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UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

Executive Board

CONTINUING NEEDS OF CHILDREN

IN POLAND

Report of the UNICEF Mission to Poland.

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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/CN.5/177; E/CN.5/177/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/CN.5/177/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 these data and their own observations and experience. The papers, constituting a first attempt along these 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 Pate
Executive Director

POLAND

INTRODUCTION

UNICEF assistance to Poland has included direct allocations of \$16,233,000 for food, clothing, medical supplies and milk conservation equipment and supplies as well as assistance by the Joint Enterprise in a BCG vaccination campaign.

While this assistance was largely directed towards meeting emergency needs and aided immediate programmes for child welfare, recent developments in the programme of assistance for Poland have included requests for aid in beginning or expanding longer term projects designed to improve care for children. These projects and the needs on which they are based present a good picture of the need for supplies after June, 1950. In addition, sufficient information is available to confirm that Poland would still need priority food supplies and materials for children's wear after June, 1950. Not every need presented has the same degree of urgency or suitability for international assistance. However, the various programmes described are illustrative, both of the efforts being made by the Polish Government in developing specific child care projects and the forms of supply assistance required.

I. Food and Nutrition

A. With regard to protective foods, the situation in Poland is still critical.

The significant statistics are:

1. Dairy Products

Item	Production		Consumption Per Caput	
	1938	1948	1938	1948
	metric tons		kilograms	
Milk	10,300	4,500	156	104
Butter	160	65	3.6	2.8
Cheese	125	45	3.8	1.9

In 1938 6,294,000 cows yielded 1,700 kilograms of milk each.
In 1948 3,647,000 cows yielded 1,230 kilograms of milk each.

2. Fats

	Total Home Production	Total Consumption	Consumption Per Caput
	Metric Tons		Kilograms
Prewar	280,000	315,000	9.2
1948	125,000	165,000	6.9

3. Livestock and Meats

Number of	Cattle	Sheep
Hogs		

	<u>Production of Meat</u> Metric Tons	<u>Consumption per Caput</u> Kilograms
Prewar	1,168,000	25
1948	481,000	19

Source of statistics: Commodity Series Bulletins of FAO

The prewar levels of consumption will probably not be reached before 1951-52 and these levels were not high. The loss of livestock, particularly cattle, during the war has taken years to replace.

B. Supplementary Feeding

It is intended to continue the system of supplementary maternal, school and infant feeding started during UNRRA days and continued with UNICEF assistance. The present feeding level of 700,000 children will be maintained and increased as some resources permit. In summer periods the Government has been conducting a camp programme which included over 1,000,000 children in 1949. This programme takes the place of group feeding in schools during vacation time. Imports and international assistance with supplies of milk, fats, and cod liver oil will be required to supplement indigenous food.

C. Infant Food Production

Beyond the UNICEF assisted programme of dried whole milk plants, the Government is intending to begin the production of canned infant foods. Certain equipment for such factories will have to be imported.

D. Vitamin Production Programme

The deficiencies in the protective food supply in Poland have as a particular consequence underconsumption of certain vitamins essential for child health. Those vitamins particularly lacking are C and D. In both cases the fact that Poland is a northern country with large concentrations of population in city industrial areas makes these deficiencies particularly significant in winter time in these parts of the country.

It is intended to expand the production of Vitamin D and eventually commence the production of Vitamin C.

Although precise information is not available undoubtedly the production of other vitamins is contemplated.

Various types of specialized equipment and apparatus would be required from international assistance for such production. The Polish Government would provide the necessary buildings and facilities, provide most of the machinery and instruments required that are manufactured in Poland.

E. Milk Conservation Programme

While UNICEF has supplied milk drying plants to Poland, liquid milk will still remain a basic product in children's diets. Proper sanitary

in procurement would be desired. The serious problem of tubercular cattle in Poland affects the quality of the milk as well as diminishes the yields of milk per affected cow. International assistance in the development of vaccines, etc. production in Poland would contribute towards control of this problem. Supplies needed would be asparagine, flasks and filters.

II. Medical Programs

As an essential part of the Six Year Plan for developing the Polish economy, there are now being developed health programs for this period. These plans cover specific disease problems affecting children, extension of preventive and curative medical facilities throughout the entire country and place particular stress on social means for handling children's health problems.

A. Anti-Tuberculosis Campaign

Tuberculosis will undoubtedly remain the major health problem vitally affecting mothers and children in Poland long after June, 1950. The Polish Government estimates that there are now 360,000 people requiring treatment who are dangerous to their associates, constituting sources of further infection with particular consequences for the health of children. This is 1.5 per cent of the Polish population.

