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Page 6
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CF-RAD-USAA-DB01-2000-05829

Ill Document Register Number [auto] **CF-RAD-USAA-DB01-2000-05829**

ExRef: Document Series / Year / Number **E/ICEF/1949/142/Add.004 (PDF-Eng)**

Doc Item Record Title

Continuing Needs of Children - Italy

Date Created / On Doc
 1949-Dec-31

Date Registered
 1997-Jan-01

Date Closed / Superseeded

Primary Contact
 Owner Location **Office of the Secretary, Executive Bo = 3024**
 Home Location **Office of the Secretary, Executive Bo = 3024**
 Current Location **Record & Archive Manage Related Functions=80669443**

1: In Out Internal, Rec or Conv Copy?

Fd2: Language, Orig Pub Dist **English , L.Avail: E,F ; L.Orig: E-?**
 Fd3: Doc Type or Format **31pp**

Container File Folder Record
 Container Record (Title)

Nu1: Number of pages
 31

Nu2: Doc Year
 1949

Nu3: Doc Number
 142

Full GCG File Plan Code

Da1: Date Published
 1949-Dec-31

Da2: Date Received

Da3: Date Distributed

Priority

If Doc Series?: **CF/RA/DS/USAA/DB01/2001-0024**

Record Type **A04 Doc Item: E/ICEF 1946 to 1997 Ex Bd**

Electronic Details

No Document

DOS File Name

Alt Bar code = RAMP-TRIM Record Numb : **CF-RAD-USAA-DB01-2000-05829**

Notes

31pp

Document Format Series/Year/SubSeries/Number/Rev: E/ICEF/1949/142/Add.004; Doc
 Series/SubSeries/Year/Number/Rev: E/ICEF/1949/142/Add.004

Doc Series: E/ICEF; Series Valid date on import: 01-Jan-1946; Doc Year: 1949; Doc Number: 0142; Doc

Print Name of Person Submit Images

Signature of Person Submit

Number of images
 without cover

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31

2-sided

United Nations
ECONOMIC
AND
SOCIAL COUNCIL

Nations Unies
CONSEIL
ECONOMIQUE
ET SOCIAL

GENERAL
E/ICEF/112/Add.4
31 December 1949
ORIGINAL IN ENGLISH

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

Executive Board

CONTINUING NEEDS OF CHILDREN IN ITALY

Report of UNICEF Mission to Italy

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FOREWORD

In December 1949 a preliminary report on "Continuing Needs of Children from the International Viewpoint" was submitted by the Secretary-General to the Social Commission E/CN5/177;E/CN5/177/Add.1). Included in this report is a statement by the UNICEF Administration on "The Extent of Needs for International Assistance for Children in the form of Supplies After June 1950"(E/CN5/177/Add.1, Annex XIV). This statement was based upon data from WHO and FAO, information in the UNICEF files as to Government requests for assistance which it has not so far been possible to meet, and reports from UNICEF Mission Chiefs.

The statement presented a restricted list of needs for supplies amounting to \$75 millions during the three year period 1950/1953, and not provided for by existing UNICEF allocations. Although information is given on the types of supplies and the main geographic areas in which these supplies would be used, the statement gives no illustrations on a country by country basis.

The present paper is one of a series of similar papers forming a portion of the data used in preparing the overall, more general statement of the UNICEF Administration referred to above.

The basis upon which this, and other papers in the series, have been prepared was set forth in the following excerpt from the outline used by the UNICEF Mission Chiefs:

"The information required is not concerned with needs of children in general but rather with needs for which international assistance in supplies is appropriate. This implies (1) a serious problem (2) plans for effective national efforts to meet the problem or where there are at present no plans, possibilities for an effective demonstration project, (3) a necessity for supplies as an integral part of the programme (4) unavailability of the supplies locally." "The supplies should be a necessary part of a programme, or plan for a programme, designed to make a significant contribution of lasting value in meeting child care problems within the country".

The papers in this series have been prepared by the Mission Chiefs on the basis of readily available official data. The conclusions and recommendations are those of the Mission Chiefs based upon data and their own observations and experience. The papers, constituting a first attempt along those lines, are not to be regarded as definitive, nor are the specific data presented or the recommendations made to be regarded in absolute terms; rather these papers should be viewed in terms of illustrating urgent child needs which could be usefully met in a limited immediate future period with the aid of international supply assistance.

Maurice Pato
Executive Director

NATIONAL EFFORTS IN BEHALF OF CHILDREN

To appreciate the maternal and child welfare position in Italy at the present time, it is necessary to consider briefly a little of its history.

For the first time, a serious attempt was made to tackle the problem when a nation-wide organization called ONMI (Opera Nazionale per Madri e Infanzia - National Service for Mothers and Children) was set up between the two wars. This service which was semi-governmental, provided the majority of the towns an establishment consisting of consulting rooms, a mess room, and in many cases kindergartens for small children. In the larger cities several of these establishments were maintained. At these establishments it was possible for any nursing or pregnant mother to obtain pre-natal and post-natal care, and a substantial mid-day meal if the doctor considered that she was under-nourished. Also it was possible for mothers to leave small children in the kindergarten during the day while they were either out to work or caring for other even smaller children. The ONMI establishments were on the whole very good buildings, especially built for the purpose and equipped in the most modern manner. Unfortunately, during the war many were destroyed or badly damaged by bombings and military operations. In addition, several were taken over by the Government or the Occupying Armies for the accommodation of troops and refugees. At the end of the war, ONMI found itself with a tremendous increase in case load, but with the most of their buildings damaged or destroyed and a seriously depleted treasury.

