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UNITED NATIONS CHILDREN'S FUND

Report by the Executive Director on main trends in 1960¹

INTRODUCTION

1. At its resumed twenty-eighth session the Economic and Social Council agreed to retain on the agenda of its spring sessions the review of the work of UNICEF.² Recognizing, however, that considerable time would elapse between the main session of the UNICEF Board (ordinarily to be held in June) and the Council's spring session, the Council decided that, in addition to reports of Board sessions, it would be useful to have a concise annual report from UNICEF in which special emphasis would be placed on matters which might be of interest to the Council. This report constitutes an attempt to meet this request.

2. The Executive Board of UNICEF has not held a policy session since the thirtieth session of the Council. Various resolutions of the Council bearing on the work of UNICEF, such as those on programme appraisals, a concerted action programme in urbanization, co-ordination between various United Nations agencies in the field, administrative and technical training, and

¹ The discussion of questions relating to the United Nations Children's Fund was originally scheduled for the thirty-first session of the Economic and Social Council, but was deferred to the thirty-second session.

² See E/ICEF/393, paras. 21-23; and *Official Records of the Economic and Social Council, Resumed Twenty-eighth Session, 1090th meeting.*

opportunities for international co-operation on behalf of former Trust Territories and other newly independent States, will be brought to the attention of the Board at its session in June 1961. In the meantime, progress has been made, or is anticipated, in some of these areas. Reference is made to such progress in this report.

3. At the June 1961 Board session a forecast of requests for allocations for the period 1961-1963 by major type of programme and geographical area, as well as policy discussions arising from a review of progress in the various types of programme, will form the basis for bringing up to date the UNICEF programme appraisal submitted to the Council at its twenty-eighth session (E/3260 and Add.1). References are made below to training (paras. 74-77), co-ordination (paras. 5-14), participation in concerted action programmes (para. 6), and aid to newly independent States (paras. 78-79). The action of the UNICEF Board to control and limit documentation is set forth in the report of its January 1961 session (E/3439-E/ICEF/407,³ paras. 92-96).

4. The major trends in the work of UNICEF that may be of interest to the Council are summarized in paragraph 83.

³ *Official Records of the Economic and Social Council, Thirty-second Session, Supplement No. 13.*

I. CO-OPERATION WITH OTHER AGENCIES

5. As has been reported to the Council on previous occasions,⁴ a system of co-operative relationships has

⁴ See especially the reports of the Secretary-General to the Council on programme co-ordination between UNICEF and the regular and technical assistance programmes of the United Nations and the specialized agencies in 1954 (*Official Records of the Economic and Social Council, Eighteenth Session, Annexes, agenda item 9, document E/2601*); 1956 (*ibid., Twenty-second Session, Annexes, agenda item 3, document E/2892*); and 1958 (*ibid., Twenty-sixth Session, Annexes, agenda item 3, document E/3109*).

gradually developed between UNICEF and various technical agencies within the United Nations family for co-ordinating policy and planning, and for giving joint aid to individual projects. On the governing body level this takes place through joint policy committees with FAO and WHO. Representatives of each of the technical agencies attend the meetings of the UNICEF Programme Committee and Executive Board, and are often active participants in the programme discussions.

Representatives of the UNICEF Board or secretariat generally attend meetings of the governing bodies of the other agencies for agenda items of interest to UNICEF.

6. Underlying the co-operation at the governing body level there is a continuous process of informal consultation and exchange of ideas between the secretariats both at headquarters and in the field. The UNICEF secretariat participates in the work of the Administrative Committee on Co-ordination and its Preparatory Committee, and in various inter-secretariat working groups organized under the auspices of the Administrative Committee on Co-ordination, including those concerned with training, urbanization, community development and social and related economic questions. For reference to the special inter-agency meeting to be held in the summer of 1961, see paragraph 11.

7. When a Government requests aid from UNICEF, a proposed project is worked out in discussions among government officials, the UNICEF field staff and staff members of the technical agency (or agencies) concerned. Thus there is co-ordination among all parties concerned at the planning stage of projects. When a plan receives the technical approval of the technical agency (or agencies) concerned, it can then be recommended by the Executive Director to the UNICEF Board for approval. With the approval of aid by the UNICEF Board, the stage of project implementation begins. A draft plan of operations is transformed to an agreement among the Government, UNICEF, and the technical agency (or agencies) concerned.

8. Some of the main items on the agenda of the June 1961 session of the Executive Board involve special reports and studies from the collaborating technical agencies. Each of the agencies is preparing a special report to be considered in connexion with the Board's discussion of a survey of children's needs at its June 1961 session. As has previously been reported to the Council,⁵ the interest in such a survey arose, in part, from the desire of UNICEF to help countries in the most effective ways possible to achieve the aims proclaimed in the Declaration of the Rights of the Child. As part of this study a number of Governments have established inter-ministerial groups to enable them to bring to the UNICEF Board a co-ordinated governmental view of the most important areas within their countries requiring additional national effort and international aid on behalf of children. In developing this co-ordinated view the Governments have been encouraged to draw upon advice from the staff of international technical agencies stationed in their countries.

9. For the June 1961 Board session the agencies are also preparing special reports on training, in some cases based upon field surveys by consultants (see paras. 74-77). Future aid for malaria eradication will also be discussed, on the basis of a progress report by WHO (see paras. 40-43), as will aid for tuberculosis (see para. 46). Progress

⁵ See *Official Records of the Economic and Social Council, Twenty-ninth Session, Supplement No. 2A (E/3336-E/ICEF/398)*, paras. 41-46.

in child nutrition activities will be discussed on the basis of reports prepared for the FAO/UNICEF Joint Policy Committee and the recommendations of that committee to the Board. Developments in the fields of family and child welfare and community development as they relate to the interests of UNICEF will be reported by the Bureau of Social Affairs.

10. Because of a recent trend in UNICEF programme operation, some problems have arisen for certain projects in connexion with achieving the co-ordination in project planning referred to in paragraph 7. The Board has recognized that the welfare of the child cannot be divided into separate compartments; that the needs are inter-related, as should be the efforts to meet them; and that, therefore, multi-sided projects in which Governments co-ordinate a number of activities into comprehensive programmes should be encouraged. Moreover, the Board has recognized that while children have special needs requiring special measures, these special measures should, wherever possible, be encouraged as an integral part of broader measures to raise family and community levels of living.

11. It may be expected, therefore, that there will be an increase in the number of projects aided by UNICEF which are of interest to more than one technical agency. From the administrative point of view, the preparation of such projects is more complicated and time-consuming than is that of projects involving only one technical agency. Often the projects, while of considerable strategic importance, require only relatively small amounts of international aid in their initial stages. Decisions need to be reached as to the extent to which it is necessary, or desirable, to secure international consultation and advice from every agency having any degree of interest in a project. Governments have already raised questions as to the necessity for the participation of numerous international personnel, and the delays in preparing projects which result from present practices. It is hoped that a meeting of the agencies, to be held in the summer of 1961 under the auspices of the Administrative Committee on Co-ordination, will help develop procedures for clearing such projects which will be as simple and expeditious as possible, and at the same time satisfy the interests and needs of all participants.

12. Another co-ordination problem of considerable current importance is that of the financial relations between UNICEF and FAO. This question is dealt with at some length in the report of the January 1961 Board session (E/3439-E/ICEF/407, paras. 51-66) and is subject to further consideration by the governing bodies of both organizations. It is therefore not discussed further in this report.

13. The report of the January 1961 Executive Board session also sets forth in some detail the changes which have been made and are currently under consideration in the administrative organization of UNICEF to ensure the most efficient and effective operations (E/3439-E/ICEF/407, paras. 68-77). These changes correspond with the evolution of UNICEF work, which requires the placing of greater responsibility on UNICEF field staff.

More and more they are required to participate in analysis and planning with officials of several government departments and the staff of several international technical agencies to determine which needs of children are most urgent and what are the practical possibilities of action, within the resources available both locally and internationally.

14. In the examination of further changes by the Executive Board and its Committee on Administrative Budget during 1961, an analysis will be made of the possibilities of UNICEF's making greater use of resident representatives of TAB. Considerable use is already being made of their services, such use varying in specific

instances with the deployment of UNICEF field staff and the types of aid given to projects.

15. Non-governmental organizations can play an important role in generating public interest in the needs of the world's children; reference is made elsewhere in this report to their efforts in this respect (see paras. 19-20). It should also be pointed out that there is a substantial involvement of voluntary effort in projects receiving UNICEF aid. In about one-third of the projects for which allocations were made in 1960, the Governments relied on voluntary agencies to carry out part of the operations.

II. FINANCIAL POSITION

Income

16. In 1960 there was a further growth in support by Governments and private contributors resulting in an increase in income of more than \$1.9 million, bringing it to a total of \$25.8 million. This increase is in accord with the moderate upward trend in UNICEF income which in recent years has generally been about \$2 million a year.