To combat this problem the Polish Government is organizing a T.B. control programme for the coming six-year period. Its goal has been succinctly stated: "The solution strived for can be obtained only through prophylactic treatment, by a dense net of specialized dispensaries performing mass x-ray examination, through isolation of spreaders, treatment in open and social care institutions and finally by means of BCG vaccinations designed to reduce T.B. incidence and mortality." It is intended to expand the training of personnel required to carry out the programme on a national scale reaching every area of the country.

The methods used will include x-ray diagnosis and laboratory control, early treatment, utilization of dispensary methods of treatment isolation of those infected and continuation of the BCG programme.

Dispensaries are being organized in each of 317 county and town starosts (local political division). Mass x-ray examination of susceptible individuals will be one function of these dispensaries. The treatment of patients in closed-care institutions (sanatoria) will be extended and placement of patients organized on the best technical and social basis, e.g. control of assigning patients by specialists of a central Anti-T.B. dispensary, social welfare for dependents, etc. It is estimated that for complete care of patients in sanatoria and hospitals 35,000 beds would be needed: A total of 17,000 beds are presently available. Additional beds will be made available through use of barracks-type construction and adaptation of unused buildings in rural areas, remnants of land parcellation, T.B. sanatoria planned by other ministries (e.g. industry), extensions to existing hospitals and conversions, and one new structure with 600 beds - the State Anti-T.B. Institute. Personnel required

A brief survey of these methods shows that the supplies needed would be x-ray apparatus, various laboratory equipment, surgical equipment, drugs, e.g. streptomycin, equipment for diagnosis, vehicles, vaccine production materials for BCG. While UNICEF is able to supply a substantial portion of the initial and priority needs for supplies in some of these various categories, there can be no doubt that in the six-year programme further international assistance would be required and would materially contribute to the speed and efficiency of this anti-tuberculosis programme.

B. Maternal and Child Health Assistance

1. Setting of the Problem

In order to reduce maternal, infant and child mortality, a six-year plan for the improvement of maternal and child care has been drawn up by the Polish Ministry of Health. While Poland has in the post-war period witnessed, for example, a decline in infant mortality rates compared to prewar, parallel to the same trend in certain other European countries, the rates are still high and higher than in such countries as Czechoslovakia, France, Italy, Austria as well as far greater than the levels achieved in such countries as Denmark, Netherlands, Sweden, Switzerland, and the United Kingdom.

Among the measures taken by the Polish Government to improve care for children are: creation of a nationwide network of maternal-children health centers and dispensaries, school feeding programmes, summer ~~camp~~ programs, BCG vaccination campaign, an infant layette distribution plan, establishment of dried milk plants, etc.

2. The Programme

In the immediate future health action for children will be based on a program including special planning and research with delineation of specific child health problems by a National Institute for Mother and Child and comprising an expanded system of social care, with a special department of the Ministry of Health concentrating on medical and preventive treatment for mother and child. This program will operate through county maternal and child health centers with sub-centers in smaller communities including prenatal clinics, well-baby clinics and well-child clinics, school health services and mobile health services for rural areas with particular attention to dental care. Priorities will be given to child care in connection with general national health policies such as infectious disease control, public sanitation, social welfare, and public health education. Where applicable each group of children, infants, preschool and school children will also benefit from other services which are an adjunct to the maintenance of health; namely, feeding programs, vaccinations and immunizations, hygiene, education, etc.

For its part, the Polish Government intends to spend the equivalent of \$100,000,000 in the first three years for the provision of fixed installations required to implement this program. In addition, funds and organization will be made available with employment of necessary doctors, nurses and medical services. The organization will also include the work of other doctors specializing in aspects of mother and child care but who are in private practice. The necessary training program on an emergency and permanent basis including graduate and post-graduate training is also planned for. As an example of some aspects of the practical measures required and an indication of the specialized needs, a few salient factors of the plan are discussed below.

3. Rural and Mobile Dispensaries for Children.

The key problem is reaching children in rural areas: 260 out of a total 317 counties in Poland are rural and 400,000 children out of an annual birth rate of about 600,000 are born in these areas. On the other hand, Poland has scarcely 8,000 physicians for its 24,000,000 population and they are presently not located in sufficient numbers or distribution in rural areas.

In order to meet this problem now, the Ministry of Health is arranging a redistribution of physicians towards rural areas. However, to overcome transport difficulties in rural sections and reduce the burden on dispensaries, the plan also contemplates the establishment of moving ambulatories operating out of county centers. A physician and a nurse would make regular visits to surrounding villages where local midwives in charge of county labor homes would assemble ailing and infant children. The county physician would be supported by the County Health Center, pediatric specialists from the Central Dispensaries and Province Hospitals. The County Town Hospitals will also have child disease wards.