The care of foundlings, orphans, and semi-orphan children, is confined to institutions which are very largely organized and operated by the Church. Before the war these institutions were maintained by small grants from the Government, Church funds, donations from wealthy families, and in some cases incomes from legacies. The end of the war found these institutions in an

extremely bad condition -- more than 50% being totally destroyed or badly damaged. At the same time their incomes were rendered completely inadequate by inflation and general destruction of the economy, and at the same time the government contributions were uncertain and inadequate. In any case, the small incomes they did have were used almost entirely for a hand-to-mouth existence and it was quite impossible for them to rebuild or re-equip their premises. However, on the other hand, their caseload had been increased beyond all imagination as a result of the war.

Regarding the school feeding program, a very small start had been made in certain schools before the war, but to all intents and purposes a real program did not exist. During the Allied Military Occupation, a start was made to set up a school feeding program system. However, the main bulk of the task was carried out by UNRRA and more recently by UNICEF. Under the UNRRA program considerable sums of money were spent to equip schools with kitchen and mess facilities which were previously non-existent and were certainly beyond the capabilities of the school authorities themselves. This pattern is now in being and can be maintained solely by the provision of supplementary ration of the types of food that are not readily available in Italy.

GENERAL CONSIDERATIONS IN INTERNATIONAL ASSISTANCE FOR CHILDREN

In exploring the needs of Italy's children and evaluating approaches for the purposes of relieving future needs, one is handicapped by the fact that it is extremely difficult, if not impossible, to know what the needs are likely to be over the next three-year period and the resources likely to be available to meet such needs. Much of the success of an assistance program depends on the amount of money that can be made available by Governments for this purpose. This is particularly evident in the case of a program which follows the principles operated by UNICEF inasmuch as Governments are required to match the contributions made from outside sources. It must not be forgotten that under present conditions, it is not possible for the Italian Government

to foresee funds for such programs much more than a year ahead -- let alone three years.

Our thinking must now approach the stage beyond the war-caused emergency situation and we must decide whether or not there are the means, the intentions, and the facilities, for an effort to change the chronic conditions existing among the children of Europe, particularly Italy, and other parts of the world. In Europe, while it is true to say that conditions today show a tremendous improvement over the immediate post-war conditions, it should be appreciated that most of the governments have a superhuman task in maintaining the progress that has been achieved so far in this field, let alone rebuilding the shattered countries and tackling the chronic conditions that have existed for some time.

A further three-year program can either be another period of palliative relief, or the beginning of a new era of international help for the foundation of a full-fledged program of social well-being for mothers and children. There is no such thing as remedial work for one segment of a family. Long-range planning for children would always hinge on full employment, adequate housing, and the physical and mental health of the parents. While it is obviously impossible for UNICEF or any other international organization to tackle the larger aspects of this problem, the assistance given so far has enabled governments to concentrate on the longer-term aspects of the problem, such as rebuilding, re-equipping, and general expansion of facilities.

Now that the period of the immediate post-war emergency can be considered as past, it is felt that the thinking of UNICEF should be directed towards ways and means of providing assistance, even though limited, that will be of lasting benefit to the country concerned, and at the same time will provide the focal point for the country's own efforts in this regard. For instance, at the present time there is in Italy a large segment of the population

/which is becoming

which is becoming socially conscious of the needs of the children, but which needs the leadership and stimulation that under present conditions can only be initiated by an international organization, or rather several international organizations working in a unified local program to ensure productive utilization of the resources that are currently available, both locally and internationally, for the specific benefit of mothers and children.

SUMMARY OF MAJOR RECOMMENDATIONS

It is appreciated that many of the requirements set forth below can be provided from indigenous resources. The limiting factor, however, is always the extent to which the government can provide the necessary finances.

In a country like Italy which is still struggling from the after-effects of war and at the same time is heavily over-populated (latest census 45,871,000), it is very difficult for the government to find the necessary funds for an expansion of child health and welfare services.

Regarding the extent of international assistance, it is suggested that the following projects are ones which will show the greatest benefit to Italy and at the same time are such as cannot be carried out wholly by local resources:

- 1) Expansion and intensification of the anti-syphilis campaign;
- 2) Expansion of the BCG vaccination campaign;
- 3) Provision of special scientific and medical equipment for child care services not available from indigenous sources;
- 4) Provision of layettes for expectant mothers;
- 5) Continuation of infant, pre-school and school feeding programs - if necessary limited to the neediest areas;
- 6) Provision of fellowships and training courses to all engaged in the field of maternal and child health.

/Food and Nutrition

FOOD AND NUTRITIONCurrent Problems.

The emergency period which immediately followed the war may now be considered as having terminated but many of the conditions attributable to that period still obtain, although, of course, to a diminishing extent.

The serious situation created, not only in those regions over which the war was actually fought, but in the whole country, was greatly alleviated by the timely arrival of International Aid made available to Italy mainly through UNRRA and UNICEF.

These organizations did not restrict themselves to the actual distribution of relief supplies, but took the opportunity of assisting and advising the Government on methods and procedures for the establishment of a nation-wide system of assistance, on a permanent basis, for the most needy categories of the population.

It is now evident that a properly organized plan of assistance with a special regard to maternal and child welfare is long overdue. Although attempts were made by the Government, some years ago, to introduce a national plan of maternal and child welfare through O.N.M.I. (Opera Nazionale Maternita' Infanzia), a study of the activities of this organization shows that at the commencement of the period 1938-1947 there was a gradual annual increase in the number of institutions functioning, as follows:

1938	-	9,348
1939	-	9,617
1940	-	9,813
1941	-	10,162

whereas following the war period there was a drop to:

1945	-	6,914
1946	-	6,880
1947	-	6,981

although during the same period the total amount expended for this service increased from Lit. 133,196,000.- to Lit. 3,448,821,000.-, about 26 times:

15 times.

Plans for the future.

In this connection it is worth noting that for the first time since the war the National Budget for the financial year 1950/1951 will carry a special code for assistance to be administered centrally along the lines established in collaboration with UNRRA and subsequently continued for the handling of ICEF supplies. This will ensure greater ease of operation as hitherto the welfare activities had been financed by allocations from several Ministries without any real attempt being made at coordination.