GOVERNMENT CONTRIBUTIONS

17. The increasing support from European Governments, and also the increase in the number of Governments contributing, particularly those of new African countries, is set forth in the report of the January 1961 Executive Board session (E/3439-E/ICEF/407, paras. 8-11). Out of the 98 Governments which contributed in 1960, 28 gave proportionately more to UNICEF than their assessment rate for the United Nations budget. Of considerable interest is the fact that 23 of these are governments of countries commonly regarded as being economically under-developed.

18. A list of all government contributions to UNICEF during the period 1958-1960, together with a note on Governments which have thus far announced increased contributions for 1961, is given in annex I.

PRIVATE SUPPORT

19. The Executive Board in 1960 recognized the desirability of encouraging greater support for the work of UNICEF from private sources as well as from Governments. In 1960 approximately \$1.9 million, or 7.4 per cent of income, came from private contributions,⁶ the

⁶ This excludes net proceeds from the sale of UNICEF greeting cards, which is counted as "other income". In 1960 almost \$750,000 was transferred to UNICEF from the Greeting Card Fund (compared with \$400,000 in 1959).

largest single source being the United States Committee for UNICEF, which transferred approximately \$1.5 million to UNICEF during the year, mainly from receipts of its "Trick or Treat" Hallowe'en project. An additional \$210,000 came from a Hallowe'en collection in Canada under the auspices of the Committee for UNICEF of the United Nations Association for Canada.

20. One of the benefits to be derived from the raising of funds from individuals, even in modest amounts, is that it provides an opportunity for making both adults and children aware of the needs of children in economically under-developed areas. The importance of non-governmental organizations and of national committees for UNICEF in this respect, as well as recent developments in private fund-raising — including Freedom-from-Hunger campaigns in Australia and New Zealand jointly with FAO — are discussed in the report of the January 1961 session of the UNICEF Executive Board (E/3439-E/ICEF/407, paras. 9, 11, 13, 14-17).

Allocations

21. Allocations in 1960 totalled \$28.1 million.⁷ Programme allocations totalled \$25.9 million in 1960, an amount \$1.8 million higher than that allocated for programmes in 1959. Allocations in 1960 by type of programme and geographic region are shown in the following table.

⁷ Because of changes in allocation procedures adopted by the Board (footnote 8), this amount is not strictly comparable with allocations made in previous years, since it included allocations for administrative and operational services for only the first six months of the following year, instead of for the full year, as had been the practice previously.

Allocations approved by the Executive Board for the calendar year 1960 by programme and area

(In US dollars)

	<i>Africa</i>	<i>Asia</i>	<i>Eastern Mediterranean</i>	<i>Europe</i>	<i>The Americas</i>	<i>Inter- regional</i>	<i>Total</i>	<i>Per cent</i>
<i>Health services</i>	732,000	1,852,000	349,581	210,000	1,240,723	300,000	4,684,304	18.12
<i>Family and child welfare</i>	253,500	49,000	53,240	—	64,400	—	411,140	1.59
<i>Disease control</i>	762,000	2,690,756	3,013,434	131,794	5,596,768	—	12,194,752	47.17
Malaria	201,000	1,131,029	2,816,934	—	5,199,000	—	9,347,963	36.16
Tuberculosis	23,000	892,000	113,500	118,000	120,015	—	1,266,515	4.90
Leprosy	301,000	224,929	—	—	276,000	—	801,929	3.10
Yaws/syphilis	195,000	26,000	32,000	9,400	—	—	262,400	1.01
Trachoma	42,000	240,200	—	—	—	—	282,200	1.09
Other *	—	176,598	51,000	4,394	1,753	—	233,745	0.91
<i>Nutrition</i>	215,000	2,320,000	266,500	1,043,000	497,000	2,772,000	6,825,500	26.40
Child feeding	—	—	—	—	—	2,220,000	2,220,000	8.59
Nutrition education and related activities	20,000	179,000	132,000	112,000	391,500	370,900	1,205,400	4.68
Milk conservation	195,000	1,613,000	134,500	931,000	81,500	181,100	3,136,100	12.13
Other high-protein foods	—	240,000	—	—	—	—	240,000	0.93
Other nutrition	—	—	—	—	24,000	—	24,000	0.09
<i>Primary education: Health and nutri- tion aspects</i>	110,000	47,000	—	—	—	—	157,000	0.61
<i>Aid for project preparation</i>	—	—	—	—	—	25,000	25,000	0.09
<i>Training survey</i>	—	—	—	—	—	18,000	18,000	0.07
TOTAL LONG-RANGE AID	2,072,500	6,661,756	3,682,755	1,384,794	7,398,891	3,115,000	24,315,696	94.05
<i>Emergency aid</i>							1,538,191	5.95
GRAND TOTAL PROGRAMME AID							25,853,887	100.00
Estimated operational services (first six months 1961)							1,260,900	
Estimated administrative costs (first six months 1961)							972,200	
GRAND TOTAL							28,086,987	

* Includes bilharziasis control, \$73,000; typhus control, \$20,000; vaccine production, \$124,351; penicillin production, \$16,394.

22. Under UNICEF policies, the projects aided require substantial expenditures from local sources ("internal matching") for personnel, supplies and buildings, not only to permit maximum use of UNICEF resources, but also to encourage the Governments to provide permanent services for children. As against UNICEF programme allocations in 1960 of \$25.9 million the assisted Governments spent, or committed themselves to spend, \$78 million, a ratio of 3 to 1.

Relation of income, allocations and expenditures

23. Allocations in 1960 exceeded income. It was possible to make up the difference of \$2.3 million by reducing the uncommitted general resources of UNICEF by \$1.5 million, and by using unspent balances of \$800,000 from previous allocations. The relatively high levels of unallocated resources available in recent years

now no longer exist. At the beginning of 1961 they had been reduced to approximately \$700,000.⁸

24. The relationship between income, allocations, expenditures and "earmarked" funds (unspent allocations) has been under consideration by the Board and its Committee on Administrative Budget for two years. The Board has already taken policy decisions which will have the effect of raising the rate of expenditures in the course of the next few years.⁹

25. In the past, two to three years normally elapsed before allocations made to most projects were completely spent. Because of this time-lag and the fact that income and allocations had risen year after year, the current rate of expenditure (geared to a previous lower allocation level) has tended to be several million dollars

⁸ Moreover, it should be noted (see footnote 7) that an allocation for administrative and operational services for the last half of 1961, amounting to \$2,230,000, was not included in 1960 allocations.

⁹ See *Official Records of the Economic and Social Council, Twenty-ninth Session, Supplement No. 2 (E/3304-E/ICEF/391/Rev.1)*, paras. 26-34, and *ibid.*, *Supplement No. 2A (E/3336-E/ICEF/398)*, paras. 22-26.

below the level of current income. On any date, there have been sizable allocations approved by the Board but not yet spent. These funds are "earmarked" for commitments undertaken by the Board. To the extent that they are not needed for current expenditures they are invested in short- and medium-term government securities.

26. Along with other United Nations agencies supported by voluntary contributions, UNICEF now enjoys regular appropriations from the budgets of many donor Governments. This prospect of stability in income has led to the suggestion that it would be consistent with prudent financial policy to set aside "earmarked funds" to a lesser amount than the full financial resources needed to complete approved projects, and thus to put UNICEF resources into more rapid use. Thus UNICEF is moving more and more in the direction of approving complete projects in principle, but setting aside only that part of their cost which would be spent in the following year. In this respect UNICEF practices are going through an evolution that is seen also in the practices of the Expanded Programme of Technical Assistance and the Special Fund.

III. HEALTH SERVICES

27. A major goal of many Governments, encouraged by UNICEF aid, is to develop comprehensive maternal and child health services integrated into the health structure of the country, and provided through networks of multi-function health centres and sub-centres accessible to the whole population. The centres have a vast potential for the provision of education — particularly to mothers — in child-rearing, nutrition, sanitation and preventive health measures. In addition to providing direct benefits, these services are essential to the consolidation of the gains of the disease control campaigns once the mass phases are completed.

28. It has been a matter of some concern in the UNICEF Board that progress in aiding projects in this field has been slower than desired. In 1960 allocations for health services amounted to only \$4.7 million or 18 per cent of all programme allocations. Moreover, the pace of development has varied from region to region. During the course of the last three years (1958-1960), for example, allocations for health services amounted to 38 per cent of all long-range programme allocations to Asia and 25 per cent of such allocations to Africa, while in the Americas they amounted to 11 per cent, and in the Eastern Mediterranean to 9 per cent.

29. The establishment of networks of local, provincial and national health services on a permanent basis is a more complex undertaking than the launching of large-scale disease control campaigns. It requires capital expenditures and the creation of various levels of administrative organization. It requires also the creation of new posts for doctors, nurses, midwives, sanitarians and auxiliary workers as permanent budgetary items, the

amount of which is likely to increase from year to year. It requires trained personnel and new, or considerably expanded, within-country training schemes to raise the standard of the personnel in the existing services as well as to train those who are to be recruited for the expanded services.

30. Despite the availability of UNICEF aid, these problems cannot be solved quickly. Moreover, they are made more difficult in some countries because of the demands made on their health budgets by other programmes, such as anti-malaria campaigns.

