CF-RAD-USAA-DB01-2000-05825

Ill Document Register Number [auto] **CF-RAD-USAA-DB01-2000-05825**

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

Doc Item Record Title

Continuing Needs of Children - Yugoslavia

Date Created / On Doc	*Date Registered*	*Date Closed / Superseeded*
1949-Dec-31	1997-Jan-01	

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 **28pp**

Container File Folder Record
Container Record (Title)

Nu1: Number of pages	*Nu2: Doc Year*	*Nu3: Doc Number*
28	1949	142

Full GCG File Plan Code

Da1: Date Published	*Da2: Date Received*	*Da3: Date Distributed*	*Priority*
1949-Dec-31			

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

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

DOS File Name

Electronic Details **No Document**

Alt Bar code = RAMP-TRIM Record Numb : **CF-RAD-USAA-DB01-2000-05825**

Notes

28pp.
Document Format Series/Year/SubSeries/Number/Rev: E/ICEF/1949/142; Doc Series/SubSeries/Year/Number/Rev: E/ICEF/1949/142
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*
R. Tooker	R. Tooker	28 2-sided

UNITED NATIONS

ECONOMIC AND SOCIAL COUNCIL

GENERAL
E/ICEF/142
31 December 1949
ORIGINAL: ENGLISH

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

EXECUTIVE BOARD

CONTINUING NEEDS OF CHILDREN IN YUGOSLAVIA

Report of the UNICEF Mission Chief in Yugoslavia

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FORWARD

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 vor 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 <u>in general</u> but rather with needs for which <u>international assistance in supplies</u> 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 those 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

November, 1949

INTRODUCTION

After cessation of UNRRA assistance, which coincided with the sharp decline of other foreign relief - mainly through the Yugoslav Red Cross - Yugoslav children remained without international help and with many of their burning social and health problems still unsolved. Following an interval of over one year, UNICEF feeding programmes were started early in 1948, and the UNICEF programme was gradually enlarged into the broader fields of child health and welfare activities. UNICEF's emergency programmes were developed with a view to the establishment of long range programmes, and in the anticipation that the Government would at a later stage be able to take over and even further develop these programmes in both social and health fields.

Limitations of UNICEF funds have permitted it to tackle only the primary outstanding needs of the children of Yugoslavia, and in estimating and analysing the continuing needs of children in this country, we shall try to evaluate what international help the Yugoslav Government would need in order to continue the programmes initiated and assisted by UNICEF, and at the same time evaluate other needs in respect of children and mothers which UNICEF has not been able to meet owing to lack of funds or to its limited terms of reference.

Yugoslavia needs and will welcome further international help with her continuing and grave problems in the fields of child health and welfare. Priority should probably be given to assistance in continuing the programs which UNICEF has initiated and/or helped, with special attention to provision of milk imports for the period after UNICEF withdraws and before indigenous milk production and handling has become sufficiently well organized to take care of the milk supply for priority groups.

The pattern of cooperation with international organizations, and the pattern of field organization for carrying out programs of international organizations has become fairly well established in Yugoslavia throughout the periods of UNRRA and UNICEF assistance. The intensity of work of Yugoslav officials in the fields of health and welfare, and their sincerity and singleness of purpose in any undertaking concerning the health and welfare of children give promise of good cooperation with any organization which may provide assistance to meet the continuing needs of children.

FOOD AND NUTRITION

RECOMMENDATIONS

Although milk production is increasing, it cannot be expected that even in 1951 the milk needs of children and mothers will be covered entirely.

The UNICEF Milk Conservation Project should be extended.

Dry whole milk imports should continue until available from milk processing plants; a pre-school and school skim milk and fats programme should be maintained through the winter of 1950/51.

The cod liver oil programme should be continued. The possibility of assisting with equipment for local production of fish liver oils and vitamin [illegible]

CONTINUING NEEDS

A rationing system is in effect to provide basic and supplementary rations in towns and rural areas in which agricultural production is insufficient to supply local needs. The ration system is highly differentiated: basis rations are given to different categories according to their age and work status while supplementary rations are given to pregnant mothers. Within the limits of local availabilities many local authorities have special ration cards for milk for children, pregnant and nursing mothers and invalids. The milk is distributed at a specially reduced price first to institutions and then to other priority groups.

In general supplies to cover rations and supplies for the people's restaurants have recently become more readily available while various supplies on the free market have diminished and their prices are still increasing. Since only a part of the population is covered by the rationing system, free market costs and availabilities are extremely important. The improved position of rationed supplies is explained, at least partly, by improvement in the system of buying up of agricultural products by the Government, and this may be due to the increase in the number of cooperative farms.

The development of cooperative farming should also make possible better arrangements for collecting of surplus milk in rural areas, and for making it available for consumption in towns and industrial areas. The production of milk in 1951, at the end of the 5 year plan, should reach a figure of 3,000,000 litres, which is approximately the amount of milk the Government calculates is necessary to cover the needs of all children and mothers. As part of it is used for feeding of cattle and for cheese production, and quite a considerable percentage is consumed by the farmers themselves, often forming the basis of their diet, it cannot be expected that even in 1951 the milk needs of children and mothers will be covered entirely.

To make a large proportion of the milk available to children in towns and industrial areas, the present extremely tenuous system of collecting, handling and processing the milk will have to be improved and expanded.

EXTENSION OF MILK CONSERVATION PROJECT

The Milk Conservation Project, initiated by UNICEF, should be continued beyond 1950 with additional dairies provided in bigger towns and industrial centres and drying plants erected in major milk producing areas. UNICEF's contribution, which is matched tenfold by the Yugoslav investment in this project, could well be repeated in coming years for the benefit of the children of Yugoslavia.

Continuation of the Milk Conservation programme even on a more modest basis is considered by the Mission to be one of the greatest possible international contributions to children in Yugoslavia, with far reaching effects on infant morbidity, mortality and child nutrition in general. This is all the more true because large areas of the country are unsuitable for any milk production at all. (See Annex A).

The policy of the Yugoslav Government is to maintain rationing of available milk, and after satisfying the high priority groups (infants and mothers) to make milk available to the next priority group (pre-school children, children's institutions) and subsequently to school aged children. Unfortunately, the latter groups had, until UNICEF's entrance into Yugoslavia, received fluid milk only in exceptional cases, which emphasizes the importance of the relatively large UNICEF

milk imports should continue until it is available to infants from the drying plants.

NEED FOR FURTHER SUPPLEMENTARY FEEDING

In the six towns where the new dairies will now be built with equipment provided by UNICEF, mothers, pre-school and school children in addition to infants should be able to receive pasteurised milk from the town dairy. By enlarging the area from which milk is collected, the dairies should be able to cover at least the needs of those categories. The majority of pre-school children, and to an even greater extent school children, in larger towns and industrial areas will be definitely affected by closing of UNICEF operations as local milk supplies in most instances will not have improved by that time to such an extent as to extend milk rations to these groups. We would, therefore, strongly recommend that a limited skim milk and fats feeding programme for approximately 250,000 pre-school and school children be maintained at least through the winter of 1950/51 to ensure continuity of the present level of the school feeding programmes. Government officials have expressed their wish to maintain and even to enlarge the present school feeding programmes. A continuation of international assistance should be conditional upon definite instructions issued by the Ministry of Education, in agreement with the Ministry of Supply, that district and local educational and supply departments be responsible for making surplus milk available for continuation of the school feeding programme after satisfying higher priority groups. In this way national agencies can gradually take over the school feeding programme and still further expand them.