Due to the state of the National Treasury the amount now budgeted is however inadequate, but despite this fact it is encouraging to note that the Government is determined to ensure continuity of a central system for the planning and operating of the assistance programme along the lines which have developed as a result of collaboration with the various International Organizations.

The Provisional plans for the continuation of a feeding programme for mothers and children during the next three years will follow, in the main, the features characterized in the current programme. This programme, however, is implemented by and dependent upon commodities such as milk, fats, cod liver oil being imported into the country by UNICEF but the Government plan for the future envisages only the provision of basic food items such as bread, pasta, sugar and fruit. The integration of the essential commodities such as fats, cod liver oil, meat and fish will not be possible as the purchase of these must largely be made outside of Italy necessitating the use of hard currency.

One of the strongest arguments in persuading the Government to organize assistance on the widest scale possible is the matching formula adopted by UNICEF which commits the Government to a minimum programme immediately International Aid is accepted.

This argument has been used with considerable advantage by the welfare

The provision of milk pasteurization plants which has already been initiated with the help of UNICEF will ensure the availability of safe, fresh milk to a certain number of children for at least 5 years and will give an impetus to the plans of the Ministry of Agriculture for increasing indigenous milk supplies.

These plans, of the Ministry of Agriculture, and the effect of the plant brought into the country by the Fund, must necessarily be considered as a long term policy and there will still remain for some years a shortage of safe, fresh milk for children in a large part of the country.

Any cessation of International Aid by way of food supplies to Italy will naturally bring hardship to the categories which up to now have received the most benefit, namely, mothers and children. Undoubtedly, it would result in the diminution in the numbers assisted or reduction in the ration scale and a general lowering in the standard of the feeding operations, so that much of the good work which has been done in the country by the International Organizations will be lost.

The joint plan of assistance which has functioned since 1945 in Italy has perhaps been of most advantage to the permanent Institutions, which to a large extent depend on income from legacies and voluntary contributions. The extremely large rise in the cost of living has not been reflected in their income and has tended to reduce the voluntary subscriptions. The International Aid by way of food which they have enjoyed during these past few years enabled them to direct their finances towards covering the cost of restoration of war damage and the replenishment of household linen, etc. which became practically unobtainable during the war years when supplies from the Industrial North were cut off. In addition they were able to enlarge their scope of assistance and therefore absorb some of the war orphans and abandoned children which became so numerous in the immediate post-war years.

The progress which has been made by these institutions in their individual rehabilitation plans is remarkable and speaks highly of the conscientious spirit which imbues the personnel. A sudden diminution in the resources available for the overall welfare programme would inevitably have a most discouraging effect on these particular organizations and would inevitably result in many children being abandoned to their fate.

Nutritional Condition of Children

That there is need for continued assistance can be demonstrated by the results of an investigation recently conducted by the government in 56 resident summer colonies functioning in various parts of the country. Of a total of 11,438 children examined 6,967 or 61% were found to be in bad or mediocre nutritional condition. Broken down by regions it was found that the conditions in Southern Italy and in the Islands are even worse -- of 2,646 children examined 1,866 or 71% were found to be in bad or mediocre nutritional condition. Annex I contains an analysis of the nutritional value of the food consumed by mothers and children in various social classes in Italy.

A recent report prepared by the Nutrition Institute of the National Research Council states as follows:

"Investigations carried out in various parts of Italy by the Nutrition Institute on the school and pre-school age population show that the habitual diet in these age groups shows sometimes a deficiency in quantity, and more often -- particularly in Central and Southern Italy -- a deficiency of a qualitative nature, especially as regards animal origin proteins (milk and by-products, meat) calcium and iron salts and sometime fats.

As regards "calcium salts" it must be pointed out first that, owing to increased availabilities of cereals, which consequently entails a higher phosphorous ingestion, the disproportion of the calcium-phosphorous group, which is characteristic of the Italian diet, has been accentuated, as there did not exist at the same time an increased availability in foodstuffs which, owing to their high calcium salt contents guarantee a larger share of the latter for the human body and as the Italian legislation prohibits the addition of this previous element to flour and consequently bread.

As concerns "iron"

As concerns "iron" it is impressive to note that the hemoglobin tests carried out on a large number of the above mentioned babies and children show in a high percentage of cases (as high as 60%) very low values (namely 60-70 as compared to the normal value established to 100).

The shortage of fats -- without considering that this keeps the caloric value of the diet low -- sometimes undoubtedly renders the absorption of liposoluble vitamins incomplete, with the consequent appearance of manifestations which refer to the decreased availability of these factors for the human body.

The situation illustrated above is without a doubt more favorable for the babies and children in day-care centers, orphanages and schools -- where there exists a well organized school mess -- who receive an amount of foodstuffs (milk, meat and fats) which eliminates or alleviates considerably the deficiencies which would otherwise be found in the diet.

As to what concerns school messes, which deserve still greater improvement, it is to be noted that, especially in Southern Italy where qualitative and quantitative deficiencies in the children's food ration are often considerably high, they are not very wide-spread owing to organizational difficulty, or as happens in most cases, owing to lack of the necessary funds for the setting up of a kitchen and salaries for adequate personnel."

Recommendations

In the last few years, very tangible aid to the functioning of the existing institutions has been rendered by the food and other materials supplied at first by UNRRA, and subsequently by UNICEF. This extensive aid has enabled ONMI to use their slender resources for other purposes such as re-equipping and rebuilding their institutions. However, it must be faced that if this material aid now ceases, many of the institutions which are now functioning will be obliged to close down their mothers' messes and kindergartens as ONMI does not at present have sufficient means to continue the food assistance -- neither is there the possibility of obtaining the type of foods required such as milk, fats, and meat, on the open market.