31. The Executive Board reviews progress in the field of maternal and child health every two years on the basis of studies made by WHO, and an examination of them by the UNICEF/WHO Joint Policy Committee. The next such general review will be undertaken by the UNICEF Board in 1962 at its June session.

32. As part of its aid for health services, UNICEF helps environmental sanitation projects through the provision of safe water, the improvement of excreta disposal and related community health education. UNICEF is providing such aid in thirty-two countries and in recent years allocations for environmental sanitation have averaged about \$470,000 a year. This is likely to increase in the future as greater emphasis is placed upon aid for environmental sanitation as part of integrated rural health services; upon the training of more sanitarians and other health personnel in techniques of health education; upon improvement of sanitation in schools, health centres and community centres; and upon the provision of more water fountains and standpipes at public places in villages and small towns.

IV. FAMILY AND CHILD WELFARE

33. The problems arising for children as a result of large-scale and rapid transition from rural to urban life, and the growth of rural community development movements involving women's clubs, have led to UNICEF aid in the field of family and child welfare.

34. The first UNICEF allocations for social services for children were made in 1960. They amounted to a total of \$180,000 for nine projects. Most of the projects are concerned with children in urban areas needing some form of care outside their own homes, either through residential institutions or day-care centres. The main emphasis is on training schemes for various levels of staff in public and private agencies, and on helping to strengthen planning and co-ordinating bodies. It is hoped that as experience is gained, it will be possible to develop broadly conceived preventive services in this field.

35. The United Nations Children's Fund is now helping homecraft and mothercraft projects as part of rural community development programmes in five countries in Africa.¹⁰ The purpose of these projects, which are built on the African family pattern, is to teach mothers and young girls ways to improve child-rearing and family life and to assume greater responsibility in community life. The main channel used is women's

¹⁰ UNICEF is also aiding one urban community development project in Asia (Pakistan).

clubs. Training schemes have been developed both for women club-leaders and for community development workers. Allocations for projects of this type in 1960 totalled \$230,000; since 1956, when aid was first given for these projects, a total of \$570,000 has been allocated.

36. It can thus be seen that UNICEF aid in the field of family and child welfare, which amounted to 1.6 per cent of programme allocations in 1960, has been on a modest basis. The major contribution of international agencies in this field lies in encouraging the training of national staff and the planning and organization of services. The requirements for supplies and equipment from outside sources are ordinarily not large in this field since they are provided either for demonstration and teaching purposes, or in instances where it is felt that they will be used effectively in a project involving the up-grading of the quality of staff and the improvement of services.

37. The technical agency upon which UNICEF primarily relies in this field is the Bureau of Social Affairs of the United Nations Secretariat. The specialized agencies have important technical contributions to make to these projects from the point of view of health, nutrition, home economics and education, and there is general agreement that a comprehensive and co-ordinated approach to project aid is desirable (see para. 11).

V. DISEASE CONTROL

General

38. When UNICEF began applying its main resources to long-term problems, it gave priority to diseases which took a heavy toll in child mortality and sickness (malaria, tuberculosis, yaws, trachoma and leprosy), and for which prevention or mass treatment seemed possible. It was recognized that most of the campaigns had to be on a large scale (although in some cases they might begin as pilot projects), and that they had to be carried on continuously over a number of years if they were to be successful. It was hoped that the campaigns would pave the way for a more fundamental long-term objective; namely the more rapid creation and effective functioning of permanent health services benefiting children. It was realized that no government could hope to establish a broad permanent health structure providing preventive health services if its resources were constantly drained to treat chronic sickness.

39. At present about half the amount allocated for programme aid goes to disease control campaigns. In 1960 this amounted to \$12.2 million. The greatest share — about three-quarters of the total for disease control — goes to anti-malaria campaigns, the largest amounts going to the Americas and the Eastern Mediterranean. In the last three years (1958-1960) the largest allocations for tuberculosis control have gone to Asia; for yaws and

leprosy control to Africa and Asia; and for trachoma control about half to Asia and the remainder to the Eastern Mediterranean area and North Africa.

Malaria

40. The United Nations Children's Fund has been allocating considerably more for malaria eradication and control campaigns than for any other single type of aid. It is currently aiding 47 projects to combat malaria. Thirty are eradication campaigns; of these, 23 are in the Americas and 7 in the Eastern Mediterranean region. In addition, UNICEF is aiding 10 malaria control campaigns (of which 7 are in Africa), 5 survey or preparatory projects and 2 DDT production plants. In 1960 UNICEF allocated \$9.3 million for anti-malaria activities. For the period 1958-1960 UNICEF anti-malaria allocations averaged \$8.8 million a year, or 40 per cent of all long-range aid.

41. A substantial increase in the level of UNICEF aid for anti-malaria activities began in 1956. The UNICEF Board believed that the WHO objective of malaria eradication on a global basis offered a significant opportunity for UNICEF to make a fundamental contribution to the welfare of children, and offered to aid the regional campaigns for eradication in the Americas and the Eastern Mediterranean.

42. In September 1959, the Board reviewed in detail the progress in UNICEF-aided malaria campaigns. It established, or re-affirmed, a number of policies with regard to its aid for such campaigns; including a general ceiling of \$10 million on annual allocations. It was clear to the Board that the eradication effort would take longer, and that the costs would be higher, than originally expected. Progress in a number of campaigns had, however, been encouraging, and in the main, representatives were convinced that UNICEF should continue its aid. Some representatives, however, feared the effect that continued large expenditures for anti-malaria activities would have on the ability of UNICEF to meet other pressing child needs.¹¹

43. At its June 1961 session the Board will re-examine its policies for aid to anti-malaria activities on the basis of a detailed progress report by the Director-General of WHO and recommendations by the Executive Director of UNICEF.

Tuberculosis

44. The main emphasis on BCG vaccinations is now passing. Aid is still being given to 12 campaigns (8 in Asia, 3 in the Eastern Mediterranean and 1 in the Americas), but in fifty-four countries the work has been taken over on a continuing basis by national services. Allocations for BCG campaigns in recent years have ranged from \$400,000 to \$500,000 annually.

45. In recent years it has been possible to visualize public health programmes for tuberculosis control based upon simple methods of case-finding (including mass radiography), and ambulatory treatment with drugs, as well as BCG vaccination for selected groups. The World Health Organization has been sponsoring research in order to solve certain technical questions for comprehensive programmes of this type. The United Nations Children's Fund is aiding two pilot projects for the study of problems connected with chemotherapy and chemoprophylaxis; 8 national pilot area projects designed to find the best ways of adapting general control methods to local conditions and to train personnel; and prevalence surveys in 9 countries as a basis for planning wider control projects. In 1960 UNICEF allocated \$820,000 for these projects.

46. At its June 1961 session the UNICEF Board will examine the possibilities of enlarging the scope of UNICEF aid for tuberculosis control. These possibilities will first be reviewed by the UNICEF/WHO Joint Committee on Health Policy in May 1961 on the basis of a report by WHO.

Leprosy

47. The greatest efforts against leprosy are being made in the large area stretching from west to equatorial

¹¹ For a summary of these views, see *Official Records of the Economic and Social Council, Twenty-ninth Session, Supplement No. 2 (E/3304-E/ICEF/391/Rev.1)*, paras. 70-74. Similar views are also summarized in the report of the January 1961 Board session (see *Official Records of the Economic and Social Council, Thirty-second Session, Supplement No. 13 (E/3439-E/ICEF/407)*, paras. 32-35).

Africa, where 19 campaigns are being assisted by UNICEF. The first UNICEF aid for leprosy control in Africa was approved in 1953; in 1960 almost one-third of the estimated 2.3 million cases in the region were under treatment, and the health administrations were gradually extending their ambulatory treatment circuits. In Asia, where there are also large endemic areas (in India alone an estimated 1.5 million cases), large-scale ambulatory treatment methods are not so well developed.¹²

48. Allocations by UNICEF for leprosy control rose from about \$400,000 in 1959 to \$800,000 in 1960, and are expected to be in the neighbourhood of \$1 million a year in the next several years. In 1961 some 1 million persons are expected to be under treatment in UNICEF-aided campaigns. This compares with an estimated 10 to 12 million persons afflicted with this disease.

49. One of the main problems in leprosy control is that the disease has a long incubation period, and regular and continued treatment is required over a period of several years. This creates the difficult requirement, by no means always met, to assure repeated examinations for the detection of cases, and to provide effective methods for the regular administration of the drugs to each case over a prolonged period until patients reach the point where they can be discharged. Although the emotional dread of the disease is passing, thanks to the possibility of new methods of treatment without segregation, most programmes have done little so far for the physical and social rehabilitation of patients with advanced cases of leprosy.

Yaws

50. The great reservoirs of yaws are in west and equatorial Africa and South-East Asia. The United Nations Children's Fund is aiding nearly all the countries in these areas which have a high incidence of the disease (15 countries in Africa and 7 in Asia). By the end of 1960 some 31.4 million persons had been treated in yaws campaigns (including 3.8 million persons treated in Haiti, where yaws has virtually been eradicated). In 1961 over 3 million persons are expected to be treated. In recent years UNICEF has been allocating an average of somewhat more than \$300,000 a year for yaws control campaigns.