In the above school feeding programme which is essentially a milk programme, children are receiving only sweetened milk and a snack and besides that there is a school lunch programme, which at present includes some 65,000 children, mainly of socially weak families and children who have a long walking distance from home to school. The Government plans are to increase the number in the lunch programme to 145,000 during 1950. The main difficulty lies in providing the necessary kitchen equipment and utensils. While under the present priority system food is secured from local sources, kitchen equipment and utensils, though theoretically they can be produced in the country (except probably non-corrosive kettles) are not available in sufficient quantities. International assistance in this line would bring about a much greater and wider implementation of the school lunch system. Besides, this equipment could be used for summer camps and thus make it possible for a greater number of children to participate in summer camp programmes. In view of the rather bad nutritional and health state of school children who have relatively low priority for milk, international assistance for their benefit should not be overlooked.

Feeding through kindergartens, clinics, creches, institutions, etc. (their number is increasing rapidly) will be continued and the children in them will be provided with milk since they are included in the higher priority categories. The only problem in this connection arises in deficiency areas, but the only answer to this problem is to provide dry milk.

NEED FOR COD LIVER OIL

Discontinuation of the cod liver oil supply which UNICEF has provided for two winters would be a serious set-back in the health of children, especially infants, in a country where rickets, even in breast-fed infants, is rather frequent. The Mission would urge continuation of this programme with more and more concentration on infants, mothers and small children. It is believed that if the necessary equipment were provided, Yugoslavia could produce sufficient

Similarly, the shortage of other vitamins, especially vitamin C, should not prove an unsurmountable difficulty where raw material sources are available. Necessary equipment for production of the vitamins should be provided. Also needed is essential food testing equipment for instituting an improved nutrition programme among children.

MATERNAL AND CHILD HEALTH AND WELFARE

RECOMMENDATIONS

Assistance in supplies and equipment from outside sources are needed for school polyclinics, dispensaries, maternity homes, premature wards, health centers, mobile child health units for rural areas, etc. and for community edudation in basic public health and child care practices.

Special equipment and sanitary installations are needed for institutions for handicapped children (deaf, blind, maimed, etc.). Tents and field kitchen installations would enable a greater number of children to participate in summer camps.

Raw materials for children's clothing and footwear should continue to be provided in relation to the productive capacity in Yugoslavia to process the materials.

CONTINUING NEEDS

The Committee for Public Health is responsible for establishing and supervising programmes for the protection of maternal and child health. This is exercised through the Division for the Protection of Mother and Child in cooperation with the department for the struggle against tuberculosis, the sanitary inspection department and the department for Public Health Education.

MORTALITY OF INFANTS AND CHILDREN

No detailed or accurate statistics on infant mortality are yet available. The most recent information available can be summarised as follows: Average infant mortality in Yugoslavia in 1947 as disclosed by Professor Ambrocic, appears to have been lower than the average for 1938-39. Mortality in the prenatal period appears to have been higher in 1947 than before the war, whereas mortality after the first months of life has been considerably lower. Even the mortality of small children is considered to have been lower in 1947 as compared to pre-war figures.

The main causes of child mortality are the following:

1) Death in early infancy of premature babies who could have been saved by necessary care. This group includes also birth trauma, early infections and diseases caused by faults in feeding, and general care of the normal new-born infant.

2) Diarrhea of a purely alimentary character in artificially fed children brings a high percentage of deaths, but intestinal infections play a comparably much higher role both in artificially and breast-fed infants and small children.

3) Acute diseases of the respiratory organs due mostly to the unsuitable accommodation.

4) The group of children's infectious diseases have a greater mortality because

tuberculosis than before the war.

6) Other diseases which take a heavy toll of children are: malaria, Kala-azar, rheumatic diseases, congenital syphilis, surgical child diseases, piogenic infections, and so on. There are further diseases of which children do not die, or die very seldom, which, however, worsen the prognosis of other diseases and increase their lethality. Among these the very wide-spread avitamosis, children's anaemias, worms are mentioned, besides undernourishment.

Maternal & Child Health Programmes

The protection of mother and child is being exercised through a network of children's dispensaries and consulting centres for mother and child. Semi-urban areas have been provided with medical facilities and the preventive services of dispensaries, and urban areas have certain additional child health institutions, such as clinics, hospitals and polyclinics ambulatories; but health services in rural areas have been limited chiefly to advisory services by para-medical personnel and in some areas are non-existent. The lack of doctors, nurses, etc., poor communications and unavailability of transportation facilities, make it extremely difficult to expand health services to remote villages.

In order to bring about improvement, the country has been divided into 23 health regions with an additional 11 town health services, where under the direction of regional health departments and the supervision of the Republican Ministries of Health and the Federal Committee of Health, regional health centres are being formed. The existing dispensaries are being strengthened, provided with specialists and other necessary available personnel and equipment to serve and supervise health activities of the regions. The health centre comprises at least a children's dispensary, an advisory centre for mothers, a tuberculosis dispensary, a sanitary-epidemiological station, and often a V.D. clinic. The plan is to build up a school polyclinic if none is now available and other prophylactic and therapeutic institutions. Every health centre will have a school for nurses and public health nurses for protection of children and mothers. This health centre, through its central dispensaries, will spread health services through local dispensaries directly or through mobile units.

Pregnant women will be examined in consulting centresfour times during pregnancy and, if an abnormal delivery is expected or social conditions warrant, will be brought to the regional centre and housed there, until delivery, in boarding houses built for this purpose and administered in connection with the maternity ward of the health centre.

There does not seem to be any possibility of a big increase in the number of children's dispensaries because of the extreme shortage of doctors. The target for the next 3 years is about 40-50 new dispensaries. However, all efforts will be made to improve the equipment of the existing dispensaries and to provide additional para-medical personnel. The spread of health services to remote points will be achieved chiefly through consulting centres for children, whose number will be doubled in the next 3 years, and through the mobile units of the central dispensary.

The protection of the health of school children, which is now systematically carried out through school polyclinics in only a very few of the biggest towns, is at present entrusted to the general ambulatories, where there are special hours reserved for school children. In rural areas there is only a general examination of school children at the beginning of the school year and the school doctor returns intermittently or when especially needed. The successive establishment of polyclinics in all health centers, with specialists and necessary equipment for special examination and treatment (eye, hearing, X-ray examination, dental services, etc.) and the formation of mobile units, should bring about a great improvement in health services of school children. In the countryside the system of ambulatories will be enlarged and special hours reserved for the examination of school children. The ambulatories will work under the supervision of

and mobile teams for special examination and treatment. Special attention will be paid to control of infectious diseases, including V.D. There will be systematic examination of vision, hearing and regular X-ray examinations.

The implementation of all of these programmes is hampered by a great lack of doctors and other personnel and it is essential to use the personnel available in the most economical way. They have to be made mobile in order to extend health services to the most remote places. The Government will see to it that available buildings are reconditioned or new buildings built and equipped with the most necessary installations but assistance should be extended for procurement of equipment which is not being produced in Yugoslavia. Some of the equipment for installation in these buildings are produced in this country but in insufficient quantities so that for quicker implementation of these programmes such installations, especially sanitary, should be made available as well. Dispensaries and health centers should be equipped with milk kitchen facilities to ensure the distribution of safe milk, the importance of which has already been discussed above under, "Food and Nutrition".

Some standard equipment and supplies will be needed for the newly formed dispensaries, especially scales and soluxes. At present half of the existing advisory centres are without baby scales. Similarly the newly formed maternity homes will have to be provided with obstetrical equipment and the existing ones given supplementary equipment. For the school polyclinics, weighing scales, X-ray machines, dental equipment, equipment for audiometric and vision examinations are indispensable. If the school polyclinic is to fulfill its task of giving health servides to the area it supervises, it should also have at its disposal mobile equipment for general health examination, X-ray examination, dental services, audiometric and vision examinations. These centres would need equipment for training purposes and there is great need for assistance to public health services.

