problems, such as the stigma traditionally attached to the disease, the need to organize campaigns in co-ordination with other health services or as part of a polyvalent approach, and the necessity to assure that those who need the drugs will continue to take them for the long period required.

Maternal and child welfare

GENERAL DEVELOPMENTS

55. The interest of UNICEF in encouraging the maternal and child welfare side of health services in rural areas continued to be advanced at the present session. Maternal and child welfare allocations were

made to ten programmes. Of considerable interest were two programmes, one in India and one in Kenya, where UNICEF maternal and child welfare aid will be within the framework of rural community development and will be integrated with it to help achieve progress along balanced and comprehensive lines. The Board noted that important progress in this direction had been made in Egypt, with some aid from UNICEF.

56. The integration of UNICEF maternal and child welfare aid with community development programmes was welcomed by the United Nations Bureau of Social Affairs, which has for some time been coming forward in support of community development activities initiated by an increasing number of Governments. Execution of specific programmes, such as maternal and child welfare and nutrition education, within a general programme for all-round development has already been found by experience to yield the most fruitful results.

57. In India a sum of \$842,000 out of a maternal and child welfare allocation of \$1,041,000 was specifically for maternal and child welfare services for 250 community development areas (E/ICEF/L.879). In addition, the Board approved "in principle" aid for a further 250 community development areas, each comprising about 100 villages and a population of about 65,000, with further aid expected as the Government works out in detail the various segments of its Second Five-Year Plan.

58. The aid to Kenya is for a type of programme developing in a number of territories in Africa as an attempt to organize maternal and child welfare services most suitable to the African family pattern. A considerable effort is being made to interest young women and mothers in the possibilities of improving child rearing and family life, both as homemakers and as leaders in their villages. Self-participation is an important part of this method. Pre-natal and post-natal care, protection of the child during infancy, better child nutrition and hygiene, first aid, and general cleanliness in the home occupy an important place in the syllabus of training schemes for the women. When approving the aid for Kenya, the Executive Board also agreed that the policies previously adopted for stipends for the training of auxiliary workers be extended to include those in the maternal, child and family welfare aspects of community development.

59. The organization of basic maternal and child welfare services necessarily varies from country to country. In general, however, UNICEF aid is now being increasingly directed toward establishing networks of village centres technically supported and supervised by intermediate health centres which, in turn, are under the over-all direction of a district health centre and hospital. The primary emphasis is still on the village centre but UNICEF aid is also required at the intermediate and higher levels to ensure adequate training facilities, and supervision of the subordinate village centres. Rural health services, of which maternal and child welfare is a most important element, are essential for consolidating and extending the gains of the mass disease control campaigns on a permanent basis. The chief obstacle to a more rapid expansion of maternal and child welfare services is the shortage of trained staff, particularly midwives, nurse-midwives, public health nurses, and home visitors. UNICEF aid in overcoming this shortage through the provision of teaching aids and equipment for training centres (and through training stipends when they constitute only a small proportion of

the total allocation) has been helpful, but a higher rate of progress would be desirable.

60. UNICEF is currently providing aid for basic maternal and child welfare services in fifty-nine countries and territories. It has approved the provision of basic maternal and child welfare equipment to 10,474 centres in currently-assisted programmes, somewhat over half of which had received the equipment by the end of 1955, as is shown in the following table:

Basic equipment for MCW centres provided by UNICEF

	<i>Total number of centres to be equipped</i>	<i>Number of centres equipped by the end of 1955</i>
Africa	158	57
Asia	7,372	4,308
Eastern Mediterranean	1,420	362
Europe	821	435
The Americas	703	369
TOTAL	10,474	5,531

61. A larger number of centres (including most of those receiving the basic equipment) are making use of UNICEF "expendables" (various types of drugs, whole and skim milk powder, fish-liver-oil capsules, and soap). The total number of centres to be supplied with such expendables is 11,200. Of these, 7,250 were distributing the expendables by the end of 1955.

62. The importance of voluntary organizations in the strengthening of maternal and child welfare services was emphasized to the Board by the Sub-Committee on Maternal and Child Health Centres of the NGO Committee on UNICEF (E/ICEF/NGO/30, paras. 28-32). The NGO Committee has adopted the policy of asking national affiliates to urge their Governments to accelerate the development of maternal and child welfare services. To aid in this development further, the NGO Committee is calling upon voluntary agencies to provide leadership and help with training, wherever possible.

63. On a regional level UNICEF is aiding post-graduate and refresher training through the maternal and child health department of the All India Institute of Health and Public Hygiene in Calcutta and, on an interregional level, through the International Children's Centre in Paris.

64. At the current session the Board approved an additional allocation for fellowships for non-Indian physicians to study at the Calcutta Training Centre (E/ICEF/L.856). It noted with satisfaction the completion of the construction programme of the Centre. The Executive Director will present to the next session of the Board a special report on the progress of the programme in training students from other countries.

INTERNATIONAL CHILDREN'S CENTRE

65. UNICEF has been aiding the International Children's Centre in Paris since 1950. At the current session, the Executive Board accepted the principle that the operating costs of this Centre should be shared equally by the French Government and UNICEF for the five-year period 1957-1961, as set forth in the Executive Director's recommendation, E/ICEF/L.884. As in the past, UNICEF aid would be allocated annually after approval by the UNICEF Executive Board of the work programme and annual plan of expenditures of the Cen-

tre, in accordance with the procedure adopted by the Board in November 1949. The Centre's annual budget may vary between the equivalent of \$500,000 and \$600,000 (unless a change in ceiling is agreed to by the UNICEF Board because of major changes in salaries and prices, or the French franc/U.S. dollar exchange rate). The increase of the French Government's contribution from 40 per cent to 50 per cent was welcomed by the Board.

66. The Board believed that, subject to a system of annual allocation, there were great advantages in enabling the International Children's Centre to look ahead for a period of five years. Such continuity would facilitate planning of courses and research that require several years to reach fruition; it would open a wider field of recruitment for highly qualified persons, and would enable countries which send trainees to the Centre to select their candidates carefully in advance.

67. There was likewise general satisfaction with the outline of the Centre's programme for the next five years, which showed a strengthening of present activities and an extension into important new fields. Included among these will be a study of the best methods of instruction in child care for international groups; a considerably increased emphasis on nutrition and social welfare; a continued focusing of research on problems that are international in scope and serve to promote preventive services; an expansion in the dissemination of information, particularly to reach professionally isolated workers; and a special effort, through all the activities of the Centre, to serve under-developed countries. The work programme will be increasingly integrated with those of the United Nations, including UNICEF and the specialized agencies. The most evident general trend in the Centre's work is its growing international character and influence.

68. The intention of the Centre to expand its nutrition and social welfare activities was especially welcomed by Board members. A Social Section has been established to give impetus to social welfare activities, and the establishment of a Nutrition Section is under consideration. Several representatives emphasized the need for close co-operation between the Centre and the United Nations Bureau of Social Affairs to avoid duplication and to strengthen the work of each, and stressed the importance of appointing a Director of the Social Section whose qualifications, both in training and experience, would command esteem among social workers internationally.

69. The representative of the Centre stated that the Board of the International Children's Centre had not yet appointed a person to the post of Director of the Social Section; for the moment, a Chief of Service had been appointed to execute the social welfare programme, which would be formulated with the advice of a qualified working group. The Centre intended to strengthen its co-operation with the United Nations Bureau of Social Affairs. A special United Nations family and child welfare consultant had recently made a study of what the Centre might usefully undertake in this direction. Her report was currently being studied by the Centre.

Child nutrition

RELATIONS WITH FAO AND WHO

70. Relations with FAO and WHO in the field of child nutrition are being continuously strengthened. The

Eighth FAO Conference approved additional budget items for the FAO Agriculture, Nutrition and Economics Divisions in 1956-1957, under the title "More Milk and Better Child Nutrition". The main purpose of this increase is to strengthen co-operation with UNICEF and provide additional technical services to country projects receiving UNICEF material aid.

71. As consultants to both FAO and UNICEF, Dr. William H. Sebrell, Jr. and Dr. C. Glen King have been working for some months at UNICEF Headquarters on questions concerning vegetable proteins and fish flour, with especial reference to the promotion of more effective co-operation with research agencies and private foundations. Dr. King, who made a nutrition survey in Central America in 1955, made a similar survey in India early in 1956 (see paras. 78-87).

72. Funds are now available in the FAO budget to provide a full-time FAO adviser at UNICEF Headquarters, and an effort is being made to secure the services of an expert. The Board stressed the importance of filling this post as soon as possible. The Director-General of WHO has appointed a special advisory group of nutritionists and pediatricians to advise FAO and UNICEF on the safety and suitability for human consumption of proposed new protein-rich food preparations.

FEEDING PROGRAMMES

73. The Executive Board approved allocations for powdered skim milk (and, in some cases, fish-liver-oil capsules) for twenty-four child feeding programmes. All but two of the programmes had previously been aided by UNICEF; nineteen of them were in the Americas. A total of 56,090,000 pounds of powdered milk will be provided under these allocations. (An additional 40 million pounds were approved for Korea. See paras. 98-99.)

74. The implementation of these programmes will be dependent upon the availability to UNICEF of United States surplus dried skim milk free of charge at shipside at the time shipment is required, as it has been in the past. The cost to UNICEF of ocean freight averages two cents per pound, and it is this cost which is charged to country allocations. The allocations made at the present session extend UNICEF aid for the programmes at least to the end of 1957. A number of the allocations which ordinarily would not have come before the Board until a later session were presented at the March session because, due to United States milk production peaks, UNICEF must ship most of its annual powdered milk requirements for 1957 during the second and third quarters of 1956.