51. Yaws campaign strategy requires periodic re-surveys in order to reach latent and relapsing cases and remove sources of community infection. These re-surveys cannot be stopped until the incidence is reduced to a level where it is no longer of immediate public health importance, and regular health services are in a position to consolidate the gains made. It now appears that in most countries in Africa this stage will not be reached as soon as had been expected, and in Asia intensive

¹² In January 1961 the UNICEF Board approved aid for the first time for projects in India and Pakistan, bringing to 6 the number of Asian campaigns receiving aid. The Board also approved aid for the first time for campaigns in Brazil and Colombia, bringing to 4 the number of campaigns receiving aid in South America. With one campaign in the Eastern Mediterranean area (Ethiopia), campaigns in 30 countries are now being aided by UNICEF.

campaign activities will probably have to continue in several countries for from eight to ten years more. As incidence is reduced it will be important to find campaign techniques that keep costs as low as possible, and that are coupled with practical and inexpensive environmental sanitation measures of importance in preventing a large-scale recurrence of the disease.

Trachoma

52. In relation to the extent of the problem, only a start has been made in campaigns to control trachoma. By the end of 1960 projects receiving UNICEF aid had treated only 9.5 million of the estimated 400 million persons affected; the number to be treated in 1961 was

estimated at about 2.5 million. At the current time, UNICEF is aiding 12 projects against trachoma and related eye diseases, mainly in countries bordering the Mediterranean, but also in several countries in Asia (where the largest project is in Taiwan). Annual allocations have totalled somewhat less than \$300,000 a year.

53. Because of wide differences in the epidemiology of the disease, effective control is not possible without studies to define clearly the local factors, to find methods to reach pre-school children and family contacts and to develop environmental sanitation and health services as parallel activities. Studies are being made, under WHO auspices, to find effective and economical methods which, it is hoped, will make large-scale control measures possible.

VI. NUTRITION

54. Many children in the world's economically under-developed countries are hungry in the sense that they simply do not receive enough food to satisfy their appetite. Many who obtain enough calories from their daily diet to forestall the actual sensation of hunger are hungry in a different sense; their diet is deficient in one or more of the other essential nutrients. Protein malnutrition is a particularly widespread threat to the children of economically under-developed countries. In some cases high-quality protein foods are not available at a price the average family can afford to pay; in other cases faulty traditional food habits or taboos prevent their use. Whatever the cause, the damage inflicted by severe protein malnutrition in childhood materially reduces the child's chances of becoming a healthy and alert adult.

55. In recent year UNICEF has been giving growing attention to the need for action of permanent value in improving child nutrition. For 1959 and 1960 allocations for child nutrition averaged over \$7 million a year. This contrasts with an average of somewhat more than \$3 million a year for 1957 and 1958. The four main types of aid given by UNICEF are described below (paras. 56-70).

Nutrition education and related practical activities

56. In 1957 the UNICEF Board decided on an expanded effort to help Governments teach the rural family to make the best use of available and possible local food resources. In a number of countries in recent years the expansion of community development programmes, agricultural and home extension services, health services (including mothers' clubs associated with health centres) and schools (including those serving adults as well as children) have opened up new channels for reaching villagers with simple methods for improving their nutrition.

57. UNICEF is currently aiding projects in twenty-two countries which help increase food production in

villages through such means as school and community gardens, poultry and small animal raising, fish culture and food preservation, and which serve to provide villagers with practical experience in improving their child nutrition practices. As part of the projects, UNICEF also helps the training of nutrition workers and the carrying out of nutrition surveys to establish the facts upon which practical programmes must be based.

58. Allocations for projects of this type in 1959 and 1960 averaged about \$1 million a year, primarily in Asia and the Americas. There is need for a considerable expansion of this type of aid not only in these regions, but in Africa and the Eastern Mediterranean as well.

Milk and vitamin distribution

59. As has been set forth in the report of the January 1961 Board session (E/3439-E/ICEF/407, para. 44), the curtailed milk supply situation which UNICEF faced early last year has considerably improved. The distribution of skim milk (and accompanying vitamin A and D capsules), besides bringing immediate benefits to children, is being used more and more as a means for developing nutrition education activities in health centres and schools.

60. In 1961 UNICEF expects to ship about 100 million pounds of cost-free milk powder for supplementary feeding programmes in forty-eight countries. (This compares with 65 million pounds shipped in 1960.) About two-thirds of the milk will be distributed through maternal and child health centres in order to reach the age groups in which the protein deficiency is most serious. Distribution of milk through maternal and child health centres also encourages attendance. About one-third of the milk will be through school feeding projects in which the distribution is an essential part of a nutrition education plan. In 1960 allocations for vitamin capsules and ocean freight of the milk amounted to \$2.2 million. If industrial tests currently under way are successful it will be possible in the future to fortify the powdered skim milk directly with vitamins A and D.

Milk conservation

61. In terms of average wages, milk is a costly item in most economically under-developed countries. Milk conservation projects seek not only to stimulate local production of safe milk but to put more of it within the reach of children and mothers in the lower income groups of urban areas. A part of the milk processed in projects jointly aided by UNICEF and FAO is bought by the ministries of health and education and by municipalities and hospitals for free distribution in health centres, schools and institutions. In some cases public authorities subsidize the price of milk for sale in poor districts.

62. However, as a result of a recent evaluation of experience, additional measures are now being encouraged to make larger quantities of milk available to those in need of it. Considerable technical effort is being devoted to making a substantial part of the output of the milk processing plants as cheap as possible. This is done through reduction of the butter fat while retaining the essential protein and mineral content; by mixing fresh milk with cheaper skim milk reconstituted from powder ("toning"); and by bulk distribution schemes under hygienic safeguards. At the same time the price of milk is also lowered through other means; for example, by creating steady and enlarged markets for milk and teaching the farmers to increase their production. Aid for training of dairy personnel is being increased to meet the requirements for expanded milk production and plant operations.

63. At the current time UNICEF is aiding milk conservation schemes in twenty-six countries. In the period 1958-1960 an average amount of \$2.2 million a year was allocated for milk conservation, 60 per cent of it going to projects in Asia and 23 per cent to projects in the Americas. In 1960 the allocation for milk conservation amounted to \$3.1 million.

Other protein-rich foods

64. In many areas there are no early prospects of developing an adequate milk supply at a low enough cost to meet the problem of protein deficiency. This has led to a joint programme by UNICEF, FAO and WHO, together with the Rockefeller Foundation and nutrition workers throughout the world, for developing (from materials not previously used as human food) new protein-rich foods which are nutritionally safe and acceptable to infants and children; and which are capable of being produced locally and distributed at a low cost.

71. When the General Assembly in 1950 (resolution 417 (V)) directed UNICEF to turn its attention to the long-range needs of children, it did not preclude emergency aid from UNICEF to help alleviate the suffering of mothers and children in times of disaster.

The products under study and development include fish flour and proteins from plant sources (such as soya products, and peanut and cottonseed flour).

65. A pilot fish-flour plant in Chile, assisted by UNICEF, is nearing completion, and production trials will be made shortly afterwards. In addition, close contact is maintained with many other efforts in various parts of the world to develop fish flour for human consumption.

66. Several products and mixtures from plant sources which are suitable for infants and children have been developed with the advice of the WHO/FAO/UNICEF Protein Advisory Group, and several others are nearing approval. Aid is being given for acceptability tests to find the best ways of introducing these products or mixtures into local diets. The tests involve the co-operation of local clinic personnel, nutritionists, dieticians and home economists.

67. A start has been made on the next phase; namely, the transition from the testing stage to that of developing technical methods for large-scale production. In India two plants for the production of edible peanut flour, in Nigeria a peanut-flour/milk-powder plant, and in Indonesia a plant for the production of a dry soy milk have been receiving aid from UNICEF. In Central America, a cheap, palatable and effective all-vegetable protein mixture, based upon cottonseed flour, has been developed by the Institute for Nutrition of Central America and Panama.

68. The next main task is to secure the introduction of these new foods through health centres and school lunch programmes, and to promote their sale through regular market channels in order to ensure their establishment in national dietary patterns, particularly for mothers and children in lower-income groups.

69. Recently FAO and UNICEF have been devoting considerable attention to exploring with Governments the best methods of securing the large-scale production and distribution of the products. The United Nations Children's Fund might aid in strengthening quality control procedures by, *inter alia*, equipping laboratories and providing fellowships for the training of technologists and providing imported processing equipment. It might also assist financially in introducing the new foods into the diets of children through child-feeding programmes.

70. The FAO/UNICEF Joint Policy Committee will be reviewing progress in this field at its next session in May 1961, and its report and recommendations will be considered by the UNICEF Board at its June 1961 session.