As to care for premature babies, this has not yet developed on a large enough scale and a proportion of premature babies die because the necessary care for them is not available. It would be necessary to strengthen this service at existing children's clinics and larger hospitals, to provide equipment for premature wards and transportation cribs for the babies to these centres.

The necessity of establishing a national institute for the protection of mother and child is recognised by the responsible authorities. At present, however, only the nucleus for such an institute will be formed, i.e. a centre for metodelogical and expert evaluation of the protection for mothers and children - at the children's clinic in Belgrade. It seems to the UNICEF Mission that the concrete programme for the national institute has not yet been developed far enough to warrant detailed analysis of the international assistance which will be needed within the very near future.

The building of a centre for the physical treatment of children with post-poliomyelitic defects is considered within the next 3 years. Until now such children have been sent abroad for treatment.

Public Health Education

From the description of the main diseases prevalent among children in Yugoslavia and which are the cause of high infant mortality, it is apparent that they are largely due to a relatively low standard of hygiene and ignorance of basic sanitary measures. This is realised, and all the programmes for control of special diseases as well as general control of mothers and children do lay emphasis, therefore, on public health education including child care practices as one of the essential tools to combat diseases and lower infant mortality. The Department for Public Health Propaganda in the Committee of Health is paying, therefore, more and more attention to stimulating the health

time would show films and give lectures. The Department of Public Health Propaganda is hampered in these activities also through lack of technical literature, lack of health propaganda literature, leaflets, posters, diagrams, etc. A printing press for the production of such material, which would be directly under the direction of the Department for Public Health Propaganda would considerably aid their own activities and those of all the bodies in the field which are engaged in public health propaganda.

Child Welfare

Co-ordination in health and social services will be effected by the newly formed union for the protection of children and mothers. The central body attached to the Committee of Social Welfare will include representatives of the Committee of Health, Committee for Social Welfare, Ministry of Education and other mass organisations and agencies concerned with child health or welfare. Similar unions will be formed at Republican, District and local levels and will help at each level to conduct the propaganda campaigns of health institutions, and assist in execution of these programmes.

During recent years a number of child welfare institutions were built and buildings adapted for accommodation of orphans, handicapped and other children in need of institutional care. Most of the present institutions are very crowded and with rather primitive hygienic and sanitary installations. There is no possibility of further improving adapted institutions and within the next years a large number of new institutions will be built to ensure a healthy living for these children. In the next few years, new children's homes will be built to accommodate 24,000 children. Assistance in the form of sanitary installations for these homes, would make possible an earlier setting up of these children in their new homes. Special institutions for handicapped children (deaf, blind, maimed and physically handicapped) would need special equipment for their well-being and training which is not obtainable in the country.

The summer camp programme of the Government is increasing from year to year and during this year over 150,000 children have had their recreation in buildings adapted or secured for this purpose. The need for summer recreation, however, treatly exceeds the present possibilities of accommodation and equipment for summer campers, namely, tents, field kitchen installations, would enable a greater number of children to participate in summer camps.

Clothing and Footwear

There is still a serious shortage of clothing and shoes in Yugoslavia, and it is especially acute for infants and children. The average Yugoslav before the war had a small wardrobe. Most woollen garments were homespun from locally produced wool, though finer woollen materials and some raw wool and most cotton were imported. Footwear was also homemade in predominantly agricultural areas. Deterioration of livestock and farm production from 1941 to 1944 left drastic raw material shortages at the end of the war, and there was also grave depletion of industrial productive capacity. Although the Government has emphasised wool and cotton growing in the past few years, the supply of raw materials is still far from adequate.

Industrial capacity is also improving now, and production of artificial fabrics is lessening the strain of clothing shortages for adults, but does not noticeably improve the position with respect to clothing for infants and young children who require chiefly cotton and wool clothing.

From an examination of ration scales and point values for infants' and children's wear and textiles and shoes it is apparent that a child without a family or in a family with no hold-over of textiles or clothing from before the war can be left in rags and shoeless unless there is someone or some institution

UNICEF has brought 466 tons of raw cotton, 500 tons of raw wool and 200 tons of leather to Yugoslavia for children's clothing and shoes, and the materials having been processed will provide the following items, for distribution during the winter of 1949-50:

Shoes	pairs	- 200,000
Layettes	complete set	- 60,000
Underwear-set of vest and pants		- 125,000
Dresses, small		- 37,500
Boys' shirts small		- 53,400
Wool coats		- 31,000
Wool ski suits		- 138,750
Bed sheets		- 115,300
Pillow cases		- 115,300

Since the child population of Yugoslavia (under 18) is over 5 1/2 million, it can be seen that these amounts in themselves do not go far to satisfy the desperate need, especially for winter clothing and shoes.

In view of the shortages, and of the severe winters in this climate, further contributions of children's clothing and footwear are recommended for child health protection. However, the Yugoslav Government has experienced some difficulty in finding productive capacity for processing UNICEF raw materials, and this should be taken into consideration in determining the type of future programme.

DISEASES AND MEDICAL NEEDS

Recommendations

1. International assistance in the form of x-rays, drugs, films, projectors, books and transport would be needed for improving and increasing the hospital beds and facilities for surgical treatment of tuberculous patients, expanding dispensary services and strengthening training centers for tuberculosis work. Additional laboratory equipment for production of PPD and AT is required to continue BCG campaigns. There is a need of 15 kgs of streptomycin per month and of assistance in production of PAS for the treatment of tuberculous meningitis and other forms of tuberculosis.

2. Syphilis in Yugoslavia is both endemic and sporadic, and a serious problem. In the course of the next few years, the demend for penicillin to control endemic syphilis alone will be about 200,000 vials of 10 cc. of procaine penicillin per annum. There will also be need for permanent mobile bacteriological-serologic laboratories, motor-cars, and a modern plant for producing therapeutic penicillin.

3. Fighting against malaria, louse-carried typhus and fly-borne diseases it would be necessary to have hundreds of tons of DDT yearly and sprayers, mobile laboratory facilities, malaria drugs and equipments for hospitalization and vehicles. There is also a great need for a modern plant for producing insecticides.

4. There are about 130,000 people suffering from trachoma. A large quantity of sulfanamides, and instruments and equipment for anti-trachoma dispensaries, hospital facilities and ambulances are essential.

5. Mycosis, diptheria and whooping cough are another group of important children's diseases. X-rays, biologicals and laboratory equipment are required to conduct campaigns.

6. Finally, for the campaign against children's mortality, it would be of a special importance to develop health education. It is urgently necessary to increase the number of film projectors and other educational materials.

Morbidity

There are as yet no general statistics of mortality available. Statistics from children's hospitals indicate occurrence of diseases in the following sequence: diseases of the gastrointestinal tract, acute diseases of the respiratory organs, tuberculosis, infectious diseases, diseases of the nervous system, etc.

Communicable Diseases and Their Control

The Committee for Public Health outlines its plans for three years against children's infectious diseases in the statement which is attached as Annex C.

Tuberculosis

(i) General

The mortality figure for tuberculosis in Yugoslavia is believed to be above 30,000 a year and it is calculated that for each death case there are 3 or 4 open cases in need of hospitalization. To isolate and to treat those cases, and thereby to prevent further spread of the infection is one of the main tasks in the fight against tuberculosis. The first step in the anti-tuberculosis programme must be, therefore, to increase the hospital beds for tuberculosis cases which at present number just over 9,000. This shortage of beds is further aggravated by the fact that there are at least 20,000 cases of extrapulmonary tuberculosis - about 70% of them children - who would need prolonged hospital treatment for about 2 years. It is envisaged that the number of beds will be increased to 15,000 by the end of 1951 and in the following years the increase must be even greater until at least 30,000 beds will be available. Besides, it will be necessary to modernize the equipment of the existing hospitals, and include facilities for surgical treatment.