75. Recommendations for several Central American and Caribbean countries included an increase in the daily ration of milk powder for pre-school children and nursing and pregnant mothers from 40 to 60 grammes, in accordance with the recommendations made by Dr. King after his survey in the area last year. There was evidence in a number of programmes that the extensive use of imported milk over a period of several years had stimulated increased nutritional activity in the country and had encouraged planning for more permanent supplementary feeding arrangements.

76. During 1956 a peak of 3,928,000 children and mothers will be receiving daily rations of milk through schools and maternal and child welfare centres in UNICEF-assisted programmes.

	<i>Peak number of children and nursing and pregnant mothers receiving daily milk rations</i>	<i>Number of countries</i>
Africa	42,700	7
Asia	1,504,000	17
Eastern Mediterra- nean	692,100	8
Europe	163,000	2
The Americas	1,526,100	25
TOTAL	3,927,900	59

77. About 1.5 million of the beneficiaries will be infants, pre-school children, and nursing and pregnant mothers, who will receive either whole or skim milk and fish-liver-oil capsules through maternal and child welfare centres, pediatric wards, and maternity hospitals. The other 2.5 million will be schoolchildren receiving UNICEF milk as part of school lunch or school snack programmes.

SURVEY ON NUTRITION IN INDIA

78. The Executive Board had before it a report by Dr. C. Glen King, special FAO-UNICEF consultant, on a field trip to India which he undertook on behalf of the two organizations from 26 December 1955 to 2 February 1956 (E/ICEF/313 and Corr.1). During a portion of the trip, he travelled in company with the Chief of the FAO Nutrition Division.

79. Dr. King observed that India's density of population, inadequate consumption of protective foods, unsanitary conditions, high disease and death rates indicate a critical need for constructive steps to improve the nutrition of mothers and children. This was recognized by the important work that has already been done in India in this field and the great emphasis placed in the Second Five-Year Plan upon improving the nutritive quality of the food supply. The report points out that the most obvious deficiency is the low intake of good quality protein, with the most frequent and most severe forms of malnutrition occurring among children in the post-weaning and pre-school period (the age groups from six months to five years). Because of a traditional preference for a vegetarian diet, milk is the only animal-protein food that is accepted by a large proportion of the population.

80. Dr. King recommended that basic corrective measures should be directed toward improving the quantity and quality of milk available, at the lowest possible cost to consumers. It is feasible to do so. Cattle and buffaloes are in use almost everywhere as work animals, and experience has demonstrated a rather remarkable resourcefulness among farmers to produce more milk as soon as a reliable market is created for their product.

81. At the same time, there is an urgent need for more efficient use of plant foods as a source of protein, such as legumes (with different varieties of legumes blended to produce better nutritional results), and the improvement of the quantity and quality of green, leafy and yellow vegetables, and protective fruits to provide vitamins A and C, riboflavin and minerals.

82. Dr. King accordingly recommended that the skim milk at present available from UNICEF for distribution through maternal and child welfare centres, schools, hospitals, and other channels be increased from 10 million pounds a year to 20 million, assuming the availability of United States surplus milk. It was pointed

out by the Executive Director that this proposal would be implemented on the basis of specific requests which would be coming forward from India within the next year or two.

83. Dr. King also proposed that because of its great advantage in many instances, milk powder be distributed for home consumption where there is an opportunity for educational programmes and occasional home visits. However this would require tests to establish the types of packaging that will permit the most desirable results. The Executive Board approved this recommendation on an experimental basis, noting that the UNICEF Administration will assist the authorities in tests to ascertain the most effective simple methods of packaging and distribution.

84. Dr. King called attention to both the need and the opportunity for increased milk conservation in India. It was pointed out by the Administration that aid by UNICEF in this field was dependent upon securing local financing through education and welfare departments to secure free or subsidized distribution to the neediest children and mothers. This matter will be further explored by the Administration. Milk conservation aid through two other international channels was possible and would need to be explored before individual project proposals are put forward for UNICEF aid.

85. "Toned" milk (e.g., a mixture of buffalo milk—which has a high fat content—with an equal volume of skimmed cows' milk reconstituted from powder) has proved generally acceptable in those localities in India where it has been tried. Dr. King pointed out that this may open up important future possibilities because the product is nutritionally superior and the cost of the "toned" milk is considerably less than the cost of full-fat buffalo milk.

86. Dr. King recommended that greater prominence be given to the production and consumption of protective vegetables and fruits in a co-ordinated nutrition education programme conducted through maternal and child welfare centres, home science and agricultural extension services, and elementary schools. This recommendation is being discussed by staff members of the UNICEF Administration, FAO and WHO, although no specific proposals for implementation have yet been developed.

87. Finally Dr. King stressed the importance of potential new products of high protein value. The Board believed that the work started by UNICEF with FAO and WHO in this field (see paras. 92-96) offered great promise for India, both because of the wide-spread vegetarian practices and because of the slowness with which adequate quantities of milk can be made available within the economic reach of the population.

MILK CONSERVATION

88. At the session under review the Board approved aid for the first time for milk conservation in Ceylon and aid for the extension of programmes in Iraq and Italy. Following is a summary of the status of milk conservation aid approved by UNICEF:

	<i>Milk drying plants</i>		<i>Fluid milk plants</i>	
	<i>Author- ized</i>	<i>In opera- tion</i>	<i>Author- ized</i>	<i>In opera- tion</i>
Africa	1	—	—	—
Asia	2	1	5	—
Eastern Med. Area..	1	—	8	4
Europe	12	12	124	103
The Americas	11	3	2	—
TOTAL	27	16	139	107

89. The latest plant to start operations was in Anand, India, in October 1955. This milk drying plant is believed to be the first in the world to dry buffalo milk successfully. (For a discussion of possible future milk conservation in India see para. 84 above.) Based on recognized need and the success of the initial installations, new proposals for milk conservation aid in India and elsewhere are currently under study and may be presented to the next Board session for approval. Although the possibilities for milk conservation in under-developed countries have proved greater than originally assumed, there are a large number of areas where there appears little immediate prospect of developing a local milk supply of sufficient quantity to make milk conservation practicable.

OTHER HIGH-PROTEIN FOODS

90. Because child-feeding programmes based upon imported milk cannot be expected to continue indefinitely, and there appears to be little prospect of rapidly developing a sufficiently large local milk supply in many areas, UNICEF, together with FAO and WHO, has been concerned for some time in helping with the development of other protein-rich foods, or food supplements, that can be produced locally and are safe, acceptable, and economical.

91. At the present session, the Executive Board approved a supplemental allocation to Indonesia (which produces practically no cows' milk) for a plant that will produce a dried "vegetable-milk" powder (based upon soy protein) for very young children. This product will be somewhat comparable in composition to cows' dried whole milk (E/ICEF/L.904). In September 1955, the UNICEF Board approved an allocation to Chile for a plant to produce fish flour which can be incorporated into commonly used dishes and breads in school lunches to enhance their nutritive value and counter protein deficiency. It is expected that this plant will serve as a pilot project for the development of similar plants in other countries that have large fish resources.

92. In addition to these products there has been considerable interest on the part of Governments and the three United Nations agencies in finding practical methods for making use of certain by-products of the edible oil industry, which are now used largely for animal feeding and fertilizer. The development of flour from the presscakes remaining after commercial oil extraction of cotton-seed, ground-nuts, and sesame offers considerable promise.

93. Various types of testing are required, however, to ensure that the new products will have no toxic or harmful effects on infants and young children. Testing is also required to establish the biological value of the nutritive elements in the new products. The WHO Advisory Group on Nutrition (see para. 72) met on 19 and 20 March with representatives of FAO and UNICEF to consider the policies that must be followed

in the evaluation and testing of the proposed new food products and to establish rigid safeguards against toxicity and other harmful effects before any product is released for consumption by children.

94. In order to make these tests, pilot batches of new food products are required in some quantity. At the present session, the Board approved an allocation of \$100,000 (E/ICEF/L.894) to purchase such pilot batches and, where necessary, to provide supplementary equipment for laboratories which will produce these testing materials. It is hoped that private foundations will provide some of the funds required for carrying out the various chemical, animal, human, and other tests necessary, including tests to be performed in the areas of the world where the proposed food products would be consumed.

95. When approving the allocation for the purchase or development of new food products for testing, the Board reaffirmed its view that financing of research was not properly a function of UNICEF. The Board supported the Executive Director in his efforts to seek support for the tests from private foundations and requested him to continue to do so.

96. It was recognized by the Board that it will take some years to complete the tests and that no immediate or spectacular solutions can be expected. The general approach, if successful, will make a significant contribution to solving the problem of protein deficiencies of children in under-developed countries. The magnitude of the problem is such as to justify as rapid a pace as is scientifically sound.

97. Other approaches are also important: for example, increasing the amount of vitamins and minerals in children's diets, as pointed out in Dr. King's report (see paras. 81, 86) and by the Sub-Committee on Nutrition of the NGO Committee on UNICEF (E/ICEF/NGO/30, paras. 23-27).

Emergencies

98. The Board approved allocations for two emergency programmes: one to continue a feeding programme in Korea to July 1957; the other to replenish a stockpile of drugs in India to protect against epidemics in the wake of floods and other disasters.

99. In 1956, a peak of 1,861,000 children and mothers will receive daily rations of milk provided by UNICEF in emergency feeding programmes. Of these, 1,500,000 will be in Korea, 200,000 in India, 50,000 in Pakistan, 75,000 in border villages of Jordan, and 36,000 in the Gaza area of Egypt. In Jordan, the number includes 20,000 children in a school feeding programme which is regarded as the beginning of a permanent service. In Egypt, the Government will take over responsibility for the feeding in Gaza beginning in July 1956.