72. In 1960, UNICEF allocations for emergency aid totalled \$1.5 million, or 5.9 per cent of programme allocations. (This was somewhat higher than emergency aid allocations in 1959 and about four times higher than such allocations in 1958 and 1957.) The alloca-

VII. EMERGENCY AID

tions voted in 1960 were for the mother and child victims of earthquakes (Chile, Morocco); cyclones (Mauritius, Pakistan); famine (Congo: Leopoldville; Mauritania); refugees (in Morocco and Tunisia); and child feeding (in destitute west Jordan villages).

73. Particular attention is paid to the timing and scale of the aid given in order to ensure that it shall be

distributed in co-ordination with aid available from other sources, and shall not duplicate it. In many cases UNICEF provides a type of aid not given by the other agencies assisting in the emergency. Wherever practical, UNICEF tries to encourage a return to normal living by aiding in the rehabilitation of disrupted health and other services.

VIII. TRAINING

74. Special mention is made of training, since it is increasingly recognized as a key element in projects receiving UNICEF aid. It has become clear to UNICEF that the drastic shortage of trained staff is a major obstacle to the extension and improvement of the quality of services with which UNICEF is concerned.

75. For the most part, UNICEF aid has been for within-country training schemes.¹³ At first the emphasis on UNICEF aid was mainly on developing training courses for persons providing services direct to the mothers and children (usually auxiliary staff such as practical nurses and traditional birth attendants). More recently attention has also been directed to bringing the training of professional personnel (such as nurses, midwives, nutritionists and social workers) up to recognized professional standards; to orienting public health doctors and nurses in paediatrics and preventive medicine; and to providing suitable training for "directing" staff capable of planning and executing programmes at the central, district and provincial levels. Increasing attention is also being given to training persons who can

develop national training schemes and teach. The aid for training is usually given as part of a larger project for which UNICEF provides supplies and equipment.

76. In the last three years (1958-1960), UNICEF allocations specifically for training amounted to 7 per cent of all programme allocations, and to 23 per cent of the allocations to the projects of which they were a part. In the main this help took the form of supplies, equipment and teaching aids for training institutions and centres, and demonstration units; vehicles for the transportation of training supervisors and for the field practice of students; stipends in local currency to help defray additional living expenses and travelling costs of the trainees while they are away from home; and, under certain circumstances, the salaries of teaching personnel.

77. At its session in March 1960, the Executive Board agreed on the necessity for a comprehensive survey to evaluate UNICEF aid in this field and the possibilities of increasing its effectiveness. This survey, sections of which have been undertaken for UNICEF by FAO, WHO and the Bureau of Social Affairs of the United Nations Secretariat, will be a major agenda item at the June 1961 UNICEF Board session.

¹³ For references in this report to training aspects of various types of aid see paragraphs 29, 32, 34-36, 45, 57, 62 and 69.

IX. AID TO AFRICA

78. The General Assembly, at its fifteenth session, unanimously adopted a resolution (1507 (XV)) in which, *inter alia*, it encouraged UNICEF "to increase aid to countries passing through difficult transitional stages, particularly in Africa, without prejudicing the level of aid to other countries requiring assistance".

79. The UNICEF Executive Board at its last two sessions—in March 1960 and January 1961—recognized the need to expand activities in Africa, while at the same time being in a position to meet the large demands for UNICEF aid from other economically under-developed areas. The policy and administrative action the Board took with regard to introducing greater flexibility in meeting the special needs in Africa have been reported to the Economic and Social Council (E/3336-E/ICEF/398, paras. 28, 52-62; and E/3439-E/ICEF/407, paras. 20, 22).

80. In 1960 UNICEF allocated over \$3.7 million to

countries on the continent of Africa.¹⁴ Since 1955, UNICEF allocations to Africa have exceeded \$2 million a year and in 1958 and 1959 they exceeded \$2.5 million. Currently UNICEF is aiding over 130 projects in thirty-eight African countries and territories.

81. The major emphasis thus far in UNICEF aid to Africa has been on mass campaigns to reduce certain endemic diseases. These have accounted for about two-thirds of the allocations to the continent. In countries south of the Sahara malaria eradication programmes have not yet been developed; however, some 4.2 million persons on the continent are currently being protected in malaria control projects. Leprosy control projects now provide treatment for 860,000 cases, almost one-

¹⁴ This includes aid for the following countries on the continent of Africa, which are ordinarily included in the eastern Mediterranean area in UNICEF statistics: Ethiopia, Libya, Somalia, the Sudan and the Egyptian region of the United Arab Republic.

third of the estimated 2.3 million cases on the continent. Yaws campaigns have treated 16.7 million persons so far, or about 40 per cent of all known cases in Africa.

82. In many parts of the continent, the disease control campaigns have now progressed to the point where Governments can direct increased attention to the creation and expansion of permanent health and family and child welfare services. To date about 20 per cent of UNICEF allocations to Africa have gone for projects in this field. (The aid given in Africa for mothercraft and homecraft projects is referred to in paragraph 35.)

However, it is clear that the 1,600 units providing maternal and child health services, which UNICEF has thus far helped equip in twenty-six countries and territories, constitute only a very modest beginning in relation to the need. Of considerable long-term importance, however, is the fact that aid for training schemes constitutes a major feature of most of the basic health projects aided. Aid for long-range nutrition activities has barely begun, and it is in this field, as in that of health services, that the greatest opportunities exist for expansion of aid in the future.

X. SUMMARY OF MAJOR TRENDS

83. A number of major trends continuing or emerging in 1960 have been called to the Council's attention in the Board's reports on its sessions held in March 1960 (E/3336-E/ICEF/398) and in January 1961 (E/3439-E/ICEF/407). The main points in those reports, and in this report, which may be of interest to the Council are as follows:

Financial

A continuation of modest annual increases in UNICEF income but less than the increasing opportunities for effective UNICEF and annual increases in requests for aid.

An encouragement of increased support from private fund-raising campaigns.

A change in allocation procedures to put UNICEF resources to more rapid use.

Administrative

Adaptation of the organizational structure of UNICEF to meet changing needs and to ensure optimum and economic operations. An administrative survey in 1960 laid the basis for the consideration of changes by the Board.

Adoption of measures to control and limit documentation.

Review of programme progress

Continuation of detailed critical reviews by the UNICEF Board on progress in various types of assistance in order to establish policy regarding future aid. At its June 1961 session, a review will be made of work in the fields of aid for training, malaria eradication and tuberculosis control, and nutrition.

A general review at the June 1961 Board session of the orientation of UNICEF aid generally, and for individual types of programmes; a review also of the forecast of requests for allocations during the period 1961-1963 and the balance between requests for various types of aid.

Consideration by the Board at its June 1961 session of a survey of children's needs in order to determine

the most important areas requiring additional national efforts and international aid.

Main programme trends

Emphasis on improvement of the quality as well as the quantity of services. This includes more effective aid for trained national staff. It also includes encouragement of programmes which have prevention as their principle objective and which have an enduring educational effect on the population, particularly mothers and children.

Emphasis on increasing action of permanent value in child nutrition. The acceleration of UNICEF allocations for nutrition has resulted in a need for increased technical support from FAO, and this has led to problems of financial relations between the two agencies, which have yet to be solved.

Continuation of the Board's primary interest in aiding countries to establish networks of basic health services for mothers and children, and concern that progress in this field has been slower than desired.

Emphasis on helping countries develop multi-sided projects which combine several related elements, such as health, nutrition, agriculture and home economics extension, social services, and education. Recognition, as a result of this, of the need for simplified procedures to co-ordinate all the necessary elements of international advice and aid.

Attention to finding better ways of meeting the special needs of the least developed countries, and those going through difficult transitional stages, such as those in Africa.

Intensification, wherever possible, of the effectiveness of UNICEF aid to countries in carrying out programmes of economic and social improvement, without at the same time losing sight of the special needs of children and the humanitarian objectives of UNICEF.

Concern with the growing needs of the future resulting from increases in child population and rapid urbanization.

Desire to find effective ways of providing UNICEF aid to help countries meet the wider social needs of children — as well as to protect them against disease and hunger — in order to enable them to contribute effectively as adults to the economic and social improvement of their countries.