There is a tendency to separate tuberculous children from adults in children's tuberculosis hospitals or sanatoria, and to hospitalize separately the pulmonary and extrapulmonary cases (bones, joints, peritonitis, skin, etc.). By the end of the first five-year plan the present number of 500 beds will be increased to 1,500 and by the middle of 1953 an additional 1,000 beds will be made available. Whereas general hospitals and sanatoria can still enlarge their capacity, children's hospitals even now are overcrowded and work at the maximum of their capacity. It will, therefore, be necessary to build 7 - 8 new children's hospitals or sanatoria by 1953 each with a capacity of 200 - 500 beds. The tendency to build larger units is dictated by economic considerations and the extreme shortage of medical personnel. Each of these hospitals will automatically become a training center.

The realization of this plan would be much facilitated if assistance in the form of installation materials (heating, lighting, etc.) could be obtained. International assistance in the form of X-rays, films, surgical equipment, soluxes, quartz-lamps, microscopes, transport and drugs (especially streptomycin) would be needed.

For the control of tuberculosis in the expanding dispensary services requests would be made for dispensary installations, fluorographic units (mobile units or ordinary units mobilized by provision of a truck) X-ray machines with spare parts, generators and transport. For improving laboratory work in regional dispensaries some microscopes, glassware and chemicals will be needed.

For training purposes it would be necessary to provide the existing and newly formed training centers with basic textbooks, periodicals, microfilms and projector. For propaganda purposes, film material would be appreciated for production of national films for the fight against tuberculosis.

(ii) BCG Programme

Although it will not be possible to evaluate the present mass BCG campaign until after many years, it is fairly certain that it will prevent a high mortality rate in early childhood by reducing considerably the number of grave cases and tuberculor meningitis. It is hoped that after the completion of the Joint Enterprise Campaign the BCG cars with spare parts for at least one year will be left in the country for continuation of the work here. Yugoslavia is now receiving laboratory equipment and supplies for the production of their own vaccine which they have been producing on a small scale for many years. With a little assistance yugoslavia could produce its own PPD or AT, whichever the Expert Committee will decide is preferable for testing, and it would only be necessary to have it checked from time to time by a recognized laboratory. The BCG work will continue to be carried out by the anti-tuberculosis dispensaries with the help of the children's dispensaries.

(iii) Streptomycin

As a result of the BCG campaign it is expected that tubercular meningitis and other forms of tuberculosis where streptomycin is indicated will decrease. It is therefore estimated that the need for streptomycin for the treatment of tuberculous children will not exceed 15 kgs. per month. Great interest is shown and assistance in producing tuberculosis anti-biotics is to be recommended.

In this connection the Yugoslav Government's request for streptomycin for treatment of infectious summer diarrhea should be mentioned.

Assistance in production of para-amino salicylic acid would be appreciated.

Annex A

CONTINUING NEEDS OF CHILDREN IN YUGOSLAVIA
Annex A: Requirements for Development of Safe Milk Program
1950, 1951, 1952

Prepared by the Milk Director
Ministry of Procurement, Belgrade

Dairy production was a very undeveloped and backward branch of the economy of old Yugoslavia, though potentially Yugoslavia has great natural possibilities for development in this field. Old Yugoslavia's milk production was low both as to production per head of cattle and as to milk consumption per inhabitant. It occupied, in fact, one of the last places in Europe in this respect-producing approximately only 900 liters per cow a year. The unification and the solving of the problem of milk industry was never seriously taken in old Yugoslavia on the part of competent institutions and officials, though this problem was often raised by individual health and social workers. Little attention was paid to construction of dairy facilities, though with better management the herds of those days could have given products of first-class, standardized quality with a large number of assortments. In the entire country there did not exist a single technically equipped modern dairy. Due to the lack of technical equipment, the unhygienic methods of handling milk, and the poor transport, even those quantities of milk and dairy products which could have been used for useful purposes were not utilized. Thus, in larger towns broad sections of the population went without milk.

The small quantity of primitive equipment we had was mostly concentrated in particular parts of the country, while PR Macedonia, Bosnia-Hercegovina and Montenegro had not milk care facilities at all. The end of the war left milk and dairy production in an even worse position, because the equipment was partly destroyed, and what was left had not been properly maintained. The war also destroyed about 60% of milking stock in Yugoslavia so that after the liberation one of the first concerns in this field was to rehabilitate the livestock. The existing dairy equipment being far from adequate to handle all quantities of milk even in a primitive way, and transport being extremely scarce, there were large quantities of milk which could not reach the towns and industrial centres, where the lack of milk was severly felt.

The Five-Year Plan of the development of the Yugoslav economy provides for an increase of 116% in the number of the livestock for milking above the milk herds of 1939. Plans for the improvement of the quality of big livestock, in order to increase the milk production per cow by 200 litres, i.e. from 900 to 1,000 litres a year, are being carried out. In five years the pre-war production of milk will be increased from a maximum of 2,200,000,000 litres in 1939 to approximately 3,000,000,000 litres which means an increase by approximately 140%.

The Five-Year Plan for the national economy also anticipates a high increase in the output of dairy products - butter, good quality cheeses and casein. It is planned to build central dairies in all big towns and industrial centres, which would process about 225,000 tons of milk in 1951. With the quick development of our economy the population of towns and industrial centres will also increase, thus increasing the urban needs for milk and dairy products. The quantities of milk available at present would be adequate for a proper supply of the population if we had the corresponding technical equipment. The basis

new arable surfaces with plants to be used as livestock fodder, and the utilization of industrial scraps.

When the production is improved, we shall have new tasks in connection with the handling and proper use of the increased quantities of milk. We shall have to transport the fresh milk to consuming centres, and to process the quantities which appear as surplus. Yugoslavia has ideal conditions in some parts of the country for the development of livestock for milking - especially cows and sheep. These are the areas rich in mountainous pastures, having a convenient climate and plenty of mountainous springs. In such places in some of the People's Republics livestock farms have already been opened. There are also special farms for breeding big livestock and sheep, which are already today producing fair amounts of milk. Milk and dairy production are being pushed ahead by the creation of collective farms near large population centres, and by the increase and development of State agricultural estates and peasant working co-operatives, in which technical facilities are provided for the quicker development of livestock breeding. Priority is given to the development of livestock for milking.

The present development of peasant working cooperatives has already surpassed the figures anticipated by the Five-Year Plan. Through mass selection and supplementation of good quality of livestock, the production of milk can be concentrated in one place, so that each peasant working cooperative centre may have a dairy or primary collecting station. Equipment for primary collecting stations must be supplied by Yugoslav industry. The primary collecting centres for the peasant working cooperatives should be equipped with refrigerators, which should constitute an important part of the assistance programme.

Today the organization for the collection of milk already exists, for the collection of large quantities of milk and for its proper handling and distribution. But, to complete the process of distributing safe milk it is necessary to procure the most essential equipment for pasteurization and processing of milk.

The UNICEF program which includes the provision of milk drying machinery and dairy equipment for the larger cities has already given significant encouragement to the milk industry in Yugoslavia. The delivery of this machinery will solve the question of supplying children with milk in several of the largest towns: Belgrade, Zagreb, Novi Sad, Sarajevo and Skoplje. UNICEF machinery for Belgrade will supplement the already existing dairy (which was equipped with a pasteurizer from UNRRA) and for other cities UNICEF will provide complete milk processing machinery. The daily handling capacities will be: Zagreb 120,000 litres; Sarajevo, Skoplje and Novi Sad 50,000 litres each. The machinery anticipated also includes washing machines and equipment for filling and capping the bottles. In addition to equipment for town dairies, UNICEF will also provide equipment for compression cooling stations in 54 places. These cooling places will make it possible for milk from larger collecting centres to reach the town dairies in fresh condition. When in addition we have reconditioned 605 water cooling stations, we can be sure that consumers will get larger quantities of safe milk. The significance of UNICEF assistance is increased by the delivery of machines for two powdered milk plants (in Osijek and Zupanja), each with a caily capacity of approximately 30,000 litres. The plants will provide milk to be supplied to children in passive areas. Yugoslavia has the same principles in developing its milk industry as those on which the UNICEF Milk Conservation Programme is based, i.e.:

1) To build town dairies in all larger places and thus insure the milk supply of priority groups, including pregnant and nursing women, children and the sick

3) In all areas where communications and geographical conditions do not allow the transportation of milk, processing dairies have been anticipated.