CHAPTER IV

FINANCIAL RESOURCES AND COMMITMENTS

UNICEF income in 1955

100. UNICEF income from all sources was approximately \$17.5 million in 1955. As can be seen from the following table, this was the highest income since 1951.

	<i>Income from all sources (\$000)</i>
1951	11,423
1952	10,272
1953	16,219
1954	15,044
1955	17,515

101. The increase of over \$2.4 million from 1954 to 1955 is mainly accounted for by an increase of over \$2 million in government contributions and an increase of \$326,000 in private contributions. Comparison of 1955 income with 1954 is given below:

	<i>Income from all sources (\$000)</i>	
	1954	1955
Government contributions	13,608	15,631
Private contributions	461	787
UNRRA claims	70	62
Miscellaneous (staff assessments, greeting cards, investments, etc.)	905	1,035
TOTAL	15,044	17,515

102. Government contributions in 1955 represented 89 per cent of total UNICEF income. The increase of over \$2 million over 1954 consisted of an increase of \$700,000 by the largest donor, the United States, and an increase of \$1.3 million from other Governments. This is indicated in the following table:

	<i>Government contributions (\$000)</i>	
	1954	1955
United States of America.....	8,300	9,000
Other Governments	5,308	6,631
TOTAL	13,608	15,631

103. The rise in contributions from other Governments from \$5.3 million to \$6.6 million is nearly 25 per cent and constitutes the largest single annual increase since 1951, both percentage-wise and in amount.⁵

104. The number of Governments contributing in 1955 was seventy-two. There were sixty-one donors in 1954, and there has been a steady rise since 1950, when the number of contributors was thirty.

⁵ Based upon statistical records, by date of pledge.

105. Following is a list of the government contributions to UNICEF in 1955:

GOVERNMENT CONTRIBUTIONS TO UNICEF IN 1955

	\$		\$
Afghanistan	6,000 ⁶	Jordan	2,785
Antigua	117	Korea	1,000
Australia	566,720	Lebanon	4,614
Austria	30,769	Libya	2,000
Belgium	84,738	Liechtenstein	468
Bolivia	15,000	Luxembourg	3,000
Brazil	180,505	Malayan Federa-	
Burma	56,000	tion	24,500
Canada	507,574	Mexico	150,000
Ceylon	14,860	Monaco	1,143
Chile	62,998	Morocco	1,429
China	14,704	Netherlands	39,474
Colombia	32,200	New Zealand ...	210,000
Costa Rica	10,000	Nicaragua	10,000
Czechoslovakia ..	34,722	Norway	67,200
Denmark	50,680	Pakistan	75,600
Dominican Repub-		Paraguay	5,000
lic	20,000	Peru	78,947
Ecuador	9,652	Philippines	50,000
Egypt	98,298	Saar	28,571
El Salvador	20,000	Sarawak	8,167
Ethiopia	8,000	Singapore	3,267
Finland	21,739	Sweden	193,050
France	785,714	Switzerland	163,800
Germany	190,476	Syria	7,403
Greece	32,555	Thailand	500,000
Grenada	1,750	Trinidad and To-	
Guatemala	30,550	bago	10,000
Haiti	10,000	Tunisia	847
Honduras	20,008	Turkey	26,786
Hong Kong	3,500	Union of Soviet	
Iceland	6,139	Socialist Repub-	
India	336,000	lics	500,000
Indonesia	110,000	United Kingdom.	560,000
Iran	100,000	United States of	
Iraq	42,000	America	9,000,000
Ireland	14,000	Vatican State ...	1,000
Israel	27,778	Yugoslavia	200,000
Italy	48,000		
Japan	99,974	TOTAL	15,630,771

106. The table below shows the trend in government support for UNICEF for the years 1950-1955 (by date of pledge), with Governments grouped into geographic regions.

⁶ \$3,000 of this was refunded to the Government because of an overpayment on the 1954 contribution.

GOVERNMENT CONTRIBUTIONS TO UNICEF, 1950-1955

(Amounts in thousands of US dollars)

	1950		1951		1952		1953		1954		1955	
	Amount	No. of Govts.	Amount	No. of Govts.	Amount	No. of Govts.	Amount	No. of Govts.	Amount	No. of Govts.	Amount	No. of Govts.
Africa and Eastern Mediterranean												
Areas	62	5	135	4	59	4	142	7	103	6	322	12
Asia	201	5	1,082	9	1,080	9	1,305	14	1,403	17	1,301	15
Australia and New Zealand.....	840	2	840	2	593	2	364	2	660	2	777	2
Europe	1,352	11	1,291	9	1,486	14	1,742	19	2,060	20	3,057	23
North America	5,301	2	6,220	2	7,177	2	10,322	2	8,816	2	9,507	2
Middle and South America.....	161	5	283	9	412	8	392	11	566	14	667	18
TOTAL	7,917	30	9,851	35	10,807	39	14,267	55	13,608	61	15,631	72

Prospects for 1956

107. The United States has pledged \$9.7 million for the calendar year 1956, subject to the condition that its contribution shall not exceed 57.5 per cent of total contributions by Governments to the central account of UNICEF. Contributions from other Governments are anticipated to exceed \$7 million. The number of Governments contributing is expected to increase to about seventy-five. Revenue from other sources is hoped to bring the income for the year in the range of \$18.5 to \$19 million. A list of government contributions and pledges to UNICEF for 1956, as of 31 March 1956, is given in Annex II.

Unallocated at end of September 1955 Board session.....
Less: Allocation to 1955 Administrative Contingency Fund by mail poll, December 1955

New resources, end of September 1955 session to end of March 1956 session

Government contributions⁷
 Private contributions
 Miscellaneous
 Transfer from Greeting Card Fund (E/ICEF/L.912).....

Return of unused balances

Return of certain programme savings (E/ICEF/L.839).....
 Return of balances in 1955 administrative and operational services budget.....

Total available for allocation, March 1956 session.....
 Amount allocated

Unallocated resources at end of March 1956 session.....

Resources available for allocation

108. At the end of the March 1956 Executive Board session, the unallocated resources of the Fund amounted to \$6,137,949.

109. At the end of the preceding Board session, in September 1955, the unallocated resources amounted to \$5,052,393. The following table shows the changes in the financial position of the Fund since the September 1955 Executive Board session:

	\$	\$	\$	\$
Unallocated at end of September 1955 Board session.....		5,052,393		
<i>Less:</i> Allocation to 1955 Administrative Contingency Fund by mail poll, December 1955		36,000		
			5,016,393	
<i>New resources, end of September 1955 session to end of March 1956 session</i>				
Government contributions ⁷		7,592,124		
Private contributions		648,597		
Miscellaneous	525,914			
Transfer from Greeting Card Fund (E/ICEF/L.912).....	165,000			
			690,914	
				8,931,635
<i>Return of unused balances</i>				
Return of certain programme savings (E/ICEF/L.839).....		552,036		
Return of balances in 1955 administrative and operational services budget.....		36,685		
			588,721	
Total available for allocation, March 1956 session.....				14,536,749
Amount allocated				8,398,800
Unallocated resources at end of March 1956 session.....				6,137,949

Financial relations with specialized agencies

110. The Executive Board noted with considerable satisfaction that the long-standing problem of UNICEF reimbursement to WHO and FAO for international project personnel on jointly-aided projects has virtually been solved. The specialized agencies will assume these costs either through their regular budgets or technical assistance funds. In instances where a project may be unduly delayed because of differences in budgetary cycles, UNICEF may assume the costs until the next annual WHO or FAO budget goes into effect, as agreed by the Executive Board in September 1955 (E/ICEF/306, paras. 52-58).

111. At the present session, the Board included in the allocation to India for maternal and child welfare services in Andhra an amount of \$11,000 to reimburse WHO for international project personnel in the last six months of 1956 (E/ICEF/L.888/Add.1). The costs for this staff will be borne by the WHO regular budget in 1957. WHO was unable to finance the 1956 costs from technical assistance funds because of a directive from the World Health Assembly not to transfer projects between Regular and Technical Assistance funds.

⁷ Includes \$4,850,000 as US Government contribution; this is one-half of total amount pledged by the US Government for 1956, subject to the condition that its contribution shall not exceed 57.5 per cent of total contributions by Governments to the central account of UNICEF.

A forward look

FINANCIAL SUPPORT

112. The Executive Board heard a statement by the Executive Director (reproduced in E/ICEF/314) pointing out that, if UNICEF was to carry out its responsibilities and make full use of the increased opportunities born of its own success, it could only do so on the basis of even more generous contributions than hitherto. If the activities of the Fund continued to evolve in a natural way, impressing contributors with their social and economic value, the Executive Director expressed the hope that by 1960 UNICEF would approach annual allocations of \$30 million.

113. This goal is the same as the annual target of allocations adopted by the Executive Board for the fiscal year 1951-1952, which was reduced to \$20 million for subsequent years by the Board in the light of the limited financial prospects of the Fund.

PROGRAMME COMMITMENTS

114. In addition to allocations for approved programmes, UNICEF has assumed certain "commitments" of varying degree, all of them subject to the "availability of funds". In essence, these constitute estimated requirements to be met by UNICEF for programmes which it has encouraged Governments to undertake.