ANNEXES

ANNEX I

Government contributions to UNICEF, 1958-1960, and note on increased contributions for 1961
(In US dollars)

Country	1958	1959	1960
Afghanistan	8,000	10,000	10,000
Argentina	123,810	18,072 ^a	18,072
Australia	501,760	501,760	537,600
Austria	38,462	38,462	47,231
Belgium	135,000	200,000	160,000
Brazil	982,364	998,541	478,000
British Honduras	—	350	350
Brunei	1,633	1,633	1,633
Bulgaria	2,650	2,206	7,353
Burma	56,000	56,000	56,000
Byelorussian Soviet Socialist Republic	37,500	37,500	37,500
Cambodia	2,500	2,500	3,000
Canada	669,063	679,073	670,751
Ceylon	14,726	14,726	14,726
Chile	80,000	80,000	80,000
China	10,000	15,000	15,000
Colombia	255,587	255,297	11,429
Congo (Brazzaville)	—	—	3,930
Costa Rica	30,000	30,000	30,000
Cuba	—	—	75,659
Czechoslovakia	34,722	34,722	34,722
Dahomey	—	—	5,000
Denmark	72,400	72,400	72,400
Dominican Republic	20,000	20,000	20,000
Ecuador	9,478	10,000	10,000
El Salvador	— ^b	20,000	20,000
Ethiopia	12,000	12,000	18,000
Federation of Malaya	24,500	24,500	24,500
Finland	15,625	19,687	19,688
France	738,095	740,000	748,240
Gabon	—	—	5,000
Gambia	—	—	1,680
Germany, Federal Republic of	476,190	523,810	595,238
Ghana	28,000 ^c	14,000	16,800
Greece	51,737	10,000 ^b	32,000
Guatemala	40,000	—	—
Guinea	—	—	8,097
Haiti	10,000	—	—
Holy See	1,000	1,000	1,000
Honduras	20,000	20,000	20,000
Hong Kong	3,500	3,500	3,500
Hungary	—	12,876	12,876
Iceland	10,683	16,560	10,646
India	377,708	482,781	629,781
Indonesia	100,000	100,000	100,000
Iran	200,000	240,000	260,000
Iraq	56,000	56,000	56,000
Ireland	10,220	7,000	2,800
Israel	27,778	29,176	28,000
Italy	96,000	288,000	288,000
Japan	130,000	130,000	150,000
Jordan	2,240	2,244	2,797
Korea	2,000	2,000	2,000
Laos	—	500	500
Lebanon	6,319	9,141	9,221
Liberia	5,000	5,000	5,000
Libya	3,500	— ^d	7,000 ^e

ANNEX I (continued)

Country	1958	1959	1960
Liechtenstein	468	702	702
Luxembourg	5,000	5,000	5,000
Mexico	300,000	500,000	500,000
Monaco	952	2,041	2,041
Morocco	17,760	17,887	17,921
Netherlands	78,947	78,947	78,947
New Zealand	210,000	210,000	210,000
Nicaragua	10,000	10,000	10,000
Niger	—	—	2,041
Nigeria	—	—	21,000
North Borneo	327	327	327
Norway	67,200	67,200	67,200
Pakistan	75,600	75,534	96,600
Panama	10,000	10,000	10,000
Paraguay	10,000	10,000	10,000
Peru	90,909	74,947 ^a	58,077 ^a
Philippines	95,500	102,462	125,000
Poland	50,000	50,000	50,125
Romania	25,000	25,000	25,000
Sarawak	8,167	3,267	8,167
Sierra Leone	280	280	280
Singapore	6,533	6,533	6,533
Spain	23,810	23,810	33,333
Sudan	9,989	10,000	9,969
Sweden	212,355	260,618	260,618
Switzerland	269,100	269,100	269,100
Thailand	154,500	150,000	78,576
Tunisia	4,000	8,160	8,160
Turkey	160,714	161,071	194,444
Ukrainian Soviet Socialist Republic	75,000	75,000	75,000
Union of South Africa	—	—	23,000
Union of Soviet Socialist Republics	500,000	500,000	500,000
United Arab Republic — Egypt	55,248	106,907	106,908
United Arab Republic — Syria	7,222	8,333	9,722
United Kingdom	658,000	658,000	938,000
United States of America	11,000,000	11,000,000	12,000,000
Upper Volta	—	—	3,061
Venezuela	25,000	—	—
Viet-Nam	2,000	5,000	7,500
West Indies Federation:			
Antigua	117	117	117
Grenada	583	583	583
Jamaica	5,610	5,621	8,396
Trinidad and Tobago	7,000	7,000	7,000
Yugoslavia	200,000	200,000	200,000
GRAND TOTAL	19,966,641	20,547,464	21,517,168

^a The decrease in the contribution is due mainly to the fluctuation of the rate of exchange of the national currency towards the United States dollar.

^b 1957 accounts included two contributions of \$20,000 each for 1957 and 1958.

^c The fiscal year of this Government does not coincide with the calendar year; two annual

contributions of \$14,000 each are shown in 1958 accounts.

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

^e The contribution recorded for 1960 is in respect of the years 1959 and 1960.

NOTE ON INCREASED CONTRIBUTIONS FOR 1961

Several governments have announced increased contributions for 1961. The Federal Republic of Germany will lift its support to \$1,375,000, an increase of 120 per cent over 1960. France will contribute \$1,109,184, or 48 per cent more. An increase of 41 per cent will be forthcoming from the USSR, the Byelorussian SSR and the Ukrainian SSR, which together will give \$862,500. Switzerland has decided to increase its contribution to \$348,837. Norway has increased its contribution to \$108,920 and Sweden is planning to raise its support to \$293,436. It is expected that other governments will announce increased pledges in the course of 1961.

ANNEX II

Allocations approved in 1960, by country

(In US dollars)

	Allocations to cover		Allocations returned *
	Long-range aid	Emergencies	
I. AFRICA	2,072,500	909,000	177,813
II. ASIA	6,661,756	30,109	245,700
III. EASTERN MEDITERRANEAN	3,682,755	324,082	81,893
VI. EUROPE	1,384,794	—	20,724
V. THE AMERICAS	7,398,891	275,000	220,775
VI. ASSISTANCE BENEFITTING MORE THAN ONE REGION ^b	3,115,000	—	10,343
TOTAL (I-VI)	24,315,696	1,538,191	757,248
VII. OTHER ASSISTANCE:			
Operational services	1,260,900	—	(5,211)
VIII. ADMINISTRATION	972,200	—	58,422
TOTAL (VII-VIII)	2,233,100	—	53,211
GRAND TOTAL	28,086,987	—	810,459
I. AFRICA			
Basutoland	28,000	—	—
Cameroun	7,500	—	—
Congo (Leopoldville)	—	536,000	—
Dahomey	18,000	—	—
French Equatorial Africa ^c	—	—	53,997
French West Africa ^c	—	—	55,560
French West Africa, Cameroons and Togoland ^c	—	—	36,457
Ghana	117,000	—	67
Ivory Coast	108,000	—	—
Kenya	393,000	—	—
Liberia	152,000	—	725
Madagascar	116,000	—	—
Mali ^d	36,000	—	—
Mauritania	11,000	20,000	—
Mauritius	—	55,000	—
Morocco	167,000	133,000	4,700
Niger ^d	13,000	—	—
Nigeria	284,000	—	—
Northern Rhodesia	—	—	12,000
Nyasaland	—	—	8,307
Senegal ^d	106,500	—	—
Tanganyika under British administration	90,000	—	—
Tunisia	42,000	165,000	—
Uganda	196,500	—	6,000
Upper Volta ^d	187,000	—	—
AREA TOTAL	2,072,500	909,000	177,813
II. ASIA			
Afghanistan	493,598	—	—
Burma	803,000	—	2,794
Cambodia	11,500	—	1,072
Ceylon	24,000	—	9,727

ANNEX II (continued)

	Allocations to cover		Allocations returned ^b
	Long-range aid	Emergencies	
II. ASIA (continued)			
China (Taiwan)	286,000	—	—
Federation of Malaya	136,000	—	—
Hong Kong	—	—	1,529
India	2,797,684	—	202,839
Indonesia	684,000	—	—
Korea, Republic of	—	109	—
Laos	19,000	—	—
Netherlands New Guinea ^a	11,500	—	469
New Hebrides	—	—	328
North Borneo	48,000	—	3,499
Pakistan	617,045	30,000	19,389
Philippines	300,000	—	2,554
Sarawak	13,000	—	500
Singapore	—	—	1,000
Solomon Islands	929	—	—
Thailand	323,500	—	—
Viet-Nam, Republic of	93,000	—	—
AREA TOTAL	6,661,756	30,109	245,700
III. EASTERN MEDITERRANEAN			
Aden	59,000	—	—
Ethiopia	220,500	—	—
Iran	961,500	—	2,021
Iraq	346,000	—	32,628
Jordan	49,000	324,000	—
Lebanon	11,321	—	—
Libya	50,500	—	—
Somalia	78,000	82	1,347
Sudan	103,000	—	—
Turkey	1,245,000	—	—
United Arab Republic:			
Egypt	395,434	—	34,884
Syria	163,500	—	11,013
AREA TOTAL	3,682,755	324,082	81,893
IV. EUROPE			
Austria	—	—	2,871
Greece	200,000	—	—
Italy	39,000	—	2,340
Poland	178,000	—	4,381
Spain	415,400	—	11,132
Yugoslavia	552,394	—	—
AREA TOTAL	1,384,794	—	20,724
V. THE AMERICAS			
Argentina	285,000	—	—
Bolivia	161,000	—	—
Brazil	411,000	—	135,543
British Guiana	80,000	—	—
British Honduras	18,000	—	1,178
Chile	81,500	275,000	4,546
Colombia	866,253	—	8,670
Costa Rica	145,000	—	10,900
Cuba	132,000	—	—
Dominican Republic	174,592	—	—

ANNEX II (continued)