In the supplementary school feeding programme great care should be taken to provide those items which are normally deficient in the every-

/day diet of the

day diet of the children. The mid-day meal should be of sufficient quantity and quality to give an average quota of 700 calories. It is, of course, necessary to set up a different pattern for the different parts of the country -- for instance, the intake of fats and proteins should be higher in the south and the Islands than in the north, to counteract the normal diet deficiency brought about by the food habits of the people.

Every effort should be made to increase the school feeding program now confined to pre-school and elementary school messes, to the middle school especially in southern Italy, and the Islands, because this segment of the school population is often badly undernourished.

It is, of course, necessary to provide the poorer communes with the funds and the means for preparing the food.

In addition to material food lacks, it is considered that improvement in nutrition of children would occur from better choice of food, wider use of leafy vegetables and discontinuance of the wide practice of keeping children swaddled and entirely out of the sun. Recognizing that it is better to teach mothers how to look after their children and how to give them sunshine and food supplements, rather than to give them injections once the defects have been established, and recognizing too, the responsibility that UNICEF has currently and after the expiration of the supplementary food programme, to be certain that available local resources (including those of parents better educated in child nutrition and care) are used to the maximum, the following type of project is considered important in Italy:

- 1) Provision of library and educational film materials nationally through UNESCO or some other U.N. agency on home economics and nutrition.
- 2) Arrangement for fellowships for a selected number of Italian students to study abroad in this field.
- 3) Provision through UNICEF or other U.N. agencies of a consultant (or consultants) to work with Italian agencies on a local and national level to develop significant education home economic programmes, particularly in the south of Italy, where mothers and personnel of child welfare institutions may learn modern methods of nutrition.

MATERNAL & CHILD HEALTH & WELFARE

The Public Health Department

The Public Health Department's specific interest in assistance to mothers and children is centered around the General Direction given by it to the various semi Governmental and local agencies that actually carry out the assistance services. In actual fact, the Department does not have a National plan as such but it issues the regulations on which the executive agencies base their activities. Funds for these agencies normally come from either Government contribution or private income.

Mothers and children, of course, directly benefit from the Public Health Budget through the various sectors of Public Health activity such as the anti-tuberculosis campaign, the trachoma campaign, measures taken against endemic diseases and epidemics; (training courses for personnel, prophylaxis for dental care, contributions for the functioning of professional resident schools for child welfare visitors and nurses, scholarships to attend these schools, subsidies and premiums for puericulture institutions, dispensaries for nursing children, and institutions with similar aims).

The Public Health Department also bears entire expenses for assistance to and treatment of the poor, affected by the after effects of acute poliomyelitis by means of special centers and departments set up for this purpose, and also contribute to the expenses for the prophylaxis and campaign against heart disease and acute articular rheumatism.

ONMI - National Service for Mothers and Children

The "Opera Nazionale per la Maternita' e l'Infanzia" (ONMI - National Service for Mothers and Children) is a semi-Governmental agency which is responsible for the study and the solution of all problems pertaining to maternal and child care in Italy. Furthermore, it is responsible for the co-ordination and supervision of all other public and private organizations and

Unfortunately the funds allotted to ONMI are not sufficient to enable them to carry out their tasks properly. As previously mentioned many of these establishments were damaged and destroyed during the war and the only funds allotted for reconstruction, i.e. the UNRRA Lire Fund, is now nearing exhaustion with the task largely uncompleted. The funds allotted by the Treasury (at present seven billion lire per year) is really only sufficient for day-to-day running costs.

There is one most important field which should come under the direct control of ONMI which, due to lack of funds, is still largely in the hands of other public and private institutions. This is the field of nursing babies and children under 3 years of age. While an excellent job is being done by the other institutions, the service offered is woefully inadequate. For instance, in Rome, with a population of approximately 2,077,204 people, there are only two real nursery schools which can accommodate between them 105 children. Regarding the nursing babies, the position is still worse - only one institution exists which can accommodate about 75 infants. Just recently another home has been started to take care of nursing babies born of TB mothers which can accommodate about 50 infants.

The present programme of ONMI may be summarized as follows:

- 1) Pre-natal care (expectant mothers)
- 2) Assistance during delivery;
- 3) Nursing baby care;
- 4) Assistance to children between 1 and 3;
- 5) Assistance to children between 4 and 6;
- 6) Assistance to children between 6 and 12;
- 7) Assistance to adolescents between 12 and 18;

ONMI is especially concerned with some of the above categories, and integrates what is done by other public or private organizations (assistance during delivery and assistance to children above 4).

- 1) Assistance to expectant mothers is carried out by ONMI through the following:
 - a) Maternity consultories;
 - b) Dermosyphilographic consultories and clinics;
 - c) Accommodation in maternal homes;
 - d) Assistance in maternal messes;
 - e) Administration or orthopedic appliances (elastic stockings and elastic belts)
- 2) Medical care during birth:
 - a) Creation of delivery rooms in towns lacking such institutions;
 - b) Accommodation of expectant mothers in clinics or hospital departments.
- 3) Nursing baby care:
 - a) Pediatric consultories;
 - b) Dermosyphilographic consultories and clinics;
 - c) Admission to institutions for nursing babies;
 - d) Provision of wet nurses;
 - e) Clothing and cradles;
 - f) Accommodation of babies born of TB mothers;
 - g) Day nurseries;
 - h) Residential nurseries;
 - i) Maternal messes for nursing mothers;
- 4) Assistance to children from 1 to 3:
 - a) Pediatric consultories;
 - b) Dermosyphilographic consultory clinics;
 - c) Pedagogical, and neuro-psychological consultories;
 - d) Day nurseries;
 - e) Residential nurseries;
 - f) Children's messes;
 - g) Accommodations in institutions;
 - h) Clothing;
- 5) Assistance to children from 4 to 6:
 - a) Pedagogical, and neuro-psychological consultories;
 - b) Dermosyphilographic consultories;
 - c) Subsidies to nursery schools for food;

6) Assistance to minors from 6 to 19:

- a) Accommodation in foundling homes;
- b) Accommodation in preventive institutions;
- c) Accommodation in training institutions (12 - 18 years of age);
- d) Clothing.