115. The Board's policy is to continue to support well conducted disease control campaigns and child feeding programmes to the stage of completion, or of assumption by the receiving country of responsibility for imported supplies. As a matter of practical action, the scope of a project for which UNICEF aid is voted at any one Board session is often confined to meeting only one or two years' requirements. In order to make possible more comprehensive and longer-range planning by Governments, the Board has adopted the practice in the case of certain projects of approving the whole project "in principle", although an allocation is made for only one phase (E/ICEF/260/Rev.1, paras. 58-60). The latter, listed below in paragraph 121 as "formal commitments", constitute only a portion of the estimated requirements.

116. The Board has also encouraged regional planning for some types of programmes, notably malaria eradication, which cannot be prepared quickly by the countries concerned. During the stage of preparation by Governments, a forward planning from the point of view of "financial commitments" is required of UNICEF. Planning of this type is desirable in order to bring the resources at the disposal of the Fund to the most effective use for long-range purposes.

117. In the case of malaria eradication, the technical obligation to maintain the programme during the period of thorough coverage with residual insecticide spraying (usually four years) places upon UNICEF a moral commitment to continue assistance, once begun.

118. For the five-year period 1956-1960, the "commitments" of the types described above, plus the costs for administrative and operational services, are estimated to average \$19 million annually. (This does not take account of variations resulting from allocations for two-year periods for some programmes, or the decrease or cessation of aid for some of the programmes before 1960). A summary of these estimated requirements follows:

	\$
(i) Formal commitments through approval "in principle" of whole projects.....	5,300,000
(ii) Continuation of current large-scale disease control campaigns (other than in (i) above).....	2,700,000
(iii) Support of future disease control campaigns for which regional planning has been encouraged	5,500,000
(iv) Continuation of child-feeding programmes..	2,500,000
(v) Operational services	1,500,000
(vi) Administration	1,500,000
TOTAL	19,000,000

119. If to this are added the amounts for other types of aid discussed in paragraphs 130-131 below, the total annual average would reach an estimated \$23.5 to \$25.5 million, as follows:

	\$
Requirements listed in para. 118.....	19,000,000
<i>Other aid</i>	
Maternal and child welfare (excluding \$1 million in para. 121)....	2,000,000 to 3,000,000
Milk and other food conservation..	2,000,000 to 3,000,000
Emergencies	500,000
TOTAL	23,500,000 to 25,500,000

120. This total is less than the \$30 million goal which the Executive Director hoped would be attained by 1960 (see para. 112). It reflects an accommodation

to the immediate heavy requirements for malaria campaigns, maintaining at the same time a minimum balance as between various types of programmes. It does not indicate all the worthwhile requests which it would be desirable for the Fund to meet in the later years of the period.

(i) Formal commitments

121. Commitments arising from approval of the whole project "in principle" are estimated to total an average of \$5.3 million a year, as follows:

	\$
Malaria eradication	4,000,000
Maternal and child welfare within the framework of community development—India (so far, for one year only).....	1,000,000
International Children's Centre.....	300,000
TOTAL	5,300,000

(ii) Continuation of current large-scale disease-control campaigns

122. In addition to the commitments in (i) above, the continuation of current large-scale disease control campaigns, up to their consolidation stage, is estimated to cost \$2.7 million a year, as follows:

	\$
Malaria control	1,400,000
Yaws	400,000
BCG anti-tuberculosis vaccination....	250,000
Trachoma	350,000
Leprosy	300,000
TOTAL	2,700,000

(iii) Support of future disease-control campaigns for which regional planning has been encouraged

123. Requirements under this head are the malaria eradication requests still to come forward from various countries in the Americas and the Eastern Mediterranean area, and yaws requests from African territories along the lines of the regional planning proposed by the Second International Conference on Yaws Control sponsored by WHO in Nigeria in November 1955. The average annual total is estimated at \$5.5 million as follows:

	\$
Malaria eradication	4,500,000
Yaws	1,000,000
TOTAL	5,500,000

(iv) Continuation of child feeding programmes

124. To continue the distribution of skim milk to children while United States surplus supplies continue to be available free at the port of exit would cost, for freight, \$2 million for 100 million pounds a year. Fish-liver-oil capsules and distribution of other foods, contributed in kind to UNICEF, would cost another \$500,000, making a total of \$2.5 million a year.

(v) Operational services

125. Expenditures by UNICEF for services to Governments directly related to the assistance operations amounted to \$1,165,000 in 1955. Taking into account increases required for servicing the programmes, an annual amount of \$1.5 million is estimated.

(vi) Administration

126. Administration expenditures of UNICEF in 1955 amounted to \$1,413,000. An annual amount of \$1.5 million is estimated.

(vii) *Recapitulation of malaria requirements*

127. The total required for malaria during the period 1957-1960 is estimated at an annual average level of approximately \$10 million: \$4 million under (i) above; \$1.4 million under (ii); and \$4.5 million under (iii).

128. At the time the Executive Board decided to give high priority to malaria eradication programmes it had been estimated that the annual cost to UNICEF would be \$5 million (E/ICEF/294, para. 45). The forecast for the amount required in 1956 is \$7 million. The underestimation was due to two factors:

(a) In the Americas, in addition to coverage of the previously unprotected population, there are considerable costs, originally underestimated, for more thorough coverage in existing control areas. The requirements for the Americas were estimated at \$3 million annually. They are now foreseen approximately as: 1956, \$3 million; 1957, \$5 million; 1958, \$4.4 million; 1959, \$4 million; and 1960, \$1.7 million.

(b) In the Eastern Mediterranean, the area of the second regional eradication approach, programmes are beginning in 1956 and 1957, earlier than originally thought possible. This coincides with the peak effort in the Americas instead of following it, as had been expected.

129. The countries undertaking eradication in the Americas and the Eastern Mediterranean should have substantially completed the stage of over-all spraying by 1960, and the need for UNICEF aid should then be considerably reduced. Requirements for malaria eradication after 1960 would depend on when eradication was undertaken in new regions and, in particular, when the technical problems of eradication were solved in Africa south of the Sahara.

(viii) *Other types of aid*

130. The commitments estimated in the paragraphs above do not take into account other types of aid, particularly maternal and child welfare (except for the formal commitment listed in para. 121) and milk and other food conservation projects. These have as high a priority for the use of UNICEF resources as those listed above as "commitments". Projects in these fields, however, receive aid mainly in the form of basic equipment, and requests for aid involve either extensions of projects, or new projects of a character which do not fall within the degrees of commitments listed above.

131. It is estimated that between \$2 and \$3 million would be required annually for maternal and child welfare, and the same amount for milk and other food conservation. On the basis of an analysis of past experience, it is estimated that up to \$500,000 a year would be required for emergency aid.

RELATION OF RESOURCES AND ALLOCATIONS, 1956-1957

132. As is noted in para. 108 UNICEF had \$6.1 million in unallocated resources at the close of the March 1956 Executive Board session. For the second session of 1956 UNICEF is expected to have new revenue of about \$12 million. Allocations at that session are also expected to approximate \$12 million. This

would leave about \$6 million unallocated at the end of 1956.

133. Income in 1957 is expected to be between \$20 and \$21 million; allocations are expected to be between \$23 and \$25 million. This means that drawings on the unallocated resources of \$6 million would be between \$2 and \$5 million, leaving a reserve of between \$1 and \$4 million at the end of 1957. It would be most desirable that income be sufficient to maintain a reserve of between \$1 and \$2 million. It was considered that unallocated reserves should be reduced from their present level in order to put the Fund's resources to their most effective use.

CONCLUSIONS

134. In the light of the foregoing, and to safeguard against commitments being undertaken which are excessive relative to financial prospects, the Executive Board believes it important that at each session it examine the financial implications of programme commitments undertaken and in prospect. Therefore, it requests the Executive Director to present at each session an analysis of such commitments in relation to the financial prospects of the Fund.

135. It is important that, just as a balance has hitherto been maintained between regions and types of programmes, so care should be taken to assure a balance between commitments entered into for continuing aid and the flexibility required in meeting requests for aid for new projects (including relatively small but strategic projects of catalytic value in various fields, as well as emergency projects).

136. It was agreed that the Fund should not allow requirements for programmes it was encouraging to increase to the point where the Fund would be obliged to cut back its aid to those programmes, or appeal to Governments for additional support to prevent cut-backs. The Board believed that commitments for malaria eradication ought not to go beyond \$10 million a year. It requested the Executive Director to examine malaria aid proposals with due regard to the need for maximum economy. It also requested the Executive Director to exercise caution in submitting other new projects beyond those already foreseen which would involve large continuing requirements. It was generally agreed that allocations of \$10 million a year for malaria eradication and control would be more acceptable, from the standpoint of the desirable balances described above, if total resources were in the neighbourhood of \$25 million a year rather than \$20 million.

137. Unallocated reserves, as is pointed out in para. 132, will amount to about \$6 million at the beginning of 1957, a level higher than required on a continuing basis. By drawing on them, it would be possible to meet the requirements of 1957.

138. By 1958, income would need to reach \$23 million in order to maintain aid to maternal and child welfare and milk conservation as well as continuing the disease control programmes. It is hoped that this would be possible in light of the regular increase in income of \$1.5-to-\$2 million since 1954. If necessary, drawings to a minor extent could be made from the unallocated reserve.

MISCELLANEOUS

**Next session of the UNICEF/WHO
Joint Committee on Health Policy**

139. The Board was informed that it has been agreed to convene the UNICEF/WHO Joint Committee on Health Policy in May of this year. In addition to progress reports on malaria and trachoma campaigns, it has been agreed that the agenda should include an item on the prevention of goitre. The Executive Board requested that the following two items be placed on the agenda: (a) planning and assessment of BCG projects, including protective value of BCG campaigns for children; and (b) exchange of views on ambulatory chemotherapy and chemoprophylaxis in tuberculosis control (see paras. 40-42).