On the basis of the above principles the construction of milk and dairy production in 1950 looks as follows:

For Serbia:

Town dairies: Nis, Kragujeva, Zajecar, Pristina, Kula, Smederevo, Zemun, Pancevo. In addition to these there should be 17 collecting stations with compressors and 137 primary collecting stations. The location of 4 processing dairies has not yet been fixed.

For Croatia:

Town dairies: Cakovec, Sisak, Karlovac, Pula, Split.
Collecting stations with compressors: 12
Primary collecting stations: 130
Processing dairies: 3

For Bosnia-Hercegovina:

Town dairies: Tuzla, Zenica
Collecting stations with compressors: 9
Primary collecting stations: 28
Processing dairies: 4

For Slovenia:

Town dairies: Sezana, Gorica
Collecting stations with compressors: 5
Primary collecting stations: 28
Processing dairies: 3 (a dairy building exists in Murska Sobota)

For Macedonia:

Town dairies: Bitalj, Prilep
Collecting stations with compressors: 5
Primary collecting stations: 30
Processing dairies: 2

For Montenegro:

Town dairies: Nikzic, Titograd
Collecting stations with compressors: 2
Primary collecting stations: 20
Processing dairies: 2

The completion of such an extensive programme in one year requires the help of technically developed countries for the procurement of equipment. The capacity and variety of our indigenous industries promise increasing production of necessary equipment, but it is still necessary to procure from abroad some parts for town dairies and cooling units for the collecting stations. Yugoslavia made available 500,000,000 dinars in material and labour for the completion of the UNICEF Milk Conservation Programme in 1949/50. For future development one can

To fulfill a program of construction of milk installations we should also point out the importance of being provided with auxiliary and transportation means: the lack of mounting accessories (of which we are still short) makes it impossible to form a number of necessary mounting groups; the lack of dairies' own means of transport makes quick transport of milk impossible with resulting spoilage of milk, as well as delay in distribution. Probably 28 trucks would be necessary for regular transportation of milk to dairies. The projected plan includes four workshops in the larger milk centres - mobile workshops, which could be mounted on freight cars to enable quicker movement of mounting groups throughout the collecting area. Parallel with the building of the dairies and the whole technical progress in our milk industry, it will be necessary to train technical personnel to insure that the new installations are properly run. Technical staff are necessary both for supervisory positions and for technical personnel. We have at present an insufficient number of trained persons in both troups. Supervisory personnel are being qualified in the agricultural faculties, and executive technical personnel in special dairy schools. Personnel for this program must have not only theoretical but also practical knowledge. For this purpose it would be necessary that each faculty builds an experimental laboratory for research and experiments, which would be at the same time a central institution for the testing of milk in each Republic. In addition, for the purpose of raising the standard of technical personnel, the existing dairy schools in Kranj (Slovenia, and Smederveska Balanka (Serbia) should be raised to the level of secondary dairy schools with four year courses and one dairy school should be organized in each Republic with a two year course. These schools will work in conjunction with the existing town dairies, which should be supplemented with special equipment for school purposes, and with a laboratory for physical-chemical and bacteriological testing of milk.

There is a great lack of literature, both for higher and for middle and lower technical personnel and it is necessary to make possible the procurement of technical papers and technical dairy literature.

Due to the high mortality rate of babies from diarrhea, it is necessary to produce increased quantities of medical formula milk and prescribed milk preparations, and especially to make possible the production of Nestle flour and milk enriched with vitamin D.

In conclusion, Yugoslavia needs a great deal of assistance in the development of its milk conservation programme - in the provision of equipment, in installation and technical training of personnel. Our efforts to improve the nutrition of infants and children and of pregnant and nursing mothers, and to reduce the infant and child mortality rate can best be assisted by help in developing the production and safe handling of milk.

Belgrade
October 1949

CONTINUING NEEDS OF CHILDREN IN YUGOSLAVIA

Annex B : Three Year Plan of the Committee for Public Health Against Children's Communicable Diseases

Statement Prepared by the Yugoslav Committee for Public Health

The Federal People's Republic of Yugoslavia, looked at through the prism of preventive medicine, presents a heterogeneous picture. The variations are due chiefly to geographical and historical causes. The northern and western parts of the country tend to follow the pattern of sanitation of Middle Europe, while the small belt of the Adriatic coast belongs to the Mediterranean sphere and the inland and south-east areas still bear the mark of the Near-East, under whose cultural influence they lived until recently.

The region which lies on the rivers flowing into the Danube, known as the Panonien Plain is covered with a thick network of communications. The settlements are of a concentrated type, with larger towns at the communication junctions. The chief occupation of the inhabitants is advanced agriculture, but industry is now developing in the towns and at the periphery of the Alps and along the rivers Sava, Drava, and Danube. In these regions, the following communicable diseases prevail: tuberculosis, intestinal infective diseases, venereal diseases, droplet infections and trachoma in an endemic form. The diseases caused by insects are here of secondary importance. Malaria is found chiefly along the big rivers.

The Adriatic coastal region reflects the influence of the sub-tropical Mediterranean areas. Besides the infections which prevail in the northern areas of the country there are also insect-borne diseases such as malaria, Kala-azar, Febris papatacci and, in the mountain regions, typhoid. One also finds Ehinokok and Amoebic dysentery.

Toward the mountainous inland, communications are rarer, the settlements are scattered, and living conditions far more difficult. The main occupation of the inhabitants here is a more primitive agriculture, stock breeding, and wood and mine industry. Centuries of Turkish Government and the inaccessibility of many of the settlements help to explain the low standard of this area. Typhoid and paratyphoid are endemic in these areas. A strong endemic syphilis is found here as well. Intestinal typhoid is restricted in general to the area along the rivers and submerged rivers, but dysentery is widespread and is accompanied in summer by infant diarrhea. The area where the rivers flow into the Adriatic sea, and the southern reaches of the Morava river are tainted with a heavy hereditary endemic malaria. There has recently been an increase in the number of cases of Kala-azar discovered in this area.

Children's droplet infections, fostered by the low hygienic standard of the village population, are endemic and with high resultant mortality. Tuberculosis, with a special predilection attacks the unimmunized mountaineers, who, owing to the increase of industry, are now migrating to the towns. Mycosis, intestinal parasites, and swarms of flies are the reflection ofthe low standard. These conditions are the remains of the past. The devastation which swept the country during the recent war still further deteriorated the sanitary conditions.

their inventories demolished and their equipment robbed. Large numbers of medical personnel perished during the war time. Medical faculties were closed and now 4,500 physicians, with a mean age of 46 years, manage the health and sanitary services for 16,000,000 people.

All of these factors influence children's health and increase the mortality in the lower age groups. In regions with a low hygienic culture and inaccessible to medical help, mortality from infectious diseases remains in the high percentages. Children's mortality, which in prewar years amounted to 14.7% of living children increased in wartime to 50%.