In addition, assistance to all children and adolescents physically or psychologically disabled, but liable to recover by accommodation in orthopedic departments or in medical-pedagogical institutions is provided for.

To carry out this assistance, ONMI has its own institutions or also when these are lacking, it avails itself of other institutions adequately equipped where these exist.

In 1948 ONMI institutions were thus divided: (1)

- 2,213 Maternal consultories;
- 3,732 Pediatric consultories;
- 73 Dermosyphilographic consultories;
- 100 Mother and child homes (including a pediatric consultory, a maternity consultory, day nurseries, maternity mess, an assistance office and in some cases, a dermosyphilographic consultory clinic and a neuro-psycho-pedagogical consultory)
- 751 Maternal messes (besides those of the maternity and child homes);
- 98 Day nurseries (besides those of the maternity and child homes);
- 6 Maternity homes;
- 4 Delivery rooms;
- 8 Institutions for the prevention of disease (children from 4 to 12);
- 1 Training institution (12-18 years of age).

(1) The 1948 data may undergo slight variations because reports from some provinces have not come in yet.

Infant Mortality Rates

The following table (source: Public Health Department) on infant mortality gives a good illustration of the position:

INFANT MORTALITY FOR THE YEAR 1947

Regions	Dead during First Year of Life	Infantile mortality Deaths during the First Year of Life Calculated on 1,000 Born Alive	No. of Beds in Hospital and Pediatric Depts.
Piemonte	3,036	66	910
Liguria	1,107	57	996
Lombardia	10,497	92	1,510
Venezia Trid.	1,093	74	157
Veneto	5,656	67	1,320
Emilia	4,116	66	920
Toscana	3,067	58	976
Marche	1,831	69	256
Umbria	1,092	74	101
Lazio	4,942	70	1,045
Abruzzi	4,198	108	65
Campania	10,845	91	540
Puglie	9,739	106	179
Lucania	2,178	125	38
Calabria	5,739	93	59
Sicilia	9,455	82	551
Sardegna	2,075	64	157
TOTAL	80,846	82	10,080

The situation, bad as it is in Rome, is still worse in the South and the Island of Sicily and Sardegna, where in some regions there are no establishments for the accommodation of expectant mothers in need of physical and often moral help.

To correct this state of affairs, ONMI has a program for the re-building and extension of the existing inadequate facilities but so far only very small progress has been made owing to lack of funds.

Hospital Accommodations for Maternity Cases

There is a very serious problem in Italy regarding hospital accommodation which particularly affects the mother and child. The following table shows the percentage of beds in the maternity departments broken down by regions.

	Death during pregnancy delivery	Births (alive or dead)	Mortality per 10,000 births	No. of beds maternity dept. absolute No.	Percentage between col. (1) and col. (2)
Piemonte	82	48,443	17	1,343	2.5
Liguria	42	20,847	19	759	3.6
Lombardia	193	115,887	16	2,643	2.2
Venezia Trid.	30	15,069	18	229	1.4
Veneto	152	84,650	14	1,482	1.7
Emilia	109	63,246	16	1,195	1.9
Toscana	98	53,963	17	1,144	2.1
Marche	61	27,068	22	266	0.9
Umbria	34	15,200	23	387	2.5
Lazio	100	72,211	14	462	0.6
Abruzzi	84	40,760	21	179	0.4
Campania	179	123,204	14	884	0.6
Puglie	139	95,206	14	480	0.5
Lucania	40	18,333	23	35	0.1
Calabria	98	63,822	16	203	0.3
Sicilia	193	118,755	17	603	0.5
Sardegna	62	32,851	20	192	0.5
TOTAL	1,696	1,009,513	16	12,486	1.2

This is a particularly serious matter in a country which has a birth rate of 1,097,461 for the year 1947 (source High Commissariat for Health).

Then the problem of the illegitimate children is worthy of special mention in the general picture of assisted children. Here again the amount of accommodation for this group is lamentably inadequate. The following table gives a good indication of the general picture:

ASSISTANCE TO ILLEGITIMATE BABIES

REGIONS	Beds for nursing babies	Beds for nurses	Beds for weaned	Number of illegitimate births yearly average	Percentage between number of beds for nursing children and No. of illegitimate birth
Piemonte	376	176	369	2,250	16.7
Liguria	295	218	567	1,188	24.8
Lombardia	569	326	284	4,212	13.5
Venezia Trid.	60	66	92	889	6.7
Veneto	577	376	556	3,228	17.8
Emilia	385	258	417	3,619	19.6
Toscana	268	230	497	1,560	17.1
Marche	136	91	137	577	23.5
Umbria	116	61	105	459	25.2
Lazio	535	261	529	3,526	15.1
Abruzzi	113	86	180	1,028	13.8

REGIONS	Beds for nursing babies	Beds for nurses	Beds for weaned	No. of illegitimate births yearly average	Percentage between no. of beds for nursing children and no. of illegitimate births.
Campania	333	176	147	3,684	9.0
Puglie	255	120	145	1,907	13.3
Calabria	118	88	91	2,359	5.0
Sicilia	370	129	168	2,894	12.4
Sardegna	85	25	51	1,016	8.3
TOTAL	4,332	2,689	4,437	35,700	12.9

Infant mortality is especially high among the illegitimates. The death rate due to all causes per thousand live births living at respective ages is as follows:

Ages	Legitimate	Illegitimate
Under 1 month	36.3	58.5
1 month to 1 year	<u>64.8</u>	<u>102.3</u>
Total under 1 year	101.1	160.8

The high death rate is primarily due to the lack of adequate accommodation for the mother and child. In most provinces it is not possible to offer any accommodation until after the birth of the child. The general standard of foundling homes is still woefully low with a serious lack of modern equipment.