Universal Children's Day

140. On the basis of a report of the Sub-Committee on Public Relations and Fund Raising (E/ICEF/312, paras. 5-10, and Annex I) the Executive Board reviewed the replies of Governments to circular letters of inquiry sent by the Executive Director, in accordance with the provisions of General Assembly resolution 836 (IX), requesting information on the methods by which they intend to observe Universal Children's Day. Of the eighty-three Governments to which the inquiry was addressed, thirty-nine had provided substantive replies by the time of the Executive Board session.⁸

141. It was apparent from these replies that:

(a) The dates designated for observance of Universal Children's Day fall at varying times of the year, with no single date favoured decisively. Observances thus far decided upon are distributed between seven different months of the year.

(b) Observances among Governments will vary in range and emphasis. Among the major themes are: world peace; fraternity among children; child welfare; and review of activities of the United Nations and UNICEF. A group of countries observing World Children's Day on the first Monday in October, under the initiative of the International Union for Child Welfare, chose a specific theme each year for that celebration.

(c) The auspices under which the observances are carried out vary, in some cases being entirely official, in other cases entirely voluntary, and in still others a combination of the two.

142. The Executive Board, which has a continuing responsibility in connexion with the implementation of General Assembly resolution 836 (IX), took the following action:

(a) Expressed its appreciation that a number of Governments intend to observe Universal Children's Day in 1956 in accordance with the General Assembly resolution.

(b) Expressed its hope that other Governments will decide to do so.

(c) Requested the Executive Director, within the limits of his public information staff and resources, to furnish available informational materials about UNICEF, upon request, to countries which might wish

to adapt them for use in their Children's Day celebrations.

(d) Welcomed the statement by UNESCO that it will provide its relevant informational materials to countries upon request, within the limits of resources already available.

(e) Requested the Executive Director:

(i) to invite Governments which observe Universal Children's Day in 1956 to furnish him with information regarding their celebrations, together with any suggestions or comments that may arise as a result of the actual observance of the day; and

(ii) to inform all Governments of the information which he has so far obtained, or may hereafter obtain, regarding observance of Universal Children's Day in various countries.

143. The Board noted that the Sub-Committee on Public Relations and Fund Raising had the opportunity in February 1956 of discussing relations with the International Union for Child Welfare with the participation of the President of the Union, Judge Martin de Jong (E/ICEF/312, para. 9). In addition, the Board at this session heard a statement from the representative of the Union on this subject (E/ICEF/SR.160, pp. 8 and 9).

144. The Board recognized that the objectives of Universal Children's Day, as set forth by the General Assembly, and of World Children's Day, as instituted by the International Union for Child Welfare, have certain common elements. It noted that nine countries either intended or were considering an observance of both on the same day. It believes that co-ordination, bringing together the resources of official and voluntary agencies within a country, is desirable and should be encouraged. It noted that the Executive Director has co-operated in the past with the Union and will continue to do so in the future. It further noted that the Executive Director proposes to keep UNICEF field staff and UNICEF national committees fully advised about plans for World Children's Day celebrations and, in appropriate instances, to call to the attention of UNICEF national committees the value of cordial and active co-operation with national affiliates of the Union. It also noted that corresponding action in keeping UNICEF national committees and UNICEF field staff advised is being taken with respect to Universal Children's Day. It believes that the experience acquired in the celebration of World Children's Day can be usefully applied to strengthening the observance of Universal Children's Day.

145. For Executive Board conclusions concerning the use of UNICEF greeting cards for Universal Children's Day observances, see para. 149.

UNICEF Greeting Card Fund

146. UNICEF greeting cards continue to serve as an important public information activity that gives people in many countries a chance both to become aware of UNICEF's work and to contribute to it financially. In 1955 almost 4,650,000 greeting cards were sold in some fifty-six countries, with a net profit to UNICEF of \$226,913. The largest sales of cards were in the United States (over 2.7 million), United Kingdom

⁸ See listing in E/ICEF/312, p. 12; also see E/ICEF/298/Add.9.

(870,000), and Canada (224,000). In 1955, both in the number of cards sold and in net profit, the increase was about 50 per cent over 1954.

147. The goal for 1956 is 5.5 million cards. The Executive Board approved a working capital of approximately \$165,000 for the 1956 greeting card project, to come from part of the surplus of the 1955 project. At the same time, it authorized the Executive Director to transfer to the general resources of the Fund a sum of \$165,000, composed of the remainder of the 1955 surplus and the 1954 working capital (E/ICEF/L.912).

148. The Sub-Committee on Public Relations and Fund Raising of the Programme Committee, at a meeting on 20 February 1956, reviewed the progress of the greeting card project, particularly from the point of view of design and distribution. The Board noted with approval the plans of the Executive Director to increase sales in markets where they have been limited, and to enlarge the geographic scope of artistic contribution to the design of the cards (E/ICEF/312, paras. 11-13).

149. The Board agreed with the Executive Director that production of a special card by UNICEF for Universal Children's Day observance is not feasible. Countries with active Universal Children's Day programmes can, however, use UNICEF and United Nations note cards, which are identical with the year-end cards except that they carry no seasonal message. Special Children's Day messages can be printed on the cards locally at relatively little expense (E/ICEF/312, para. 10).

UNICEF national committees

150. The Board noted that the Sub-Committee on Public Relations and Fund Raising of the Programme Committee had examined the progress made in the formation of UNICEF national committees (E/ICEF/312, paras. 14-15). The Board was also informed of the work in stimulating their development done by the Sub-Committee on UNICEF National Committees of the NGO Committee on UNICEF (E/ICEF/NGO/30, paras. 15-22).

151. UNICEF national committees are now functioning in fourteen countries. In ten others some of the functions of a national UNICEF committee are carried out by United Nations Appeal for Children (UNAC) or national UNICEF committees in the process of formation. The establishment of national UNICEF committees is expected in three additional European countries during 1956-1957. In Asia and Latin America much remains to be done in their establishment.

152. The Executive Board believes that the Executive Director should continue to encourage the formation and strengthening of national committees. These committees can be an important factor in supporting various aspects of UNICEF's work and, where appropriate, in promoting further child welfare activities in their own countries.

Relations with non-governmental organizations

153. It was apparent to the Executive Board that the active support of non-governmental organizations,

both national and international, was becoming increasingly valuable to UNICEF at every level of activity.

154. The NGO Committee on UNICEF, whose membership had increased to fifty-four organizations (E/ICEF/NGO/30), was making substantial progress in broadening areas of co-operation with UNICEF.

155. While continuing to assist with educational and fund-raising efforts, including the sale of greeting cards and the formation of UNICEF national committees, the members were giving serious study to ways in which voluntary collaboration with countries could help strengthen UNICEF-aided programmes. This was reflected in the work of its Sub-Committee on the Utilization of Voluntary Resources (E/ICEF/NGO/30, paras. 7-14) and its other sub-committees (referred to elsewhere in this report, paras. 62, 97 and 150).

156. A number of member organizations of the NGO Committee presented to the Board statements in support of various phases of the Fund's work:

E/ICEF/NGO

- 20 International Union Against the Venereal Diseases and the Treponematoses—Resolution in Support of UNICEF
- 21 International Federation of Christian Trade Unions—Resolution in Support of UNICEF
- 22 World Veterans Federation—Statement on Activities in Support of UNICEF
- 23 Consultative Council of Jewish Organizations—Resolution in Support of UNICEF
- 24 International Conference of Catholic Charities—Resolution in Support of UNICEF
- 25 World Association of Girl Guides and Girl Scouts—Statement in Support of UNICEF
- 26 The World Union of Catholic Women's Organizations—Statement to UNICEF Executive Board
- 27 World Federation of United Nations Associations—Statement on Support of the Work of UNICEF
- 28 Pan Pacific and Southeast Asia Women's Association—Statement on Activities in Support of UNICEF
- 29 World Movement of Mothers—Relations with UNICEF

Date of next Executive Board session

157. In accordance with the annual conference pattern adopted by the Executive Board, the next session would ordinarily begin on the afternoon of the Tuesday following the first Monday in September. This date had been set in relation to the usual date for convening the General Assembly.

158. Because of the possibility that the General Assembly might be convened later than usual, the Executive Board agreed to leave to the Chairman the fixing of the date of the next Executive Board session, bearing in mind the date set for the General Assembly.