In order to combat the high children's mortality from infective diseases, the Government of the Federal People's Republics undertook, through the Public Health Committees, a campaign against the most wide-spread infections and those sausing the highest mortality. The attack on such diseases had necessarily to be limited by the lack of organization facilities and the material shortages of the country. UNRRA AND UNICEF have brought precious help to the Government in this endeavour, both with material and with expert counsel. Campaigns for the protection of pregnant women and children against endemic syphilis are in progress, as well as actions against typhoid and paratyphoid, malaria and trachoma. Preparations are being made for next year's campaign against mycosis, droplet infections and intestinal infections.

The Campaign Against Children's Communicable Diseases:

1. Campaign against Syphilis

Syphilis in Yugoslavia is both endemic and sporadic. The endemic foci are, according to previous data, spread over the areas of Bosnia and Hercegovina, and in Serbia, and will probably be discovered also in Macedonia and Montenegro, where the investigations have just now started. These foci are partly old, remaining from the time of Turkish domination, and partly new since the occupation of the Second World War. The percentage of new infections in the old foci amounts to approximately 60% among children up to 18 years of age and among women over this age. In the new endemic foci, this number is still higher and oscillates around 80%. Morbidity varies, however, according to the individual districts and oscillates between 1.3 and 30.7%.

Sporadic syphilis was greatly increased during the occupation, especially in towns and industrial centers. As the social situation of women changed after the war, and the network of health institutions increased, sporadic syphilis decreased.

At the end of 1948 a systematic campaign against syphilis was begun. The programme of the campaign includes a systematic registration of patients, testing, treatment, and post-treatment control. The work was first planned to be systematic throughout the country, but due to lack of medical staff, it has been necessary to undertake the campaign in one region after another. Treatment is with procaine penicillin, simultaneously administered in a course of treatments with Bismuth preparations. There are six variations of treatment schemes, of which one will be established as standard at the end of the major campaign. Treatment of pregnant women and children against syphilis is facilitated in all areas of Yugoslavia.

by the fact that there exists precise evidence of such cases in the findings of institutions for the protection of mother and child. Until now, the anti-syphilis campaign has been pursued in seven districts of the territory of Bosnia and Hercegovina, and in ten districts of Serbia. Macedonis and Montenegro will start with their actions in 1950 as soon as they have been able to train the necessary medical and other personnel. It is anticipated that the total campaign will include 61 districts throughout Yugoslavia.

The Committee for Public Health relies for this campaign upon international aid. In the course of the next few years, the demand for penicillin to control endemic syphilis will be about 200,000 vials per annum. There will also be need for permanent mobile bacteriologic - seriologic laboratories, microscopes and motor cars. Our young pharmaceutical industry has endeavoured to produce amorphous penicillin, but because of limited facilities has not succeeded in isolating penicillin in chrystalline form. As penicillin plays an important part in the campaign against children's mortality, and in other programmes it would be most profitable for our country to establish a modern plant for producing therapeutic penicillin. Vehicles are urgently needed, to economize on the time of the limited medical staff, and to facilitate systematic survey.*

II. Campaign against Malaria

The territory of Macedonia and the southern part of Serbia have for a long time had a high rate of endemic malaria. It is also a grave problem in Dalmatia and in a moderate form it is spread over the parts of Yugoslavia following the rivers Sava, Drava, Danube and Tisa. Almost one half of Yugoslavia's districts are malaric. In the first post-war years (1945-46) the country had two heavy epidemics of malaria. To register the incidence then was impossible, but it is calculated that there were in 1947, 57,000 taken ill by malaria. Children have been the chief victims of endemic malaria. While the mortality in uninfected areas oscillates about 16 to 17%, the malarial infected areas have a mortality of 22 to 24%. In 1947, a Federal campaign against malaria was started with UNRRA's assistance and an area of 50,000,000 square meters was treated with DDT emulsion that year. The results were excellent, and the campaign was continued in the following years. The number of the microscopic positive cases in Macedonia was reduced from 80,000 in 1947 to a few hundred in the past season. According to our experience, it is expected that malaria can be suppressed by regular spraying with DDT preparations. It seems likely that a continued action for some years might exhaust the parasites at the breeding sources and new epidemics be curtailed.

Requirements for this campaign include Mepacrine and Pamaquine as well as insecticides. For field work we require sprayers, pretective masks and gloves, laboratory material (mainly Cedar oil, Giemsa and microscopic slides) and vehicles for bad village roads. The

/anti-malarial campaign

* The UNICEF Mission anticipates that the UNICEF allocation for the anti-VD campaign in Yugoslavia will buy enough penicillin for the mass attack, and will provide the most necessary laboratory equip-

anti-malarial campaign would need yearly 400 tons of 25% emulsion or 100 tons of DDT if received in pure DDT substance, equipment for 700 campaign personnel and laboratory equipment for 150 anti-malarial stations.

Along with the campaign against anophelism comes the question of a campaign against flies. Systematic DDT spraying of the malarial regions over a period of three years had developed DDT resistant flies. It is therefore recommended that approximately 25% of the insecticides should be provided in the form of Octachlor or other insecticides with residual reactions which are not from the Dichlor-diphenil-trichloretane group.

Because of the great use for insecticides, not only in the campaign against malaria, but also against intestinal infections (children's diarrhea, for example, and Kala-azar, typhoid and paratyphoid), there is a great need for a modern plant for producing insecticides. The indigenous chemical industry cannot satisfy the requirements of a medical service. Products of our chemical industry are at present too crude, and can only be used for agricultural purposes. The production of emulsions is of great importance to our country. Both installations and rawmaterials are required.

III. Campaign against Trachoma

Endemic trachoma is wide-spread throughout the territory of Yugoslavia, even more than one would have believed before the war. Trachoma-infected areas begin in Slovenia along the rivers Drava and Mura, and run along the Drava to the northern part of Croatia and into Vojvodina which is widely infiltrated with endemic trachoma. Another infected district is in Croatia along Drava river and still another in the Macva and Podrinje areas of Serbia. In Bosnian Posavina there is another belt of trachomia infection, and it is also found in districts near the Italian frontier, in northern Dalmatia and Like, in central Bosnia, Serbia, Kosovo, Metchija and Macedonia. A systematic examination has been completed in children's homes and a disturbingly large number of cases of trachoma discovered. According to previous data, there are about 130,000 people suffering from trachoma. Morbidity in the endemic regions varies from two to ten per cent of school children.

The campaign against trachoma started this year on the basis of federal action. While examining teams were occupied in some districts, treatment was going forward in the areas already examined. Treatment is with oral and local use of sulfanamides. Shortage of dispensary facilities and of experts to handle such cases presents a major difficulty, and there is urgent need for instruments and equipment for fifteen anti-trachoma dispensaries, for treatment centres in the main hospitals and for 70 ambulances for field work. For the development of field work, 10 mobile clinics are required, and 15 cars to facilitate the work of the field teams. In order to suppress trachoma in children's homes it would be necessary to establish in addition to the regular field control, new institutions in which infected children can be isolated and treated, and the necessary equipment should be provided for such institutions. Sulfanamides in tablets and in solution are needed. Experience with penicillin in the treatment of trachoma is not conclusive because we have not had enough anti-biotics available for scientific investigations. In this respect also we would have to rely upon international aid.

IV. Campaign against Parasitic Typhus

Louse-carried typhus is endemic chiefly in the mountainous regions south of the rivers Sava and the Danube, and also reaches into the highlands above the Adriatic coast and into the most southern parts of the country. From these main sources the whole country is seriously endangered, especially when the spread of lice is quickened during wars as during the last forty years. Even when the disease is not spreading, it is a cause of death, and in such periods children are the chief victims. In 1947 the lethality of typhus amounted according to ages as follows:

Age Group	Percentage of Mortality
2 - 4	18.18%
5 - 9	5.66
10 - 14	6.25
15 - 19	5.88
20 - 24	8.51
over 24	11.53

There are no exact data available for recurrent fever, and lethality is low, 1%.