Diseases Affecting Children and Mothers

The main diseases which affect children and mothers have been summarized in the following paragraphs:

Tuberculosis: The assistance which is at present implemented in Italy for children affected by primary tuberculosis lesions or by serious forms of organic impoverishment which may lead to tuberculosis, as well as to children who are compelled to live in unhealthy surroundings or in close proximity of persons suffering from tuberculosis, is effected by means of hospitalization in special homes called Preventoria. These homes take in children between the age of 2 and 12.

The space available in these Preventoria is approximately 20,000 beds at the present time. Unfortunately, this availability is inadequate to cover the present requirements which have been estimated by the Public Health Department at 1 bed per 1,000 inhabitants - namely a total of 48,000 beds at the present time. The expansion to the required number at the moment is quite beyond the resources of the Government because each complete bed entails an expenditure of 1,000,000 lire (\$1600), making a total expenditure of 28 billion lire from the entire program.

This year a start has been made on the anti-TB vaccination campaign using BCG vaccine. This campaign is at present limited to two areas - the region of Liguria and the Island of Sicily. The Public Health Department is most anxious to extend the vaccination to cover the whole Italian child population, but the complete realization of this program over a three-year period would require a heavy expenditure on the part of the Government.

Great interest has been aroused by the research on the spread of tuberculosis infection among children by means of observation of tubercular allergy, and if the observation could be made on the children in Italy, a selection of extreme importance for an anti-TB campaign could be made.

Lastly, a mention must be made on the anti-biotics such as streptomycin and other new anti-biotics such as neomycin, the therapeutic efficiency of which is universally known with regard to certain types of tuberculosis. In Italy an average of 4,000 children a year is found to be affected by tuberculosis meningitis or other forms of tuberculosis susceptible to anti-biotic treatment. A great deal of pioneer work has been carried out in Italian hospitals with the aid of streptomycin and very favorable results obtained.

Trachoma: The present anti-trachoma plan which was financed out of the UNRRA Lire Fund is now being implemented, but will come to an end on 31 December 1951. Unfortunately, children are the ones largely affected

complete cure if they are treated with adequate means in the early stages. After 31 December 1951, when the UNRRA Lira Fund is exhausted, it will be necessary to provide funds from other sources. In order to continue the program, the Government is currently studying the question and it is obvious that with the estimated budget availabilities, it will not be possible to maintain the program at the required level.

Venereal Disease: The spread of venereal diseases, particularly in the southern areas, is a problem which has been foremost in the minds of the Government for some time. A demonstration project showing the treatment of syphilis with penicillin was first set up by UNICEF in Naples during 1948. This program has now been extended to cover Rome, Naples, and five of the biggest cities in Sicily—namely, Palermo, Messina, Catania, Agrigento and Siracusa. It is the Government's intention to increase their efforts in this field, particularly in the treatment by means of penicillin, to syphilitic expectant mothers and children affected by congenital syphilis. For this activity alone each year penicillin in oil and aluminium monostearate amounting approximately to 30 billion Oxford units are required. It is not possible to procure this type of penicillin in Italy. It should be noted that the above mentioned amount of penicillin is over and above the amount which is required for treating husbands and consorts, and also for the treatment of other forms of venereal diseases other than syphilis.

In considering the problem of venereal diseases a special mention must be made of illegitimate children, which is particularly important in the general picture of child assistance. It is difficult to assess with any accuracy the actual number of illegitimate births each year, but statistics show that in 1942 the number amounted to 34,688, which represented a percentage of 374.5 per 10,000 born alive. The High Commissariat for Hygiene considers that this figure represents a fair average to express the extent of illegitimacy.

/Heart diseases:

Heart Diseases: The Government has set up several centers for the diagnosis of heart diseases and rheumatism, with a special department for the assistance and investigation among the school children and in the town and country child population. The Government is planning an increase in this form of activity by means of additional centers as well as the improvement of equipment in the existing centers.

Recommendations.

The main needs broken down under the various headings may be summarized as follows:

(a) Pre-natal Stage

1. To provide ONMI maternity centers and obstetrical consultation rooms with the necessary diagnostical equipment.

(b) Birth Period - or Assistance during Birth and Puerperal Period

1. To promote in consultation with ONMI the setting up of a larger number of maternity homes for unmarried mothers, in order to give a full nationwide coverage on the basis of demand.

2. To improve the equipment of maternity departments in hospitals and clinics which are quite unsatisfactory, especially in small country districts.

3. To prepare layettes for sale at a low cost to mothers approaching childbirth.

(c) Post-natal Assistance

As regards legitimate children besides the services already provided by ONMI, it is necessary to provide for:

1. The setting up of a thermocradle room in each maternity ward for assistance to premature babies.

2. The setting up of a home assistance service for premature babies with a portable thermocradle entrusted to specialized personnel. It is estimated that about 300 thermacracles are required for this purpose.

Regarding the assistance necessary for illegitimate children, the following program should be initiated:

1. To double the number of beds for nursing babies, bringing the total

3. To supply whole milk for the artificially-fed nursing babies, numbering at least 20,000.
4. To provide foundling homes and reception rooms with adequate services for washing and cooking.
5. To provide additional medical services for diagnostic investigation and immunization (such as BCG vaccination) for all illegitimate babies.

In connection with diseases affecting mothers and children the main needs are broadly as follows:

Tuberculosis: Skilled personnel and vaccines for BCG vaccination work. Supplies of streptomycin and other anti-biotics for treatment of tuberculosis meningitis and other forms of tuberculosis susceptible to anti-biotic treatment (yearly requirement is about 2 quintals).

Trachoma: Supplies of factory drugs for use in campaign. Vitamin A and D in keratinized capsules. Penicillin and Vitamin A for ophthalmic use.