	Allocations to cover		Allocations returned ^a
	Long-range aid	Emergencies	
V. THE AMERICAS (continued)			
Ecuador	526,515	—	17,006
El Salvador	270,000	—	19,344
French Guiana (Department of France) ...	13	—	—
Guatemala	347,400	—	4,187
Haiti	122,000	—	—
Honduras	266,000	—	1,082
Mexico	1,754,000	—	—
Nicaragua	321,000	—	—
Panama	260,000	—	—
Paraguay	469,000	—	—
Peru	477,618	—	14,992
Surinam	19,000	—	—
Uruguay	71,000	—	—
Venezuela	—	—	3,222
West Indies			
Dominica	—	—	10
Jamaica	42,000	—	—
St. Kitts	—	—	95
Trinidad and Tobago	69,000	—	—
Regional nutrition seminar	30,000	—	—
AREA TOTAL	7,398,891	275,000	220,775
VI. ASSISTANCE BENEFITING MORE THAN ONE REGION			
Aid for project preparation	25,000	—	—
Reimbursement to FAO for project personnel and fellowships	502,000	—	10,343
International Children's Centre	300,000	—	—
Nutrition surveys	50,000	—	—
Training survey	18,000	—	—
Freight on milk	1,850,000	—	—
Vitamin capsules	370,000	—	—
INTERREGIONAL TOTAL	3,115,000	—	10,343

^a Consists of returns from previous allocations (E/ICEF/R.862, E/ICEF/R.1015):

	Dollars
Unspent balances from previously approved allocations	728,550
Reimbursement to FAO for project personnel and fellowships	28,698
Operational and administrative costs for 1959	53,211
	810,459

^b Includes global allocation for vitamin capsules and freight on milk.

^c Adjustment of allocations made prior to 1959.

^d Allocations which were approved by the Executive Board in March and September 1958 (E/ICEF/368, Rev.1; E/ICEF/374), to French West Africa for basic maternal and child welfare services are now broken down in the UNICEF records for the relevant countries as follows: Mali, \$74,000; Niger, \$6,000; Senegal, \$70,000; Upper Volta, \$34,000.

^e There is a dispute about the territory, as regards its political status, between the Government of Indonesia and the Government of the Netherlands.

ANNEX III

Allocations ^a approved for long-range program

	Health services (1) ^b	Family and child welfare services (2) ^c	Disease control				Trachoma control (7)
			Malaria eradication and control (3) ^d	BCG vacc. and other TB control (4)	Yaws/VD control (5)	Leprosy control (6)	
I. AFRICA							
Basutoland	25,500	—	—	—	—	—	—
Cameroun	—	—	7,500	—	—	—	—
Dahomey	—	—	—	—	—	16,500	—
Ghana	—	61,800	—	—	—	44,800	—
Ivory Coast	—	—	—	—	70,000	28,100	—
Kenya	161,100	—	—	21,300	—	—	—
Liberia	—	—	142,000	—	—	—	—
Madagascar	106,800	—	—	—	—	—	—
Mali	19,115	—	—	—	—	13,300	—
Mauritania	—	—	—	—	—	10,000	—
Morocco	—	27,600	—	—	108,000	—	—
Niger	—	—	—	—	—	11,500	—
Nigeria	165,200	—	—	—	—	92,700	—
Senegal	33,500	—	41,500	—	—	25,200	—
Tanganyika under British administration	—	83,000	—	—	—	—	—
Tunisia	—	—	—	—	—	—	38,200
Uganda	117,770	62,875	—	—	—	—	—
Upper Volta	39,000	—	—	—	—	30,200	—
AREA TOTAL	667,985	235,275	191,000	21,300	178,000	272,300	38,200
II. ASIA							
Afghanistan	83,600	—	345,000	—	—	—	—
Burma	54,000	—	637,300	17,500	—	21,800	—
Cambodia	10,500	—	—	—	—	—	—
Ceylon	—	—	—	22,000	—	—	—
China (Taiwan)	101,000	—	—	—	23,800	—	136,400
Federation of Malaya	94,400	—	—	29,000	—	—	—
India	170,800	—	4,484	488,800	—	111,000	29,700
Indonesia	350,900	6,400	—	45,500	—	16,300	8,100
Laos	17,500	—	—	—	—	—	—
Netherlands New Guinea	—	—	10,500	—	—	—	—
North Borneo	14,700	—	29,000	—	—	—	—
Pakistan	390,200	—	2,045	97,500	—	19,100	44,000
Philippines	214,800	16,700	—	25,000	—	—	—
Sarawak	—	—	—	12,000	—	—	—
Solomon Islands	—	—	—	—	—	929	—
Thailand	137,500	14,500	—	42,400	—	38,000	—
Viet-Nam, Republic of	51,000	—	—	33,500	—	—	—
AREA TOTAL	1,690,900	37,600	1,028,329	813,200	23,800	207,129	218,200
III. EASTERN MEDITERRANEAN							
Aden	54,300	—	—	—	—	—	—
Ethiopia	97,760	7,740	—	50,900	29,000	—	—
Iran	—	—	751,800	17,700	—	—	—
Iraq	—	—	314,600	—	—	—	—
Jordan	—	—	44,823	—	—	—	—
Lebanon	2,321	—	8,200	—	—	—	—
Libya	15,020	—	—	—	—	—	—
Somalia	9,200	—	62,500	—	—	—	—
Sudan	42,725	—	51,500	—	—	—	—
Turkey	92,935	22,600	895,000	34,500	—	—	—
UAR, Egypt	8,640	20,000	284,434	—	—	—	—
UAR, Syria	—	—	147,220	—	—	—	—
AREA TOTAL	322,901	50,340	2,560,077	103,100	29,000	—	—

in 1960, by country and type of programme

Other (8) ^e	Sub-total (9)	Nutrition					Sub-total (15)	Primary education: health and nutrition aspects (16)	Freight (17)	Grand total (18)
		Child feeding (10) ^f	Milk conservation (11)	Other high- protein food development (12) ^g	Nutrition education and related activities (13)	Other nutrition (14)				
—	—	—	—	—	—	—	—	2,500	28,000	
—	7,500	—	—	—	—	—	—	—	7,500	
—	16,500	—	—	—	—	—	—	1,500	18,000	
—	44,800	—	—	—	—	—	—	10,400	117,000	
—	98,100	—	—	—	—	—	—	9,900	108,000	
—	21,300	—	177,000	—	—	—	—	33,600	393,000	
—	142,000	—	—	—	—	—	—	10,000	152,000	
—	—	—	—	—	—	—	—	9,200	116,000	
—	13,300	—	—	—	—	—	—	3,585	36,000	
—	10,000	—	—	—	—	—	—	1,000	11,000	
—	108,000	—	—	—	18,800	—	—	12,600	167,000	
—	11,500	—	—	—	—	—	—	1,500	13,000	
—	92,700	—	—	—	—	—	—	26,100	284,000	
—	66,700	—	—	—	—	—	—	6,300	106,500	
—	—	—	—	—	—	—	—	7,000	90,000	
—	38,200	—	—	—	—	—	—	3,800	42,000	
—	—	—	—	—	—	—	—	15,855	196,500	
—	30,200	—	—	—	—	—	—	17,800	187,000	
—	700,800	—	177,000	—	18,800	—	100,000	172,640	2,072,500	
98	364,598	—	—	—	—	—	—	45,400	493,598	
—	676,600	—	—	—	—	—	—	72,400	803,000	
—	—	—	—	—	—	—	—	1,000	11,500	
—	22,000	—	—	—	—	—	—	2,000	24,000	
—	160,200	—	—	—	—	—	—	24,800	286,000	
—	29,000	—	—	—	—	—	—	12,600	136,000	
69,500	703,484	—	1,420,000	109,000	143,000	—	—	252,400	2,797,684	
40,000	109,900	—	45,000	110,000	—	—	—	61,800	684,000	
—	—	—	—	—	—	—	—	1,500	19,000	
—	10,500	—	—	—	—	—	—	1,000	11,500	
—	29,000	—	—	—	—	—	—	4,300	48,000	
12,000	174,645	—	—	—	—	—	—	52,200	617,045	
20,000	45,000	—	—	—	—	—	—	23,500	300,000	
—	12,000	—	—	—	—	—	—	1,000	13,000	
—	929	—	—	—	—	—	—	—	929	
—	80,400	—	—	—	21,150	—	43,000	26,950	323,500	
—	33,500	—	—	—	—	—	—	8,500	93,000	
161,098	2,451,756	—	1,465,000	219,000	164,150	—	43,000	590,350	6,661,756	
—	—	—	—	—	—	—	—	4,700	59,000	
—	79,900	—	17,800	—	—	—	—	17,300	220,500	
—	769,500	—	106,000	—	—	—	—	86,000	961,500	
—	314,600	—	—	—	—	—	—	31,400	346,000	
—	44,823	—	—	—	—	—	—	4,177	49,000	
—	8,200	—	—	—	—	—	—	800	11,321	
—	—	—	—	—	30,900	—	—	4,580	50,500	
—	62,500	—	—	—	—	—	—	6,300	78,000	
—	51,500	—	—	—	—	—	—	8,775	103,000	
—	929,500	—	—	—	91,000	—	—	108,965	1,245,000	
46,360	330,794	—	—	—	—	—	—	36,000	395,434	
—	147,220	—	—	—	—	—	—	16,280	163,500	
860	2,738,537	—	123,800	—	121,900	—	—	325,277	3,682,755	