There has been a federal campaign against typhus and recurrent fever since 1946 with an aim to detect the disease, hospitalize the patient and take action against the lice. All of these steps are most difficult in the backward mountainous areas because of bad communications and the traditional customs of the population - chiefly Moslems. In this campaign more than in any other, planned propaganda and education should precede the planned action. To make possible early discovery of the cases of infection, and to transport patients to hospitals, it is necessary to have cars and ambulances suitable for mountain travel. Barracks can be built from local material which can serve as mobile hospitals, but for the hospital equipment we would have to rely upon international aid. Ten to fifteen hospitals would be required with fifty beds each. To combat lice it would be necessary to have 100 tons of 10% DDT powder yearly; this could be supplied by an insecticide plant along with the requirements for the anti-malarial action. DDT sprayers, mobile field baths (70) and mobile laboratories (20) would also be required. For detecting patients and for field control, the local public health workers would require bicycles, and 700 thermometers. Vaccine should be supplied for the protection of the field staff (approximately 3,000 persons). It is not expected that the endemic centers of typhus exanthemicus and recurrent typhus can be eliminated in the next three years.

V. Campaign against Mycosis

Mycosis existed before the recent war in Yugoslavia, but in consequence of war conditions, the migration of population, crowded dwelling places, crowded and unsanitary conditions in children's homes, etc. it has become a very serious problem. Children are the only victims of this disease. The greatest number of infections are found in Bosnia and Hercegovina, Serbia, Macedonia and Montenegro, with distribution approximately as follows:

Serbia: Probably 20,350 children in 31 districts of

Macedonia: Probably 14,000 children in 27 districts.

Montenegro: Probably 2,000 children in 5 districts.

The largest number of infections are among peasants. The most general form is trihofitis, but in Bosnia and Hercegovina favus also appears, and a larger number of cases of microsporia are found in Vojvodina.

Until now there has been no concentrated drive against mycosis. The programme of the Committee for Public Health consists of:

1. Systematic survey of children, and perhaps of the rest of the population, to register the number of infections.

2. Isolation and treatment with X-ray, epilation and iodine treatment.

In order to perform this programme, we now rely upon international aid from UNICEF. Twelve vehicles will be required for a systematic survey; 4 mobile X-ray apparati on trucks, Wood's fluorescent bulbs and 30 microscopes. For surface therapy, 20 X-ray apparati (220 volt) are required, including dozimeters, spare tubes, leaden rubber, protective wall and protective lead for the eyes; aluminum filters and a clock for regulating the period of X-ray treatment. For hospital wards in mycotic centers, 1200 beds are necessary. For children who have finished with the X-ray cure, it is necessary to administer Faust droplets, and for this purpose 200 drops are required. For scientific investigations, laboratory equipment is required (refrigerators, glass materials and synthetic base).*

VI. Other Communicable Diseases Affecting Children's Mortality

Droplet and intestinal infections play a large role in child mortality in the FPRY. In this group are included diphtheria, measles, whooping cough, scarlatina, meningitis epidemica and dysentery of the paratyphiod group. These diseases are equally spread over all Republics.

Among the most important children's infections is diphtheria. In spite of inoculation against it, it is wide-spread in Slovenia, Serbia, Bosnia and Hercegovina and Macedonia. In areas with a thin net of sanitary institutions, it reaches high lethality, due chiefly to delay in getting expert medical care.

In 1947 lethality from diphtheria amounted to:

0 - 1	15.46%
1 - 4	9.17
5 - 9	3.60
10 - 14	2.43
15 - 20	0.71
20 - 24	1.52
over 25	1.22

/The highest mortality

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* UNICEF is providing the equipment requested by the Government for this

The highest mortality is in infants.

Measles and whooping cough, with their weakening effect on the child organism, are of great importance in Yugoslavia. It appears that the number of cases of measles amounts to 350-380,000 cases yearly and the number of deaths from this cause oscillates around 8,000. We have no data for whooping cough. Both diseases are serious because of the resulting complications and require early diagnosis and medical control. From the epidemiological point of view, it is far preferable to delay the occurrence of these diseases for later periods of childhood.

The greatest percentage of the so-called children's dyspepsia (gastroenteritis) belongs to the infectious group of para-typhoid and dysentery (Flexner) and has a high lethality, which according to age groups was in 1947 as follows:

0 - 1	11.9 %
1 - 4	6.18
5 - 9	5.32
10 - 14	2.44
15 - 19	1.96
20 - 24	0.47
over 24	1.74

In connection with this disease, the greatest difficulty is the ignorance of mothers concerning sanitation, the low sanitary standard of the population and the liability of physicians to forget the most frequent cause: salmonellaze and dysentery.

For the complex campaign against this group of diseases, 34 centers will be established at sanitary-epidemiological institutions with field teams working to detect the diseases, bring the patients needing hospitalization into hospitals and to do prophylactic and propaganda work and control of open and closed children's collectives.

In the suppression of measles, the aim is to delay the disease until the school age period and thus lower the mortality resulting from complications. The direct means to this end are: the detection of patients and the application of serum against measles, isolation, applicaiton of recommended serum to threatened children and treatment of complications with anti-biotics. The control of whooping cough will include prevention of the spread of the disease by isolation and the treatment of those taken sick.

Diphtheria will be suppressed by the inoculation of children from 1 - 8 years of age, or in case of epidemic up to 12 years of age, and by therapeutic treatment of the sick who are taken into hospitals.

Dysentery and children's dyspepsia of infective etiology can be suppressed only by raising the health standards and health habits of the population, and by explaining the essence of the children's summer diarrhea to the para-medical personnel, and by taking strict fly control measures to remove the most important carriers of the disease.

CONCLUSION

From the above programme, the general sanitary and medical

In view of the small number of physicians and other medical personnel, this can only be accomplished with the aid of motor vehicles to keep this valuable personnel highly mobile. For this entire action it would be necessary to have 54 field cars, 34 truck-ambulances, 450 women's bicycles for nurses and 220 men's bicycles for those who work against infective diseases. For effective isolation and hospitalization it will be necessary to enlarge the net work of isolation wards and to increase the number of beds for communicable diseases.

For treatment purposes, greater quantities of sulfanamide and penicillin are required. The best solution would be to erect a proper penicillin plant. For diphtheria prophylaxis, innoculation equipment is required: record syringes from 5 to 10 ccm (500) and needles for subcutaneous injections (300 dozen). Laboratories for the collection and conservation of antimorbilous and reconvalescent serum, and installations for the production of gama-globulin are also necessary. In this connection it would be necessary to send our experts abroad so that they might acquire a knowledge of modern medical production.

A very essential question for the work in suppressing children's mortality is the completion and erection of bacteriological - seriological - immunological - virusological and biochemiological laboratories, which were destroyed during the war, or were damaged and left without the necessary utensils and chemicals.

The refrigerators which are available are unused due to lack of freon. One whole field of children's pathology - virus diseases - has not yet been touched because there is no equipment for special laboratories. A farm for experimental animals would be desirable as well.

Finally, for the campaign against children's mortality, it would be of a special interest to develop health education. The facilities for such work in this country are very modest. It is urgently necessary to increase the number of film projectors, to inaugurate film education, popular and documentary films, and to prepare diapositives and similar things. The best provision for health education through the showing of films would be to provide mobile projectors on cars.

Belgrade
October, 1949

Annex C

CONTINUING NEEDS OF CHILDREN IN YUGOSLAVIA

ANNEX C: THE NEEDS OF OUR CHILDREN

Statement of the Committee for Social Welfare
of the Federated People's Republic of Yugoslavia

The formidable devastation resulting from the fascist occupation is evident from the number of war orphans and children in need of social protection. The total number of war and other orphans and children whose parents perished in one way or another amounts to approximately 1,231,000 children and youths. All of these needed social assistance at the time of liberation, which means that every fifth child in Yugoslavia was in need of help.