Venereal Diseases: Supplies of penicillin in oil and aluminium monostearate (approximately 30 billion Oxford units each year).

Heart diseases: Equipment for special centers for school children and the country child population such as viso-cardiette electrocardiographs.

General- Scholarships for:

Pediatricians
Nurses
Social Workers
Nutritionists
Obstetricians

Scientific equipment for work on nutrition such as: Bechmann Spectograph, Flame Spectograph.

/In addition

In addition assistance for the following projects of a training or demonstration nature are recommended:

Training and Consultive Programme for Institutional Personnel. Many children live in institutions in Italy. Currently little exists in the way of consultation or supervision of these institutions and methods of child care tend to be formal, sometimes archaic. Therefore it is felt that UNICEF might make a real contribution to institutional care of children in Italy, if the following projects were developed:

- 1) In-service training programme in several parts of Italy with UNICEF and Italian experts to present general information (with opportunities for discussions and real growth in understanding) for a selected number of children's institutional personnel. Information regarding the emotional needs of children, the values of some free and creative play, as well as concrete ideas about play materials, would be of great value, it seems. Such a project might follow in the path of the in-service training programme for Colonia Scuola (Summer Colonies) developed by AAI in 1949. It could be available for ONMI, AAI and other agencies.
- 2) Numerous fellowships of one or two months (or even less) for Italian employees in child welfare institutions to go to a country like Switzerland which is accessible, to observe and participate under supervision in a programme like the one UNICEF maintained. (To be of significance in Italy, however, such a fellowship programme would have to be available for one or two hundred persons per year).
- 3) Encouragement of appropriate Italian Government agencies to develop a beginning system of field consultation in connection with child welfare (including the welfare of all children as well as only those receiving care of one sort or another). It is felt that

because of the voluntary nature of so many child care institutions, such a consultive programme might be considered as a gradual way of improving standards of child care in Italy. Gradually, institutions might be encouraged to foster closer ties with families, with the real life of the community, and to extend constructive provisions for follow-up and service after the child at eighteen abruptly leaves, for example, an institution in which he has lived for 10 years without touch with the outside world. Provision of fellowships for carefully selected Italian persons to study and observe abroad the operation of state or national public health or child welfare, or mental hygiene programmes, with attention to administrative planning of such programmes, consultive techniques, etc.

- 4) Development of a national social work library through materials and films available from UNESCO and other organizations, which could have a special section for child welfare and could operate on a loan basis, in all parts of Italy, for professional personnel.

Special Demonstration Projects which might become the Experimental Basis for Subsequent Developments with Greater Coverage.

- 1) Child Guidance Clinic: Such a project might be assisted by UNICEF with supplies and some technical advice or consultation might be provided through UN Social Activities Division or WHO. Italian experts or consultants might be provided in pediatrics, psychiatry, psychology and social work (after appropriate fellowships where necessary). Such a demonstration, which for instance might be carried out in connection with some beginning centres being supported by the Ministry of Justice, or which might be an extension of the work of the Montessori School of Rome, would be of great importance in bringing to the fore-ground modern knowledge of the emotional needs of children and the importance of mental hygiene, as well as providing opportunities for treatment or

2) One or Two Nursery School Projects might be developed to demonstrate modern methods of child care, for two types of mothers, i.e. those working in northern Italy in factories or those working in south Italy or Sicily in the fields. Actually, a sort of community center where a nursery school could be lodged, where parents might be able to observe films on child hygiene, nutrition, etc. where preventive health services and social services were also available, operating as a co-ordinated type of rural and/or an urban settlement, might serve as a very valuable demonstration of:

- a) the need for wider introduction of preventive health and social services and community knowledge of child hygiene, emotional needs of children, nutrition, etc.
- b) the need for some coordination of the various health and welfare services and coordination of curative and preventive aspects of these services.
- c) the importance of the family and of environment to the child and the importance of providing services to families rather than resorting to removal of children from families and placement in institutions in cases where economic need is great.

3) Development of one project in connection with ONMI (which is said to be preventive but in practice is hardly preventive in function), to develop a really integrated health and welfare service for all children (not just needy ones) with concrete demonstration that all problems cannot be solved by building a new institution or by material and curative aid alone.

Fellowships might be arranged for a health visitor and a social worker to observe abroad, in an area where preventive services (as contrasted to curative services) are emphasized. Fellowships might also profitably be offered to regional social work consultants

consultive programmes abroad); fellowships might well be offered to doctors through WHO to study preventive health services abroad, and to visiting nurses. Finally, for the good of children, it would be magnificent if midwives on a selective basis could participate in in-service training in Italian Universities, in order to improve the general level of maternity, pre-natal and post-natal care of mothers and children in Italy.

4) Community and Parent Education: Because it is felt that one of the greatest needs in Italy is to increase the general interest in the country at large in modern, scientific methods and to assist the community to understand more of the emotional and physical health and nutritional needs of children, it is felt that UNICEF should in its next years of operation give consideration to assisting in a national conference on Child Health and Welfare in Italy, perhaps comparable to the White House Conference programmes sponsored through the U. S. Children's Bureau every ten years.

A recent "Mostra" or exhibition in Milan has demonstrated the interest of Italian people in social welfare and the real talents which might be placed at the disposal of a National Conference on some pertinent aspects of child welfare. Through such exhibits, films, radio, newspapers, discussion groups, etc. in different parts of Italy it appears likely that UNICEF might really advance the general knowledge and interest in child welfare in Italy. Without this wide interest, based on accurate knowledge, it is doubtful how much real progress can be made in Italy by purely professional child welfare and health training of various categories of personnel.