ANNEX I

TABLE I

UNICEF allocations approved by the Executive Board in March 1956, and cumulative from inception to the end of March 1956

(in US dollars)

(1)	Allocations cumulative to 31 December 1955 ^a (2)	Action taken in March 1956			Allocations cumulative to end of March 1956 ^a (6)
		Allocations to cover		Allocations returned ^b (5)	
		Long-range aid (3)	Emergencies (4)		
I. AFRICA.....	5,622,724	190,500	—	278,612	5,534,612
II. ASIA.....	42,851,454	2,929,500	855,000	122,165	46,513,789
III. EASTERN MEDITERRANEAN.....	24,992,536	2,480,300	—	16,791	27,456,045
IV. EUROPE.....	101,661,971	125,000	—	23,572	101,763,399
V. THE AMERICAS.....	16,830,080	1,693,500	—	109,315	18,414,265
VI. ASSISTANCE BENEFITING MORE THAN ONE REGION.....	3,224,852	125,000	—	1,581	3,348,271
TOTAL (I-VI)	195,183,617	7,543,800	855,000	552,036	203,030,381
VII. OTHER ASSISTANCE:					
Freight.....	200,000	—	—	—	200,000
Operational Services.....	8,906,730	—	—	22,058	8,884,672
VIII. ADMINISTRATION.....	12,296,465	—	—	14,627	12,281,838
TOTAL (VII-VIII)	21,403,195	—	—	36,685	1,366,510
GRAND TOTAL	216,586,812	8,398,800	—	588,721	224,396,891
I. AFRICA					
Algeria (French Depts. of).....	—	21,500	—	—	21,500
Basutoland.....	23,000	—	—	—	23,000
Bechuanaland.....	56,600	—	—	—	56,600
Belgian Congo and Ruanda-Urundi.....	252,600	—	—	54,419	198,181
French Equatorial Africa.....	382,500	—	—	105,239	277,261
French West Africa, Cameroons and Togoland.....	1,537,300	—	—	—	1,537,300
Gambia.....	49,600	—	—	—	49,600
Gold Coast.....	38,400	—	—	—	38,400
Kenya.....	124,700	153,000	—	—	277,700
Kenya, Tanganyika and Uganda.....	53,600	—	—	—	53,600
Liberia.....	352,289	—	—	—	352,289
Mauritius.....	11,100	—	—	7,454	3,646
Morocco.....	859,690	—	—	—	859,690
Nigeria, Federation of.....	1,108,700	—	—	11,500	1,097,200
Northern Rhodesia.....	39,500	—	—	—	39,500
Nyasaland.....	61,600	—	—	—	61,600
Sierra Leone.....	86,500	—	—	—	86,500
Southern Rhodesia.....	24,200	—	—	—	24,200
Tanganyika under British administration.....	135,400	—	—	—	135,400
Togoland under French administration.....	49,500	—	—	—	49,500
Tunisia.....	223,145	—	—	—	223,145
Uganda.....	22,000	—	—	—	22,000
Zanzibar.....	—	16,000	—	—	16,000
Regional TB Survey Teams.....	130,800	—	—	100,000	30,800
AREA TOTAL	5,622,724	190,500	—	278,612	5,534,612
II. ASIA					
Afghanistan.....	621,323	70,000	—	—	691,323
Brunei.....	33,404	—	—	417	32,987
Burma.....	1,715,345	457,300	—	—	2,172,645
Cambodia.....	78,579	—	—	—	78,579
Ceylon.....	1,018,456	150,000	—	3,564	1,164,892
China—Taiwan.....	1,353,232	15,500	—	—	1,368,732
China—Mainland.....	3,445,593	—	—	—	3,445,593
Fiji.....	24,100	—	—	—	24,100
Gilbert and Ellice Islands.....	—	6,600	—	—	6,600
Hong Kong.....	229,662	5,200	—	14,267	220,595
India.....	13,403,451	1,459,000*	55,000	58,098	14,859,353
Indonesia.....	5,039,074	553,000	—	4,665	5,587,409
Japan.....	1,263,800	—	—	—	1,263,800
Korea.....	4,526,479	12,000	800,000	—	5,338,479

TABLE I (continued)

(1)	Allocations cumulative to 31 December 1955 ^a (2)	Action taken in March 1956			Allocations cumulative to end of March 1956 ^c (6)
		Allocations to cover		Allocations returned ^b (5)	
		Long-range aid (3)	Emergencies (4)		
Malaya, Federation of.....	273,571	—	—	10,042	263,529
Maldives Islands.....	15,100	—	—	(94)	15,194
Netherlands New Guinea ^d	64,900	23,200	—	—	88,100
North Borneo.....	133,799	—	—	—	133,799
Pakistan.....	4,415,512	65,500	—	2,851	4,478,161
Philippines.....	2,514,779	15,000	—	14,309	2,515,470
Sarawak.....	129,700	—	—	1,377	128,323
Singapore.....	80,692	7,200	—	—	87,892
Solomon Islands.....	15,400	—	—	—	15,400
Thailand.....	1,930,417	90,000	—	12,669	2,007,748
Viet-Nam.....	263,782	—	—	—	263,782
Western Samoa under New Zealand administration..	8,800	—	—	—	8,800
Indo-China (unapportioned).....	141,993	—	—	—	141,993
BCG regional assessment teams.....	110,511	—	—	—	110,511
AREA TOTAL	42,851,454	2,929,500	855,000	122,165	46,513,789
III. EASTERN MEDITERRANEAN					
Aden.....	11,500	—	—	3,937	7,563
British Somaliland.....	16,100	—	—	—	16,100
Egypt.....	1,503,223	—	—	—	1,503,223
Ethiopia.....	261,039	29,000	—	—	290,039
Iran.....	1,406,635	1,992,000	—	—	3,398,635
Iraq.....	1,146,103	100,000	—	12,525	1,233,578
Israel.....	1,109,000	—	—	—	1,109,000
Jordan.....	1,149,563	72,000	—	—	1,221,563
Lebanon.....	93,370	20,000	—	—	113,370
Libya.....	328,529	—	—	—	328,529
Somaliland under Italian administration.....	89,900	—	—	—	89,900
Sudan.....	124,040	—	—	—	124,040
Syria.....	497,839	154,000	—	329	651,510
Turkey.....	697,299	113,300	—	—	810,599
Palestine Refugees.....	16,488,396	—	—	—	16,488,396
BCG regional assessment teams.....	70,000	—	—	—	70,000
AREA TOTAL	24,992,536	2,480,300	—	16,791	27,456,045
IV. EUROPE					
Albania.....	324,592	—	—	—	324,592
Austria.....	6,911,420	—	—	3,580	6,907,840
Bulgaria.....	5,515,926	—	—	—	5,515,926
Czechoslovakia.....	5,622,898	—	—	—	5,622,898
Finland.....	2,093,162	—	—	1,113	2,092,049
France.....	2,727,317	—	—	—	2,727,317
Germany.....	3,034,596	—	—	—	3,034,596
Greece.....	9,851,395	—	—	6,201	9,845,194
Hungary.....	2,039,571	—	—	—	2,039,571
Italy.....	18,955,222	125,000	—	—	19,080,222
Malta.....	187,512	—	—	12,678	174,834
Poland.....	18,961,539	—	—	—	18,961,539
Portugal.....	55,000	—	—	—	55,000
Romania.....	7,191,172	—	—	—	7,191,172
Spain.....	89,900	—	—	—	89,900
Yugoslavia.....	18,100,749	—	—	—	18,100,749
AREA TOTAL	101,661,971	125,000	—	23,572	101,763,399
V. THE AMERICAS					
Antigua.....	25,200	24,900	—	—	50,100
Barbados.....	55,700	—	—	—	55,700
Bolivia.....	539,300	—	—	—	539,300
Brazil.....	3,167,043	451,000	—	—	3,618,043
British Guiana.....	43,240	27,800	—	4,841	66,199
British Honduras.....	78,100	10,000	—	25	88,075
British Virgin Islands.....	3,400	—	—	—	3,400
Chile.....	1,251,829	18,000	—	—	1,269,829
Colombia.....	917,862	84,000	—	—	1,001,862

TABLE I (continued)

(1)	Allocations cumulative to 31 December 1955 ^a (2)	Action taken in March 1956			Allocations cumulative to end of March 1956 ^a (6)
		Allocations to cover		Allocations returned ^b (5)	
		Long-range aid (3)	Emergencies (4)		
Costa Rica.....	420,500	—	—	17,912	402,588
Dominica.....	32,500	—	—	—	32,500
Dominican Republic.....	158,400	62,000	—	—	220,400
Ecuador.....	1,001,191	—	—	13,585	987,606
El Salvador.....	750,000	25,700	—	16,295	759,405
French Guiana.....	—	22,100	—	—	22,100
Grenada.....	49,600	17,900	—	1,500	66,000
Guatemala.....	697,200	289,300	—	—	986,500
Haiti.....	1,101,800	—	—	10,076	1,091,724
Honduras.....	323,550	243,000	—	19,000	547,550
Jamaica.....	291,900	—	—	14,152	277,748
Mexico.....	3,412,525	—	—	—	3,412,525
Montserrat.....	5,500	5,700	—	—	11,200
Nicaragua.....	513,500	—	—	71	513,429
Panama.....	183,300	4,700	—	—	188,000
Paraguay.....	338,625	34,500	—	—	373,125
Peru.....	1,063,100	138,000	—	2,433	1,198,667
St. Kitts.....	52,115	21,000	—	313	72,802
St. Lucia.....	40,500	8,600	—	—	49,100
St. Vincent.....	19,200	15,400	—	—	34,600
Surinam.....	69,700	27,300	—	—	97,000
Trinidad and Tobago.....	143,900	62,100	—	9,112	196,888
Uruguay.....	79,800	100,500	—	—	180,300
AREA TOTAL	16,830,080	1,693,500	—	109,315	18,414,265
VI. ASSISTANCE BENEFITING MORE THAN ONE REGION					
Group training courses.....	586,864	—	—	—	586,864
Calcutta Training Centre (Fellowships).....	25,000	25,000	—	—	50,000
WHO regional BCG advisers and Skive project.....	61,488	—	—	—	61,488
International Children's Centre, Paris.....	2,546,500	—	—	1,581	2,544,919
Food for testing.....	5,000	100,000	—	—	105,000
INTER-AREA TOTAL	3,224,852	125,000	—	1,581	3,348,271

^a See E/ICEF/L.838.

^b Consists of funds from previous allocations (see E/ICEF/L.839).

^c Equals sum of columns 2 plus 3 plus 4 minus 5.

^d The Executive Director of UNICEF has received a communication from the Permanent Representative of Indonesia to the United Nations stating the position of the Indonesian Govern-

ment 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.