Child protection in Yugoslavia is now organized on a planned basis and in close co-operation with the organs of social welfare and mass people's organizations. The amount of activity in this field is illustrated by the fact that new child welfare institutions are being opened daily. It is necessary to bear in mind that the occupying armies and officials destroyed more than 90% of the small number of social welfare buildings. In 1947, the state gave more than 4 milliard dinars, and in 1948 more than 6 milliard 697 million dinars for social protection. At the end of 1948 the total number of all kinds of children's institutions of closed protection amounted to 496 the average number of protected children being 52,378. The average per capita cost of care amounted to 18,111 dinars in 1948, and this cost was borne by the State. On the 1st of May, 1949, the number of protected children in all kinds of child institutions amounted to 56,822 which reprosents an increase of 4,490 children in four months. In 1950 the planned number of children in closed institutions will amount to 65,802, but the actual number of children in institutions will be far greater, considering the fact that working co-operatives are opening boarding schools for the schooling of their children. The average maintenance cost for a protected child will amount to 23,021 dinars.and the State will give more than 1,000,000,000 dinars from the State budget for this maintenance.

It is absolutely necessary to build 240 homes and boarding schools for accommodating 24,000 children under trusteeship, and this construction will start in the next year. Likewise, 160 apprentices homes for accommodating 25,000 apprentices should be built. It is planned to build such a network of children's institutions in the next year, so that each regional centre will have all the institutions which can serve as guiding centres to other social and health institutions. The Government must now direct its attention to construction of new buildings, since the adaptation of ready built buildings has already gone as far as possible. In this continuous increase of institutions there will be a whole series of problems. Many types of equipment for these institutions still cannot be procured within Yugoslavia, and in this respect the assistance of International Children's Fund would be welcome, the equipment being laundry washing installations, ironing equipment, vacuum cleaners and floor polishers, equipment for institution dispensaries, electric stoves, etc.

The construction and outfitting of special institutions for defective

orthopedic clinics need equipment for treating and mobilizing invalid and crippled children, much of which cannot be procured in this country. All contributions in this line will be most welcome, in order to help defective children become useful members of the community, and to make their lives more varied and pleasanter.

In summer months a large number of children are sent to summer camps, federal, republican and local ones. 120,000 children and youths in 1948 and 160,000 in 1949 passed through summer camps, either at the seashore or in the mountains. Due to lack of proper buildings for summer camps, children's homes, schools, villas, etc were temporarily arranged for these purposes, and there were also a smaller number of pioneers' and youth camps. The plan for 1950 provides that approximately 300,000 children and youths will pass through summer camps. Such extensive plan also requires corresponding buildings and equipment in order to ensure that the children will have proper accommodation and feeding. The largest percentage of children to be sent to summer camps will be from industrial areas, big cities and towns with unhealthy climate. The lack of buildings and boarding schools, field kitchens, light mobile field beds and other equipment necessary for summer camps and camping is still a problem. The feeding problem is also intensified when so many young people are cared for in camps, and it is hoped that international assistance will again provide supplementary calories as UNICEF has done for the past two years.

Another form of help to children is the programme of supplementary feeding through school kitchens. In 1948, with UNICEF aid, we maintained 2,777 school kitchens with 229,385 children. It is the Government's plan to give lunch to 145,000 children in school kitchens in 1950. Food and financial means have been promised and this network of kitchens will continuously spread. The food has been secured from the State fund. A large number of village kitchens, already existing, will be supplied from local funds. The provision of breakfast will be emphasized so that as many children as possible can receive breakfast at school. Until now the majority of school kitchens existed in elementary schools, and in future we shall press for them to be opened in secondary and other schools. When our own milk production becomes strong enough the policy will be to issue milk to children through school milk kitchens.

In 1950 it is anticipated that about 5,000 kitchens with approximately 250,000 children will work in village settlements. It is the Government's policy to continue the program of school and milk kitchens even after the end of UNICEF's operations and to try to include children on as broad as possible a basis and help those who are most in need of it in passive areas and where it is most needed.

In the training of our child welfare personnel, it is hoped that some of them can be sent abroad to short courses on child care, and to visit institutions in order to get acquainted with the methods and work. To improve services to deficient children we wish also to send practitioners and experts abroad to improve their own knowledge to be able after their return to train other personnel. The number of participants in foreign training courses would range between 15 and 20 a year in order to improve our services and provide training for those who cannot go abroad.

In old Yugoslavia, children were chronically undernourished and suffering from daily food deficiency. An enormous number of children were fed in an unscientific and thoughtless fashion, both as regards quality and quantity. In the years of fascist occupation, many children passed from chronic under-

number of sick children. There are no words to describe how tens of thousands of those starved children looked when the people's authorities and mass organizations began at the end of the war to collect them from the areas of the battlefields or from the poor places where they had taken refuge.

Although every effort has been made to control the rationing and prices of basic foods, and agriculture and stock breeding have a high place in Yugoslavia's economic programme, the nutrition of children is still deficient in milk, dairy products and fats. Children from industrial and mining and passive agricultural areas receive a guaranteed ration of food, which is continuously increasing, especially with respect to children up to 14 years of age. In addition to the improvements achieved in 1949 in supplying children with bread and sugar, Yugoslavia has a programme for the improvement of overall child nutrition through increasing the safe milk supply; organizing children's restaurants in towns and industrial settlements, etc. In planning a large scale programme for needy children the need is also felt for textiles and footwear. There is a gradual increase in the amounts of textiles available on the market, but the increase means very little for each single person. The continuing deficiency is due to the enormous increase of needs on one hand, and to the fact that we are a war devastated and plundered country. In addition, textile production before the war was poorly developed. Therefore, there is still a great need for importing raw wool, cotton and leather in order to cover the simplest needs of our children. Our country gave and is still giving great help in child care, regardless of creed, race and political opinion of the parents, but we need and will welcome continuing assistance in those areas where foreign supplies and foreign methods can provide advantages for our young people.

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MICROFICHE INPUT CONTROL AND INSTRUCTIONS RECORD

No. 77 (1)

(15a) STRIPE COLOUR: White - Blue - Grey - Yellow - Green - Brown - Pink - Red

Date 18/July/78 (2)

(3) 78.CF.0068

E/ICEF/142 TO E/ICEF/142/ADD.2

(16a) Blank (1

142(B-4): NEEDS OF CHILDREN IN YUGOSLAVIA

A (17a) ENGLISH

Add.1(D-8); Add.2(E-6)

UNICEF

(6)(7)(8) "NR" December 1949 "NR" 50p.+1b. (9)

(11) B (12) (18a)

B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-9	B-10	B-11	B-12
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C-1	C-2	C-3	C-4	C-5	C-6	C-7	C-8	C-9	C-10	C-11	C-12
10	11	12	13	14	15	16	17	18	19	20	21
D-1	D-2	D-3	D-4	D-5	D-6	D-7	D-8	D-9	D-10	D-11	D-12
22	23	24	25	26	27	28	29	30	31	32	33
E-1	E-2	E-3	E-4	E-5	E-6	E-7	E-8	E-9	E-10	E-11	E-12
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F-1	F-2	F-3	F-4	F-5	F-6	F-7	F-8	F-9	F-10	F-11	F-12
46	47	48	49	50	51	52	53	54	55	56	57

C D E F

1 2 3 4 5 6 7 8 9 10 11 12

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

TRAILERS YES( ) NO

(14)

(13)

Code "NR", appearing in any location of Row A MUST NOT be reproduced on microfiche