Annex I

An examination of this Table will clearly show the difference between the mothers and children belonging to the poor and the upper classes. It also shows that as a whole, the rural population are fairly well off. Even if the number of persons under examination appear to be too low to draw definite conclusions and that at a later date a further investigation on a more widespread scale might necessitate corrections, the figures seem fairly conclusive and reveal many interesting facts which may be summarized as follows follows:

The caloric value of the food is on the whole fairly sufficient, yet if anything being mostly near the lower limit. The protein content can be considered sufficient, but its content of animal protein is far too low except perhaps in the case of the children between 0 and 2 years, who are to a great extent nursed by their mothers. This is an illustration of the importance of providing additional meat and fish to the general ration as has been done under the UNICEF programme.

Another interesting fact is the insufficiency of fats for the children in the age group 3 to 12 years in the poor and urban classes; many of the other groups are on the borderline of sufficiency. In general, all categories of the population consume a certain quantity of olives or olive oil, but the supply is not sufficient to meet the demand and only the rural population and the upper classes are able to supplement their diet—the rural class by the consumption of fatbacks or lard, and the upper class, by butter.

On the other hand, the carbohydrate intake is on the whole sufficient which can easily be explained by the Italian preference for pasta as a staple article of diet.

The Vitamin A content is generally much below normal requirements. For instance, for nursing and expectant mothers in the poor category, the intake is only 20% of normal requirements—even the upper class are only receiving approximately 25% to 33%. In the cases of the small children in the age group 0 to 2, who it must be remembered are largely nursed by their mothers, the poor class shows an intake of 75% of normal requirements, whereas the rural and upper classes are almost normal due to the fact that eggs, cows' milk, and butter are normally added to the diet for these two categories. However, when one examines the position of the older children, the amounts again are far too low as will be seen from an examination of the following Table:

Vitamin A: % of Normal Requirements

<u>Classes</u>	<u>3-6 Years</u>	<u>7-12 Years</u>
Poor	47.1%	16.6%
Urban	64.6	24.3
Rural	65.4	33.4
Employee	68.8	31.9
Upper	90.6	63.8

This emphasizes the need for expanding the present programme of messes for the poor children in the elementary schools.

The Vitamin D content is only 4% to 15% of normal requirements which is so far below the internationally accepted figure that it would appear a systematic error may be present in the computations made by this survey. This point is, however, under further study by Dr. Bacchetta.

VITAMINS: O/O OF NORMAL REQUIREMENTS

Vitamin B1					Vitamin B2					Vitamin P.P.					Vitamin C				
Expectant M	Nursing M	Children Years			Exp. M	Nurs. M	Children Years			Exp. M	Nurs. M	Children Years			Exp. M	Nurs. M	Children Years		
		0-2	3-6	7-12			0-2	3-6	7-12			0-2	3-6	7-12			0-2	3-6	7-12
32		51	42	52	17	23	100	66	42	35	41	55	53	64	21	26	56	32	36
48		74	69	60	32	26	112	75	37	58	44	60	75	72	33	24	114	98	52
57		98	98	81	40	37	136	97	51	62	47	97	77	75	69	31	166	99	69
48		77	83	65	37	29	130	113	52	57	45	84	87	81	68	52	115	110	109
72		126	114	114	56	42	178	132	88	77	59	82	120	108	107	55	230	192	205

Regarding Vitamin B, the intake is not sufficient for mothers of all classes. The intake among the poor and urban classes is represented by the prevalence of bread consumption, whereas in the rural and employee (white collar) classes, by the consumption of bread and fruit. Regarding the upper classes, the intake is represented mainly by consumption of meat. In the case of children, the need is covered only for the rural and upper classes who are able to consume sufficient quantities of milk and fruit.

In the case of Vitamin B2, here again the intake for the mothers is far below normal requirements, particularly in the case of the poor classes. The highest intake in the rural and upper classes is represented by consumption of meat and cheese. Regarding infant needs in the 0 to 1 age group, the intake can be considered sufficient - in fact abundant which can be explained by the higher consumption of milk and milk products in the rural, employee, and upper class categories. However, the need is not covered for the poor and urban classes in the case of the older children.

The Vitamin PP intake is insufficient in all classes except the upper classes. The intake is represented by the consumption of floury substances for all classes, and for the upper classes vegetables, meat, milk and milk products.

Annex I

The Vitamin C intake for the mothers except for the upper classes is much below normal requirements. Regarding the children, the intake is much too low for the poor classes -- a little better for the middle classes -- and even abundant for the upper classes -- in fact, it is five times higher than the intake for the poor classes. It seems that the Vitamin C intake decreases with the increase in age of the children. In considering the question of the Vitamin C intake, it is surprising that in the case of a country like Italy, there should be such a distinct deficiency for the poor and urban classes. Unfortunately the market prices are too high to enable these classes to buy the best Vitamin C sources, such as lemons and oranges, whereas the upper classes are able to procure them in abundance. The orange production is all reserved for sale even to the detriment of the children in the rural areas.

Regarding calcium, the intake for mothers and children is much too low for all classes due in the main to insufficient consumption of milk and dairy products.

In the case of the iron intake represented by bread and vegetables in the poor and urban classes and meat and eggs in the upper classes, the intake is generally sufficient, but is on the borderline for the poor classes.

It must not be forgotten that the Islands of Sardinia and particularly Sicily, show in general a very much lower state of economic condition, which if anything is even lower than southern Italy. These areas show a remarkable difference between central and more particularly northern Italy. In the areas with a low economic standard, foodstuffs in the low-cost brackets, i.e. farinaceous foods, prevail in the daily ration. Generally, the more valuable elements of food are only 1/3 to 1/2 in the Islands compared with northern Italy. This phenomenon is amply expressed by the smaller weight and height of the subjects examined in the areas where low economic conditions prevail.


NICEF MICROFICHE INPUT CONTROL AND INSTRUCTIONS RECORD

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Date 9 Feb /77 (2)

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(19*) ENVELOPE COLOUR: White - Blue - Yellow - Pink - Green - Grey

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