* Includes \$11,000 for reimbursement to WHO of the cost of international project personnel for 1956.

TABLE II
UNICEF allocations^a approved for long-range programmes in March 1956, by type of programme
(in US dollars)

	Maternal and child welfare (1)	Disease control					Child nutrition		Freight (10)	Grand total (11)
		Malaria eradication and control (2)	BCG and other TB control (3)	Control of yaws-VD (4)	Trachoma control (5)	Leprosy control (6)	Sub-total (7)	Long-range feeding (8)		
I. AFRICA										
Algeria (French Depts. of).....	—	—	—	—	19,500	—	19,500	—	2,000	21,500
Kenya.....	120,500	12,000	—	—	—	—	12,000	—	20,500	153,000
Zanzibar.....	9,500	5,000	—	—	—	—	5,000	—	1,500	16,000
AREA TOTAL	130,000	17,000	—	—	19,500	—	36,500	—	24,000	190,500
II. ASIA										
Afghanistan.....	—	64,000 ^b	—	—	—	—	64,000	—	6,000	70,000
Burma.....	9,300	387,000	—	—	—	20,000	407,000	—	41,000	457,300
Ceylon.....	—	—	—	—	—	—	—	—	15,000	150,000
China (in Taiwan).....	—	—	14,000	—	—	—	14,000	—	1,500	15,500
Gilbert and Ellice Islands.....	—	—	—	6,000	—	—	6,000	—	600	6,600
Hong Kong.....	—	—	—	—	—	—	—	—	5,200	5,200
India.....	1,133,000*	—	3,600 ^d	—	—	—	3,600	—	322,400	1,459,000
Indonesia.....	—	—	—	385,000	—	—	385,000	—	50,000	553,000
Korea.....	11,000	—	—	—	—	—	—	—	1,000	12,000
Netherlands New Guinea ^e	3,600	—	2,800	8,000	—	—	10,800	1,800 ^e	7,000	23,200
Pakistan.....	—	—	62,500 ^f	—	—	—	62,500	—	3,000	65,500
Philippines.....	—	—	—	—	—	14,000	14,000	—	1,000	15,000
Singapore.....	—	—	—	—	—	—	—	—	7,200	7,200
Thailand.....	—	—	—	82,000	—	—	82,000	—	8,000	90,000
AREA TOTAL	1,156,900	451,000	82,900	481,000	—	34,000	1,048,900	1,800	468,900	2,929,500
III. EASTERN MEDITERRANEAN										
Ethiopia.....	—	26,000	—	—	—	—	26,000	—	3,000	29,000
Iran.....	—	1,680,000	97,000	34,000	—	—	1,811,000	—	181,000	1,992,000
Iraq.....	—	—	—	—	—	—	—	—	8,000	100,000
Jordan.....	—	66,000	—	—	—	—	66,000	—	6,000	72,000
Lebanon.....	—	18,000	—	—	—	—	18,000	—	2,000	20,000
Syria.....	—	140,000	—	—	—	—	140,000	—	14,000	154,000
Turkey.....	—	—	20,300	—	—	—	20,300	58,500 ^e	34,500	113,300
AREA TOTAL	—	1,930,000	117,300	34,000	—	—	2,081,300	58,500	248,500	2,480,300

TABLE III

UNICEF programme allocations from inception of the Fund to 31 March 1956, by area, country, and type of programme
(in thousands of United States dollars)

	Maternal and child welfare ^a (1)	Disease control						Nutrition		Emergency aid ^a (11)	Freight (12)	Grand total of all programme allocations (13)
		Malaria campaigns and DDT ^b production ^b (2)	TB control including BCG vaccination (3)	Yaws, syphilis control (4)	Trachoma control (5)	Leprosy control (6)	Other disease controls (7)	Sub-total, disease control (8)	Long-range feeding ^a (9)			
AFRICA												
Algeria (French Depts. of).....	—	—	^b	—	19.5	—	—	19.5	—	—	2.0	21.5
Basutoland.....	—	—	—	—	—	—	20.9	20.9	—	—	2.1	23.0
Bechuanaland.....	—	—	—	35.0	—	—	16.6	51.6	—	—	5.0	56.6
Belgian Congo and Ruanda-Urundi.....	—	—	—	—	—	—	—	—	173.5	—	24.7	198.2
French Equatorial Africa.....	—	—	—	—	—	196.0	—	196.0	44.8	—	36.5	277.3
French West Africa, Cameroons and Togo-land.....	—	1,394.9	—	—	—	—	—	1,394.9	—	—	142.4	1,537.3
Gambia.....	12.8	—	—	—	—	—	—	20.0	2.2	—	14.6	49.6
Gold Coast.....	22.5	—	—	10.5	—	—	—	10.5	—	—	5.4	38.4
Kenya.....	185.5	59.0	—	—	—	—	—	59.0	—	—	33.2	277.7
Kenya, Tanganyika and Uganda.....	—	49.0	—	—	—	—	—	49.0	—	—	4.6	53.6
Liberia.....	—	166.6	—	154.6	—	—	—	321.2	—	—	31.1	352.3
Mauritius.....	—	—	—	—	—	—	3.2	3.2	—	—	0.4	3.6
Morocco.....	—	—	281.6	265.0	261.8	—	—	808.4	—	—	51.3	859.7
Nigeria, Federation of.....	14.6	220.1	5.5	554.0	—	143.0	—	922.6	3.5	50.0	106.5	1,097.2
Northern Rhodesia.....	35.9	—	—	—	—	—	—	—	—	—	3.6	39.5
Nyasaland.....	55.0	—	—	—	—	—	—	—	—	—	6.6	61.6
Sierra Leone.....	19.5	—	—	58.0	—	—	—	58.0	—	—	9.0	86.5
Southern Rhodesia.....	—	22.0	—	—	—	—	—	22.0	—	—	2.2	24.2
Tanganyika under British administration.....	52.4	—	—	—	—	—	—	—	—	27.0	56.0	135.4
Togoland under French administration.....	—	—	—	45.0	—	—	—	45.0	—	—	4.5	49.5
Tunisia.....	—	—	97.1	—	116.5	—	—	213.6	—	—	9.5	223.1
Uganda.....	20.0	—	—	—	—	—	—	—	—	—	2.0	22.0
Zanzibar.....	9.5	5.0	—	—	—	—	—	5.0	—	—	1.5	16.0
Regional.....	—	—	28.0	—	—	—	—	28.0	—	—	2.8	30.8
AREA TOTALS	427.7	1,916.6	412.2	1,122.1	397.8	359.0	40.7	4,248.4	224.0	50.0	557.5	5,534.6
ASIA												
Afghanistan.....	319.0	277.2 ^b	—	—	—	—	20.0 ^a	297.2	—	—	75.1	691.3
Brunei.....	24.6	—	7.5	—	—	—	—	7.5	—	—	0.9	33.0
Burma.....	847.7	809.0	214.3	—	—	20.0	1.1	1,044.4	24.6	—	243.5	2,172.6
Cambodia.....	24.0	—	50.2	—	—	—	—	50.2	—	—	4.4	78.6
Ceylon.....	326.2	442.0 ^b	127.0	—	—	—	—	569.0	—	135.0	121.6	1,151.8
China-Taiwan.....	170.5	—	178.6	87.8	635.3	—	27.0 ^a	928.7	50.5	—	219.0	1,368.7
China-Mainland.....	441.7	—	33.7	—	—	—	—	33.7	—	—	191.9	1,909.5
Fiji.....	—	—	—	22.0	—	—	—	22.0	—	—	2.1	24.1
Gilbert and Ellice Islands.....	—	—	—	6.0	—	—	—	6.0	—	—	0.6	6.6
Hong Kong.....	129.0	—	56.2	—	—	—	6.0	62.2	—	—	—	135.2
Netherlands New Guinea.....	3.6	30.0	2.8	—	—	—	6.0	62.2	1.8	—	12.0	88.1

TABLE III (continued)