	Health services (1) ^b	Family and child welfare services (2) ^c	Disease control				Trachoma control (7)
			Malaria eradication and control (3) ^d	BCG vacc. and other TB control (4)	Yaws/VD control (5)	Leprosy control (6)	
IV. EUROPE							
Greece	—	—	—	—	—	—	—
Italy	—	—	—	—	—	—	—
Poland	54,500	—	—	107,000	—	—	—
Spain	—	—	—	—	8,550	—	—
Yugoslavia	136,900	—	—	—	—	—	—
AREA TOTAL	191,400	—	—	107,000	8,550	—	—
V. THE AMERICAS							
Argentina	84,450	—	105,000	—	—	72,000	—
Bolivia	62,400	—	84,600	—	—	—	—
Brazil	150,400	—	—	37,300	—	118,200	—
British Guiana	65,500	—	7,300	—	—	—	—
British Honduras	—	—	16,400	—	—	—	—
Chile	—	—	—	—	—	—	—
Colombia	6,500	—	602,000	—	—	61,000	—
Costa Rica	—	—	57,500	—	—	—	—
Cuba	120,000	—	—	—	—	—	—
Dominican Republic	4,592	—	148,000	7,900	—	—	—
Ecuador	39,400	—	436,400	15	—	—	—
El Salvador	—	—	245,500	—	—	—	—
French Guiana (Department of France)	13	—	—	—	—	—	—
Guatemala	—	40,900	277,000	—	—	—	—
Haiti	20,100	—	91,000	—	—	—	—
Honduras	73,000	—	170,000	—	—	—	—
Mexico	148,300	20,600	1,364,000	64,600	—	—	—
Nicaragua	—	—	230,100	—	—	—	—
Panama	—	—	237,000	—	—	—	—
Paraguay	173,700	—	232,700	—	—	—	—
Peru	127,918	—	308,700	—	—	—	—
Surinam	—	—	17,300	—	—	—	—
Uruguay	64,500	—	—	—	—	—	—
West Indies:							
Jamaica	—	—	38,200	—	—	—	—
Trinidad and Tobago	—	—	—	—	—	—	—
Regional nutrition seminar	—	—	—	—	—	—	—
AREA TOTAL	1,140,773	61,500	4,731,500	109,815	—	251,200	—
VI. ASSISTANCE BENEFITING MORE THAN ONE REGION							
International Children's Centre, Paris	300,000	—	—	—	—	—	—
Reimbursement to FAO for project personnel and fellowships	—	—	—	—	—	—	—
Nutrition surveys	—	—	—	—	—	—	—
Freight on milk	—	—	—	—	—	—	—
Vitamin capsules	—	—	—	—	—	—	—
Aid for project preparation	—	—	—	—	—	—	—
Training survey	—	—	—	—	—	—	—
INTERREGIONAL TOTAL	300,000	—	—	—	—	—	—
Total project aid	4,313,959	384,715	8,510,906	1,154,415	239,350	730,629	256,400
Freight distribution	370,345	26,425	837,057	112,100	23,050	71,300	25,800
GRAND TOTAL	4,684,304	411,140	9,347,963	1,266,515	262,400	801,929	282,200

(continued)

Other (8) *	Sub-total (9)	Nutrition					Sub-total (15)	Primary education: health and nutrition aspects (16)	Freight (17)	Grand total (18)
		Child feeding (10) †	Milk conservation (11)	Other high- protein food development (12) ‡	Nutrition education and related activities (13)	Other nutrition (14)				
—	—	—	182,000	—	—	182,000	—	18,000	200,000	
—	—	—	—	—	39,000	39,000	—	—	39,000	
—	107,000	—	—	—	—	—	—	16,500	178,000	
—	8,550	—	303,000	—	71,250	374,250	—	32,600	415,400	
4,394	4,394	—	362,400	—	—	362,400	—	48,700	552,394	
4,394	119,944	—	847,400	—	110,250	957,650	—	115,800	1,384,794	
—	177,000	—	—	—	—	—	—	23,550	285,000	
—	84,600	—	—	—	—	—	—	14,000	161,000	
—	155,500	—	—	—	73,400	73,400	—	31,700	411,000	
—	7,300	—	—	—	—	—	—	7,200	80,000	
—	16,400	—	—	—	—	—	—	1,600	18,000	
—	—	—	74,000	—	—	74,000	—	7,500	81,500	
1,753	664,753	—	—	—	122,700	122,700	—	72,300	866,253	
—	57,500	—	—	—	77,300	77,300	—	10,200	145,000	
—	—	—	—	—	—	—	—	12,000	132,000	
—	155,900	—	—	—	—	—	—	14,100	174,592	
—	436,415	—	—	—	3,500	3,500	—	47,200	526,515	
—	245,500	—	—	—	—	—	—	24,500	270,000	
—	—	—	—	—	—	—	—	—	13	
—	277,000	—	—	—	—	—	—	29,500	347,400	
—	91,000	—	—	—	—	—	—	10,900	122,000	
—	170,000	—	—	—	—	—	—	23,000	266,000	
—	1,428,600	—	—	—	—	—	—	156,500	1,754,000	
—	230,100	—	—	—	64,000	64,000	—	26,900	321,000	
—	237,000	—	—	—	—	—	—	23,000	260,000	
—	232,700	—	—	—	—	22,000 ^b	22,000	40,600	469,000	
—	308,700	—	—	—	—	—	—	41,000	477,618	
—	17,300	—	—	—	—	—	—	1,700	19,000	
—	—	—	—	—	—	—	—	6,500	71,000	
—	38,200	—	—	—	—	—	—	3,800	42,000	
—	62,800	—	—	—	—	—	—	6,200	69,000	
—	—	—	—	—	30,000	30,000	—	—	30,000	
1,753	5,094,268	—	74,000	—	370,900	22,000	466,900	635,450	7,398,891	
—	—	—	—	—	—	—	—	—	300,000	
—	—	—	181,100	—	320,900	—	502,000	—	502,000	
—	—	—	—	—	50,000	—	50,000	—	50,000	
—	—	—	—	—	—	—	—	1,850,000 ^d	1,850,000	
—	—	336,000 ^a	—	—	—	—	336,000	34,000 ^d	370,000	
—	—	—	—	—	—	—	—	—	25,000	
—	—	—	—	—	—	—	—	—	18,000	
—	—	336,000	181,100	—	370,900	—	888,000	1,884,000	3,115,000 ^d	
213,605	11,105,305	336,000	2,868,300	219,000	1,156,900	22,000	4,602,200	143,000	3,723,517	
20,140	1,089,447	1,884,000	267,800	21,000	48,500	2,000	2,223,300	14,000	(3,723,517)	
233,745	12,194,752	2,220,000	3,136,100	240,000	1,205,400	24,000	6,825,500	157,000	24,315,696 ^d	

(See footnote on p. 22)

FOOTNOTE TO ANNEX III

^a All project allocations (columns 1-16 inclusive) exclude freight, which is shown in column 17.

^b Includes environmental sanitation:

	<i>Dollars</i>
Senegal	33,500
Bolivia	17,300
Brazil	38,300
British Guiana	35,000
Cuba	78,700
Dominican Republic	4,079
Mexico	111,500
Paraguay	68,000
Peru	29,911
Uruguay	7,800

^c Includes mothercraft and homecraft:

Ghana	61,800
Morocco	27,600
Tanganyika	83,000
Uganda	41,875

Social services:

Uganda	21,000
Indonesia	6,400
Philippines	16,700
Thailand	14,500
Ethiopia	7,740
Turkey	22,600
UAR, Egypt	20,000
Guatemala	40,900
Mexico	20,600

^d Includes DDT production:

India	4,484
Pakistan	2,045
UAR: Egypt	2,934

Handicapped:

Yugoslavia	<i>Dollars</i> 44,000
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^e Includes bilharziasis:

Philippines	20,000
UAR: Egypt	46,360

Penicillin production:

Pakistan	12,000
Yugoslavia	4,394

Typhus control:

Afghanistan	18,000
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Vaccine production:

Afghanistan	1,598
India	69,500
Indonesia	40,000
Colombia	1,753

^f Dried milk provided for child feeding appears in column 17 ("Freight") as a global allocation; computed on the basis of an average cost of 2.5 cents per pound for ocean freight on cost-free milk. Individual country allocations will be charged at a later stage with the freight costs for the milk shipped.

	<i>Dollars</i>
^g Includes edible peanut flour production in India	109,000
"Saridele" (vegetable milk) production in Indonesia	110,000

^h Goitre control.

ⁱ Constitutes a global allocation for vitamin capsules. Individual country allocations will be charged at a later stage.

	<i>Dollars</i>
^j Includes project preparation	25,000
Training survey	18,000

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