A key need for supplies in this program is for automotive transportation. UNICEF is proposing to meet a large part of this need. Other needs are foreseeable, e.g. obstetrical instruments, special diagnostic instruments and aids for children, etc.

4. National Institute for Mother and Child.

As a foundation for health work among children, the Polish Government is creating a national institute for mother and child for scientific and research purposes to investigate all problems regarding the sick child and the one in good health. Its leading ideas and functions are: scientific elaboration of the problems involved, training of pediatricians and nurses, popular education for mothers on child hygiene, and planning and coordination on a scientific basis for the Ministry of Health's child care program.

/The Institute

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The Institute is planned to be fully established in five years. It will have its own dispensaries, laboratories, schools, etc. and will direct other existing institutions and hospitals.

As this Institute will comprise a very wide variety of activities, the need for supplies is likewise extremely diverse. Some requests already presented by the Polish Government as suitable for international assistance are for a nutrition laboratory, cardiological laboratory, x-ray laboratory. However, there would be other supplies needed as facilities are developed for orthopedic and surgical equipment, diagnostic and testing equipment for children, and so forth. Other specific needs stated by the Government are supplementary equipment for x-ray, anti-biotics, serological, hematological and ear and throat laboratories and aid in establishing a blood bank.

5. Child Immunization Program.

The Polish Government is drafting another long-term program contemplating the extensive production of vaccines against communicable diseases, particularly affecting children, e.g. diphtheria, whooping cough, etc. In the first year the Polish Government is intending to expand the production of diphtheria toxoid vaccine to implement the immunization program for three million children for two years. The supplies required for this type of program would be various types of laboratory and production equipment, chemical and biological materials, etc.

6. Mobile Dental Units for Children.

Another example of the requirements for this general mother-child health program is the intention of the Polish Government to provide mobile dental ambulances to give dental care for children located in rural areas. Each of these ambulances would contain two complete fixed dental units and two mobile units. Obviously the supplies required would be suitable vehicles and dental equipment. Incidentally, to date there are 46 such ambulances already operating in Poland.

7. Aid for Maternity Clinics.

A network of maternity clinics for pregnant women including county labor wards has been organized and is being extended. Specialists, pediatricians, etc. make periodic visits for training of medical personnel and nursing staff and to carry on a general educational campaign. These wards require further equipment such as baby scales, obstetrical instruments, etc.

8. Assistance in Insecticide Production.

Although Poland has only a minor malaria problem in some regions of the country, the control of insect-borne diseases e.g. intestinal disorders, typhus, etc. is an important aspect of public sanitation. Infants are susceptible to fly-borne intestinal diseases to a serious extent in the summer period. Assistance in developing the production of new types of insecticides, especially D.D.T. is given a high priority by the Government. Poland could produce D.D.T. for the countries in Eastern Europe with serious malaria problems.

C. Continuation of Anti-V.D. Program and Penicillin Production.

The Polish mass anti-V.D. Campaign has become a model for similar campaigns in other European countries. In collaboration with WHO the Polish Government operation is being used to train visiting foreign specialists. Although the first stage of the mass campaign should be completed by the end of 1949, namely the discovery and treatment of infected individuals not reached by medical care during the war and early post-war years, the work must still continue. The next stage will require follow-up of treated individuals, uncovering of cases hitherto not discovered because of various technical and other difficulties, and continued treatment for any fresh cases. For this phase of the work the laboratory facilities must be still better developed. The Government is establishing a Venereal Disease Institute to assist in this direction.

Assistance required would be additional supplies of penicillin, equipment required for production of crystalline penicillin and specialized types of laboratory equipment. Poland has begun the production of amorphous penicillin, but the treatment schedules most suitable for rapid cure of syphilis require the crystalline type. For this type of production certain specialized equipment must be supplied from foreign sources.

III. Clothing and Textile Needs.

The Polish Government started in May, 1949, a program designed to provide every mother of a new-born child a layette. This initial program was intended to extend over an 18 month period. Most mothers would receive the layette free of charge, but those able to pay would be charged a nominal sum. It is hoped to continue this program towards which UNICEF supplied cotton and wool for a very large proportion of the layettes manufactured in Poland. Moreover, there is a plan to increase the number of children's beds in hospitals by 2,500 during 1950 and 1951. This will require large quantities of hospital linen. For these two programmes Poland would benefit by further supplies of cotton through international assistance.

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