Maternal and child welfare ^a (1)	Disease control					Nutrition		Emergency aid ^a (11)	Freight (12)	Grand total of all programme allocations (13)
	Malaria campaigns and DDT production ^b (2)	TB control including BCG vaccination (3)	Yaws, syphilis control (4)	Trachoma control (5)	Leprosy control (6)	Other disease controls (7)	Sub-total, disease control (8)			
Poland.....	800.3	—	—	—	—	—	—	—	—	—
Portugal.....	50.0	1,053.5	299.6	—	—	443.5 ⁱ	1,822.9	—	970.5	18,961.5
Romania.....	92.3	—	—	—	—	—	—	—	—	55.0
Spain.....	64.0	86.0	—	—	—	—	263.4	—	—	7,191.2
Yugoslavia.....	1,529.0	475.5	364.7	17.8	—	544.3 ⁱ	1,576.8	—	—	89.9
				10.0	—			265.0	1,514.0	18,100.8
AREA TOTALS	3,701.4	3,730.6	918.4	27.8	—	1,118.2	6,408.8	440.0	5,181.7	101,750.6
THE AMERICAS										
Antigua.....	—	—	—	—	—	—	—	—	—	—
Barbados.....	24.8	—	—	—	—	—	—	—	—	—
Bolivia.....	97.7	10.2	16.0	—	—	—	26.2	—	—	44.9
Brazil.....	501.4	—	—	—	—	—	114.8	—	—	4.7
British Guiana.....	—	—	—	—	—	30.2	30.2	875.9	633.0	102.4
British Honduras.....	—	12.8	—	—	—	—	12.8	23.2	—	1,058.4
British Virgin Islands.....	—	4.1	—	—	—	—	26.9	41.9	—	30.2
Chile.....	—	—	—	—	—	—	—	—	—	18.1
Colombia.....	175.3	40.3	—	—	—	394.5 ^k	434.8	81.1	400.0	86.9
Costa Rica.....	149.5	122.9	—	—	—	105.0 ⁱ	375.7	60.2	160.0	3.4
Costa Rica.....	—	75.5	—	—	—	—	117.8	128.6	106.1	178.6
Dominica.....	—	6.0	—	—	—	—	6.0	3.0	—	252.0
Dominican Republic.....	—	—	—	—	—	—	—	—	—	39.2
Ecuador.....	9.1	—	—	—	—	—	191.4	—	—	23.5
El Salvador.....	98.2	345.8	—	—	—	—	345.8	25.0	160.0	19.9
French Guiana.....	47.3	31.1	—	—	—	—	290.6	103.6	140.0	220.4
Grenada.....	11.4	—	—	—	—	—	—	—	—	107.3
Guatemala.....	—	28.1	9.0	—	—	—	39.6	2.9	—	10.7
Haiti.....	44.0	391.9	—	—	—	—	421.8	110.9	230.0	23.5
Honduras.....	5.4	309.6	580.0	—	—	—	889.6	—	—	23.8
Jamaica.....	49.3	301.0	—	—	—	—	319.4	86.7	—	179.8
Mexico.....	101.8	36.0	—	—	—	—	133.9	—	—	153.4
Montserrat.....	—	2,395.0	—	—	—	—	2,452.8	62.0	387.0	92.2
Nicaragua.....	29.1	—	—	—	—	—	—	1.2	—	143.9
Panama.....	63.2	—	—	—	—	—	229.8	82.1	115.0	408.9
Paraguay.....	113.0	70.2	—	—	18.5	—	138.0	86.5	—	10.0
Peru.....	249.1	189.5	—	—	—	102.7 ^m	333.7	14.4	—	57.4
St. Kitts.....	20.0	6.5	5.2	—	—	—	11.7	247.4	—	38.3
St. Lucia.....	—	—	—	—	—	—	—	6.0	—	106.4
St. Vincent.....	—	—	10.9	—	—	—	32.8	2.6	—	368.5
Surinam.....	—	37.0	—	—	—	—	10.9	2.5	—	35.1
Trinidad and Tobago.....	—	103.3	—	—	—	—	47.7	6.0	—	13.7
Uruguay.....	148.4	—	—	—	—	—	137.4	9.1	—	49.1
		14.9	—	—	—	—	14.9	—	—	21.2
										34.6
										97.0
										196.9
										50.4
										180.3
										50.6

TABLE IV

Assistance approved by the Executive Board, from 1947 to the end of March 1956, by area and type of programme
(in thousands of US dollars)

	1947-1950						1951-March 1956						1947 to end of March 1956 Grand total		
	Africa	Asia	Eastern Mediterranean	Europe	The Americas	More than one region	Sub- total	Africa	Asia	Eastern Mediterranean	Europe	The Americas		More than one region	Sub- total
A. LONG-RANGE AID															
1. Maternal and child welfare.....	—	3,736.2	54.0	2,406.5	682.1	1,542.5	8,421.3	427.7	8,667.0	1,382.7	1,294.9	1,255.9	1,578.5	14,606.7	23,028.0
2. Disease control															
(i) Insect-borne diseases:															
Malaria.....	—	249.3	—	613.7	598.7	—	1,461.7	1,916.6	2,777.4	2,930.2	—	4,170.1	—	11,794.3	13,256.0
Other.....	—	—	—	—	135.3	—	135.3	—	68.7	—	—	17.0	—	85.7	221.0
(ii) Production:															
Insecticides.....	—	—	—	—	—	—	—	—	1,000.0	250.0	—	—	—	1,250.0	1,250.0
Antibiotics.....	—	850.0	—	—	—	—	850.0	—	525.0	—	184.4	306.9	—	1,016.3	1,866.3
Sera and vaccine.....	—	—	—	592.2	—	—	592.2	—	67.0	—	69.2	60.0	—	196.2	788.4
(iii) Bejel, yaws, VD.....	—	1,697.5	122.0	861.5	320.1	—	3,001.1	1,122.1	2,102.5	86.2	56.9	301.0	—	3,668.7	6,669.8
(iv) BCG anti-tuberculosis vaccination.....	378.7	625.5	383.8	1,766.1	342.1	48.2	3,544.4	5.5	2,481.0	1,099.9	4.7	489.1	33.8	4,114.0	7,658.4
(v) Other tuberculosis control.....	—	913.1	—	1,946.5	82.6	6.5	2,948.7	28.0	115.6	—	13.3	80.1	—	237.0	3,185.7
(vi) Trachoma.....	—	—	—	—	—	—	—	397.8	638.3	19.0	27.8	—	—	1,082.9	1,082.9
(vii) Leprosy.....	—	—	—	—	—	—	—	359.0	51.8	23.0	—	18.5	—	452.3	452.3
(viii) Other diseases.....	—	33.1	—	270.5	234.5	—	538.1	40.7	7.1	40.0	1.9	31.0	—	120.7	658.8
SUB-TOTAL, DISEASE CONTROL	378.7	4,368.5	505.8	6,050.5	1,713.3	54.7	13,071.5	3,869.7	9,834.4	4,448.3	358.2	5,473.7	33.8	24,018.1	37,089.6
3. Child nutrition															
(i) Long-range feeding.....	—	1,156.0	—	—	639.4	—	1,795.4	224.0	323.2	494.7	440.0	1,489.0	—	2,970.9	4,766.3
(ii) Milk and food conservation.....	—	—	—	3,776.8	135.0	—	3,911.8	50.0	941.0	1,374.0	1,405.0	2,360.1	115.0	6,245.1	10,156.9
SUB-TOTAL, CHILD NUTRITION	—	1,156.0	—	3,776.8	774.4	—	5,707.2	274.0	1,264.2	1,868.7	1,845.0	3,849.1	115.0	9,216.0	14,923.2
TOTAL, LONG-RANGE AID	378.7	9,260.7	559.8	12,233.8	3,169.8	1,597.2	27,200.0	4,571.4	19,765.6	7,699.7	3,498.1	10,578.7	1,727.3	47,840.8	75,040.8
B. EMERGENCY AID															
(i) Feeding.....	—	1,469.2	9,684.3	65,526.4	140.9	—	76,820.8	27.0	3,634.7	4,160.4	989.8	560.7	—	9,372.6	86,193.4
(ii) Raw materials (clothing, shoes, blankets, etc.).....	—	764.6	450.5	6,339.7	79.3	—	7,634.1	—	1,128.8	320.8	416.1	—	—	1,865.7	9,499.8
(iii) Miscellaneous.....	—	189.0	774.7	2,005.7	13.6	—	2,983.0	—	253.5	822.6	13.6	39.3	—	1,129.0	4,112.0
TOTAL, EMERGENCY AID	—	2,422.8	10,909.5	73,871.8	233.8	—	87,437.9	27.0	5,017.0	5,303.8	1,419.5	600.0	—	12,367.3	99,805.2
SUB-TOTAL (A AND B)	378.7	11,683.5	11,469.3	86,105.6	3,403.6	1,597.2	114,637.9	4,598.4	24,782.6	13,003.5	4,917.6	11,178.7	1,727.3	60,208.1	174,846.0
C. FREIGHT DISTRIBUTION.....	—	1,293.0	1,336.4	10,182.0	368.6	—	13,180.0	557.5	7,021.0	1,646.0	545.4	3,408.0	—	13,177.9	26,357.9
TOTAL, LONG-RANGE AND EMERGENCY AID, INCLUDING FREIGHT	378.7	12,976.5	12,805.7	96,287.6	3,772.2	1,597.2	127,817.9	5,155.9	31,803.6	14,649.5	5,463.0	14,586.7	1,727.3	73,386.0	201,203.9
Unprogrammed*															1,826.5
Insurance reserve.....															200.0
Operational services.....															8,884.7
Administration.....															12,281.8
TOTAL ALLOCATIONS															224,396.9

*Unprogrammed: Asia, \$1,733,700; Eastern Mediterranean, \$800; Europe, \$12,800; The Americas, \$55,400; More than one region, \$23,800; Total, \$1,826,500.

ANNEX II

Government contributions and pledges to UNICEF in 1956 as of 31 March 1956

	\$
Afghanistan	6,000
Antigua	117
Belgium	160,000
Bolivia	15,000
Brazil	324,910
Canada	650,000
Ceylon	14,726
Chile	55,000
Colombia	277,667
Denmark	72,400
Ethiopia	8,000
Finland	21,739
France	428,571 ^a
Germany	238,095
Guatemala	20,000
Iran	200,000
Iraq	56,000
Japan	100,000
Malayan Federation	24,500
Mexico	300,000
Monaco	857
Morocco	2,429
New Zealand	210,000
North Borneo	1,000
Norway	67,200
Peru	82,051
Philippines	90,000
Poland	40,000 ^b
Singapore	3,267
Switzerland	234,000
Syria	7,000
Thailand	200,000 ^c
Trinidad and Tobago	7,000
Turkey	107,143
United Kingdom	560,000
United States of America	9,700,000 ^d
Yugoslavia	200,000
TOTAL	14,484,672

^a Part of 1956 contribution.

^b Contribution for 1955, entered into 1956 accounts.

^c Provisional value.

^d Subject to the condition that the United States contribution shall not exceed 57.5 per cent of total contributions by Governments to the central account of UNICEF.

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